U.S. Desertment 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 08-31-2016



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)

618711

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number: C- 00483 | | |
|---|---|--|
| | | |
| Person Filing | | |
| Name and mailing address (include ZIP Code): | 3. Any other address where records necessary to verify this report are kept: | |
| Name | Name | |
| 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: | |
| Name Jim Marino | 1 / [16] / [2016] | |
| Organization Haytt Shaumburg | 8. Name of person(s) through whom made: | |
| Trade Name, if any | Name | |
| P.O. Box, Bldg., Room No., if any | Name | |
| Street 1800 East Golf Road | Name | |
| City Shaumburg | Name | |
| State Illinois ZIP Code + 4 60173 | 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 pepalties in the instructions.) | d by the signatory and is, to the best of the undersigned's knowledge and belief, | |
| 13. Signed President | 14 Signed | |
| (If other title, see | 14. Signed Treasurer (If other title, see | |
| Title Other (Specify) instructions) | Title Treasurer instructions) | |
| CEO | | |
| On 04/10/2016 909-980-8736 | On | |
| Date Telephone Number | Date Telephone Number | |

| File: Cruz & Associates | File Number C- 00483 | |
|---|---|--|
| 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: | | |
| 5. Oriest the appropriate box to indicate whether all object of the activities under aren, is unecly of 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. | | |
| | | |
| | | |
| | | |
| - | | |
| | | |
| 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 NLRB | | |
| Documents. | r section / rights and answer questions using NERB | |
| | | |
| | | |
| | | |
| 11.b. Period during which performed: Ongoing | 11.c. Extent performed: | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | |
| Name Eddie Echanique | Name | |
| Organization | Organization | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | |
| Street 155 Bay Laurel Dr. | Street | |
| City Moorseville | City | |
| State North Carolina ZIP Code + 4 28115 | State California ZIP Code + 4 | |
| State North Carolina 21 Code 4 28115 | State Carrier 2 | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | |
| Hotel workers | Teamsters | |
| | | |
| | | |
| | | |
| | | |
| | 11 | |