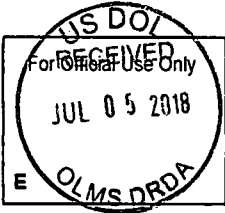


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

67958

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization Cruz and Associates, Inc. P.O. Box, Bldg., Room No., if any 1831 Street City Upland State California ZIP Code + 4 91785	3. Any other address where records necessary to verify this report are kept: Name NA Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Jason Snow Organization California Transit Inc. Trade Name, if any San Gabriel Transit Inc. P.O. Box, Bldg., Room No., if any Street 3650 Rockwell Avenue City El Monte State California ZIP Code + 4 91731	7. Date entered into: 6 / 1 / 2018 8. Name of person(s) through whom made: Name Name Name Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed <u>[Signature]</u> Title <u>Other (Specify)</u> CEO	President (If other title, see instructions)	14. Signed _____ Title <u>Other (Specify)</u> NA	Treasurer (If other title, see instructions)
On <u>06/26/2018</u> Date	<u>909-980-8736</u> Telephone Number	On _____ Date	_____ Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Hourly Rate plus Expenses

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held meetings with employees to inform them of their Section 7 Rights and to answer questions using the NLRB documents.

11.b. Period during which performed:
on-going

11.c. Extent performed:
NA

11.d. Name and address through whom performed:

Name Jaime Brambilla
 Organization CEPC Consulting
 P.O. Box, Bldg., Room No., if any
 Street 3620 Lomacitas Lane
 City Bonita
 State California ZIP Code + 4 91902

Additional Name and address through whom performed, if any:

Name Luis Camarena
 Organization LKLS Consulting
 P.O. Box, Bldg., Room No., if any
 Street 153 Avenida Altamira
 City Chula Vista
 State California ZIP Code + 4 91914

12.a. Identify subject groups of employees:

Customer Service Representatives

12.b. Identify subject labor organizations:

Amalgamated Transit Union (ATU) Local 1756

Specific Activities to be Performed (Continuation Page)

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held meetings with employees to inform them of their Section 7 Rights and to answer questions using the NLRB documents.

11.b. Period during which performed:
on-going

11.c. Extent performed:
NA

11.d. Name and address through whom performed:

Name Eduardo Padilla
Organization EPC Consulting
P.O. Box, Bldg., Room No., if any
Street 3364 Bonita Woods Drive
City Bonita
State California ZIP Code + 4 91902

Additional Name and address through whom performed, if any:

Name Arlene Burgueno
Organization
P.O. Box, Bldg., Room No., if any
Street 644 Sandy Hook Ave
City La Puente
State California ZIP Code + 4 91744

Additional Name and address through whom performed, if any:

Name Sandra Valencia
Organization
P.O. Box, Bldg., Room No., if any
Street 960 South Oxford Avenue
City Los Angeles
State California ZIP Code + 4 90006

Additional Name and address through whom performed, if any:

Name
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

12.a. Identify subject groups of employees:

Customer Service Representatives

12.b. Identify subject labor organizations:

Amalgamated Transit Union (ATU) Local 1756