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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
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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 Lupe Cruz	Name
Title CBO	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 / 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 Marisol Dominquez-Cay	8 / 5 / 2013
Organization Grand Melia Resort	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bidg., Room No., if any	Name
Street 299 Coco Beach	Name
City Rio Grande	Name
State Puerto Rico ZIP Code + 4 00745	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 Treasurer instructions)
CEO	
On 03/27/2014 (909)980-8736	On

Date

Date

Telephone Number

Telephone Number

FUEL Lupe Cruz Cruz and Associates, Inc.	File Number C- 00483	
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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.):		
Paid Hourly, Expenses Reimbursed		
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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: To inform employees of their Section 7 rights and answer questions using NLRB & Union Documnets.		
to intoin captoyees of enert section , rights and answer questions using what a union bocumiets.		
11.b. Period during which performed:	11.c. Extent performed:	
08/05/2013 11.d. Name and address through whom performed:	Ongoing Additional Name and address through whom performed, if any:	
Name Edward 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 Mooresville	City	
State North Carolina ZIP Code + 4 28115	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Banquet Waiters	Unite HERE	