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 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.

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1. File Number: <b>C-</b> 00483	
Trinchamber. 9- 00103	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Name	Name NA
Title	Title
Organization Cruz & Associates	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: 9 / 10 / 2017
Name Jim Craver	
Organization Homewood Chicago	8. Name of person(s) through whom made:
Trade Name, if any	Name NA
P.O. Box, Bldg., Room No., if any	Name
Street 40 E. Grand Ave	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 true, correct, and complete. (See Section VII on penalties in the instructions.)	I by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed Surp My President	14. Signed Treasurer
(If other title, see	(If other title, see
Title Other (Specify)	Title
CEO	
On 09/25/17 909-980-8736	On [
Date Telephone Number	On
- Total Total Total	

Filer: Cruz & Associates	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 plus expenses.	·
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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 employee meetings to inform employees of thei NLRB documents.	r Section 7 Rights and answer questions using the
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	1.44 5.44
11.b. Period during which performed:	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Eduardo Padilla	Name Luz Slim
Organization EPC Consulting	Organization Lighto Labor Inc.
Organization Die Consulting	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3364 BOnita Woods Dr.	Street 10515 Mildred St
City BOnita	City El Monte
State California ZIP Code + 4 91902	State California ZIP Code + 4 91733
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Hotel workers	Unite
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