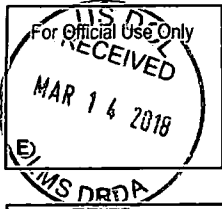


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

665146

1. File Number: C- 768

### Person Filing

2. Name and mailing address (include ZIP Code):

Name Eduardo Padilla  
Title Owner  
Organization Epc Consulting  
P.O. Box, Bldg., Room No., if any  
Street 3364 Bonick Woods Dr.  
City Bonita  
State CA ZIP Code + 4 91902

3. Any other address where records necessary to verify this report are kept:

Name  
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 Lac Lemaire  
Organization Sofitel Hotel  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 8555 Beverly Blvd  
City Los Angeles  
State CA ZIP Code + 4 90048

7. Date entered into:

2 / 7 / 2016

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

President  
(If other title, see instructions)

Title President

14. Signed

Treasurer  
(If other title, see instructions)

Title Treasurer

On

3-9-18

Date

619-518-1773

Telephone Number

On

Date

Telephone Number

Filer:

File Number C- 768

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 Employee meetings to inform employees of their Sec 7 rights and answer questions using NLRB documents.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization

JRB Consulting

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

1031

Street

City

Opland

State

CA

ZIP Code + 4

91785

Additional Name and address through whom performed, if any:

Name

Jaine

Brambila

Organization

JRB Consulting

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

104-1506

Street

2364 Paseo de las Americas

City

San Diego

State

CA

ZIP Code + 4

92154

12.a. Identify subject groups of employees:

Hotel Workers

12.b. Identify subject labor organizations:

Unite Local 11