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. 1215-0188
Expires 11-30-2006



This report is mandatory under P.L. 88-257, 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): 3. Any other address where records necessary to verify this report are kept: Name Lupe Name Cruz Title CEO Title Organization Cruz and Associates, Inc. Organization P.O. Box, Bldg., Room No., if any P.O. Box 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 Individual b. c. Corporation d. Other (Specify): Partnership Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 27 / 2014 Merrill 8. Name of person(s) through whom made: Organization Hilton Grand Vacations - Orlando Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 11272 Desforges Ave. City Orlando Name ZIP Code + 4 32836 State Florida 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 14. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Title Treasurer Title CEO 03/27/2014 (909) 980-8736 Oπ Telephone Number Date Telephone Number

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*	Filer Lupe Cruz	Cruz and Associates, Inc.	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 barga 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.):				
Paid Hourley, Expenses Reimbursed				

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Paid Hourley,	Expenses	Reimbursed			
		}			
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Specific	Activities	to be	Performed
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- 11. For each activity, separately list in detail the information required (See instructions):
  - a. Nature of activity:

To inform employees of their Section 7 rights and answer questions using NLRB and Union documents.

11.b. Period during which performed;	11.c. Extent performed:		
Jan.27, 2014	On going		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Edward Echanique	Name Eduardo Padilla		
Organization	Organization EPC Consulting		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 155 Bay Laurel Dr.	Street 3620 Lomacitas Lane		
City Mooresville	City Bonita		
State North Carolina ZIP Code + 4 28115	State California ZIP Code + 4 91902		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Potential Bargaining Unit Employees	United Service Workers Union Local 74		