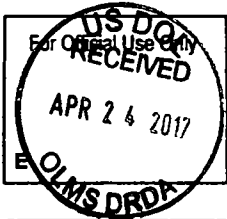


# AGREEMENT AND ACTIVITIES REPORT



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)

647461  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: c 67670

## Person Filing

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

Name OMAR CUADRA GUTIERREZ  
Title INDIVIDUAL  
Organization N/A  
P.O. Box, Bldg., Room No., if any  
Street 4492 CAMINO DE LA PLAZA APT 1550  
City SAN YSIDRO  
State California ZIP Code + 4 92173

### 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 IAN PULLAN  
Organization ST REGIS MONARCH BEACH RESORT  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street ONE MONARCH BEACH RESORT  
City DANA POINT  
State California ZIP Code + 4 92629

### 7. Date entered into:

06 / 22 / 2015

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

Name LUPE CRUZ  
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

  
Title Sole Proprietor

President  
(If other title, see  
instructions)

14. Signed

Title d

Treasurer  
(If other title, see  
instructions)

On 04/18/2017 (619) 852-3071

Date

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 AND 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 EMPLOYEES MEETINGS TO INFORM OF THEIR SECTION 7 RIGHTS

11.b. Period during which performed:  
JUNE 2015-AUGUST 2015

11.c. Extent performed:  
COMPLETED

11.d. Name and address through whom performed:

Name LUPE CRUZ

Organization CRUZ AND ASSOCIATES

P.O. Box, Bldg., Room No., if any 1831

Street

City UPLAND

State California ZIP Code + 4 91785

Additional Name and address through whom performed, if any:

Name LUIS R CAMARENA

Organization LKLS CONSULTING

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

Street 1975 ALDERBROOK PL

City CHULA VISTA

State California ZIP Code + 4 91913

12.a. Identify subject groups of employees:

EMPLOYEES, SUPERVISORS AND MANAGERS

12.b. Identify subject labor organizations:

UNITE HERE LOCAL 11