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.					
1. File Number: C- 00483					
Person Filing  2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:				
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):  Name Jacinta Carter	7. Date entered into:				
Name Jacinta Carter Organization Atrium Hilton hotel	8. Name of person(s) through whom made:				
	Name NA				
Trade Name, if any	Name				
P.O. Box, Bldg., Room No., if any	Name				
Street 12735 Morris Road					
City Alpharetta  State Georgia   ZIP Code + 4 30004	Name				
State Georgia ZIP Code + 4 30004	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)	Title Other (Specify) Instructions)				
CEO	NA				
On 12/18/2017 909-980-8736	On				
Date Telephone Number	Date Telephone Number				

	(3			
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.				
	ns and conditions (Explain in detail; see instructions. Written agreements ly rate plus expenses.	must be attached.):		
	If Idea plus empended.		·	
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 Section 7 rights and answer questions using the				
	documents.	· Section / Figures a	nd answer questions using the	
11.b. Pe	priod during which performed:	11.c. Extent performed:		
01	ngoing	NA		
11.d. Na	ame and address through whom performed:		ss through whom performed, if any:	
Name	Daniel Block	Name Greco	Romero	
Organiz	ation Cruz & Associates	Organization LKLS Cons	utling	
P.O. Bo	x, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No.,	if any	
Street		Street 153 Avenida A	ltamira	
,	Upland	City Chula Vista		
'	California  ZIP Code + 4 91785	State California	▼ ZIP Code + 4 91914	
State [0	211 0000 14 51703	out out out		
12.a. lde	entify subject groups of employees:	12.b. Identify subject labor		
house	keeping	Unitehere Local 2	17	
			,	
		i		
	ļ			
1 1		1 1	1	

Filer:		File Number C-			
Check the appropriate box to indicate whether an object of the activities under	maken, 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 em such employer, except information for use solely in conjunction with a	nployees or a labor organization n administrative or arbitral pro	n in connection with a labor dispute involving ceeding 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	tions):				
a. Nature of activity:					
11.b. Period during which performed:	11.c. Extent performed:				
	Additional Name and added				
11.d. Name and address through whom performed:  Name Wildine Pierre	Name Luz	ss through whom performed, if any:			
	Organization Lighto La				
Organization					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.,	if any			
Street 6400 Lost tree Court	Street 10515 Mildred	St			
City Orlando	City El Monte				
State Florida ▼ ZIP Code + 4 32818	State California	<b>ZIP Code + 4</b> 91733			
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:			