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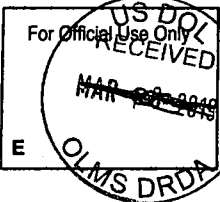
MAR 20 2019

OLMS DRDA

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

693728

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. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Ed Buckley

Organization Embassy Suites & Hilton Garden Inn

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 10 East Grand Avenue

City Chicago

State Illinois ZIP Code + 4 60611

7. Date entered into:

1 / 22 / 2018

8. Name of person(s) through whom made:

Name

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

Lupe Cruz

President
(If other title, see
instructions)

Title

Other (Specify)

CEO

On

03/10/2018

Date

909-980-8736

Telephone Number

14. Signed

Treasurer
(If other title, see
instructions)

Title

On

Date

Telephone Number

Filer: Cruz and Associates, Inc.

File Number C- 00483

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 Puls 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 Eduardo Padilla

Organization EPC Consulting

P.O. Box, Bldg., Room No., if any 280

Street

City Bonita

State California ZIP Code + 4 91908

Additional Name and address through whom performed, if any:

Name Jaime Brambila

Organization EPC Consulting

P.O. Box, Bldg., Room No., if any 104-1506

Street 2364 Paseo De Las Americas

City San Diego

State California ZIP Code + 4 92154

12.a. Identify subject groups of employees:

Housekeeping, F&B, Front Desk, Door, Kitchen.

12.b. Identify subject labor organizations:

United Needletrades Textile Employees, Hotel & Restaurant Employees (UNITEHERE) Local 1

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 Greco Romero

Organization LKLS Consulting

P.O. Box, Bldg., Room No., if any

Street 1975 Alderbrook Avenue

City Chula Vista

State California ZIP Code + 4 91913

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

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

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:

Housekeeping

12.b. Identify subject labor organizations: