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

## FORM LM-20 SACREEMENT 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 penaltiles 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

DROP DROP				
1. File Number: C- 00483				
Person Filing  2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name Same	Name NA			
Title	Title			
Organization Cruz and Associates, Inc.	Organization			
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any			
Street	Street			
City Upland	City			
State California ZIP Code + 4 91785	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 Ed Buckley .	8. Name of person(s) through whom made:			
Organization Embassy Suites & Hilton Garden Inn				
Trade Name, if any	Name			
P.O. Box, Bldg., Room No., if any	Name			
Street 10 East Grand Avenue	Name			
City Chicago	-Name			
State Illinois ZIP Code + 4 60611	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	14. Signed Treasurer (If other title, see			
Title Other (Specify) instructions)	Titleinstructions)			
On 03/10/2018 909-980-8736	On			
Date Telephone Number	Date Telephone Number			

Scheck the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly.  8. 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 propresentatives of facilities of employees or a labor organization in connection with a labor dispute involving collectively through an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving to the manner of exercising, the right to organize and bargain of the subject of the activities of employees or a labor organization in connection with a labor dispute involving and confidence of the activities of employees or a labor organization in connection with a labor dispute involving and confidence or a labor organization in connection with a labor dispute involving and confidence or a labor organization in connection with a labor dispute involving and confidence or a labor organization in connection with a labor dispute involving and confidence organization. Written agreements must be estanded;    10. Terms and conditions (Explain in detail; see instructions. Written agreements must be estanded);					
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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:  NRA  Additional Name and address through whom performed, if any:  Name Eduardo  Padilla  Organization EPC Consulting  P.O. Box, Bidg, Room No., if any 280  Street  Street 2364 Paseo De Las Americas  City San Diego  State California  ZIP Code +4 91908  State California  ZIP Code +4 92154  12.a. Identify subject groups of employees:  Housekeeping, F&B, Front Desk, Door, Kitchen.  United Needletrades Textile Employees, Hotel &	10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):			
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Name Eduardo Padilla Name Jaime Brambila  Organization EPC Consulting  P.O. Box, Bldg., Room No., if any 280  Street Street 2364 Paseo De Las Americas  City Bonita City San Diego  State California ZIP Code + 4 91908  State California ZIP Code + 4 91908  12.a. Identify subject groups of employees:  Housekeeping, F&B, Front Desk, Door, Kitchen.  United Needletrades Textile Employees, Hotel &	On-Going	NA			
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Specific Activities to be Performed (Continuation Page)		
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11.b. Period during which performed:	11.c. Extent performed:	
On-Going	NA	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Greco Romero	Name	
Organization LKLS Consulting	-Organization -	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 1975 Alderbrook Avenue	Street	
City Chula Vista	City	
State California ZIP Code + 4 91913	State ZIP Code + 4	
Additional Name and address through whom performed, if any:	Additional Name and address 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	
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Housekeeping		
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File Number C- 00483

Cruz and Associates, Inc.