U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

THE DECI			
1. File Number:			
Person Filing			
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:		
Name Edward M Echanique	Name		
Title President	Title		
Organization Labor Relations Consulting	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 155 Bay Laurel Drive	Street		
City Mooresville	City		
State North Carolina ZIP Code + 4 28115	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 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):	7. Date entered into:		
Name Brian Baudreau	04 / 20 / 2015		
Organization Trump International Hotel	8. Name of person(s) through whom made:		
Trade Name, if any	Name		
P.O. Box, Bldg., Room No., if any	Name		
Street 2000 Fashion Show Dr.	Name 2		
City Las Vegas	Name .		
State Nevada ZIP Code + 4 89109	Name :		
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President Title President President If other title, see instructions)			
On 04/27/2015 (951) 265-5584	On 04/27/2015 (951) 265-5584		
Date Telephone Number	Date Telephone Number		

Filer:		File Number C-		
Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:			
a. To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	nployees as to the manner of	exercising, the right to organize and bargain		
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.):			
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruct	ions):			
a Nature of activity: To conduct meetings with employees in potential batter truthful information about employees' rights under unionization and collective bargaining.	rgaining unit and pr section (7) of the	rovide them with factual and NLRA, the process of		
11.b. Period during which performed: April 20, 2015	11.c. Extent performed: On Going			
11.d. Name and address through whom performed:	Additional Name and addre	ss through whom performed, if any:		
Name	Name Organization			
Organization .				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.,	if any		
-Street	Street			
City	City			
State ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations: UNITE-HERE Local 226			
Bell Desk, Shuttle Drivers, In-Room Dining, DJT staff, Room Attendants, Room Inspectors, Floor supervisors, Stewards, Cooks,				
bapervisers, becarded, cooks,	,			
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