

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

SP10877

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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.

657214

1. File Number: C- 768

Person Filing

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

Name Jaime R Brambila

Title

Organization EPC Consulting

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

Street 3620 Lomacitas Ln

City Bonita

State California

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 Christopher Dekle

Organization Extended Stay America

Trade Name, if any

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

Street 888 Bartram Ave

City Philadelphia

State Pennsylvania

ZIP Code + 4 19153

7. Date entered into:

7 / 17 / 2015

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

Name

Name

Name

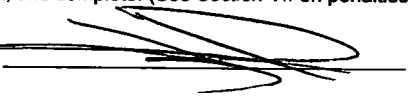
Name

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 Managing Partner

14. Signed



Treasurer
(If other title, see
instructions)

Title Treasurer

On

9/12/17

Date

6197262373

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 reimbursed expenses

Specific Activities to be Performed

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

a. Nature of activity:

Hold employee meetings to inform them of their section 7 rights and answer questions using NLRB material.

11.b. Period during which performed:
ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz and Associates

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

Street

City Upland

State California

ZIP Code + 4 91785

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:

Managers, supervisors and employees

12.b. Identify subject labor organizations:

United Construction Trades and Industrial Employees Union