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FURM LM-20

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 202

AGREEMENT AND ACTIVITIES REPORT

Font

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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 Ornanizations Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

Group

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	C	7

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1. File Number: C- 701						
Person Filing						
2. Name and mailing address (inclu	de ZIP Code):	3. Any other address where records necessary to verify this report are kept:				
Name DAVID	C ACOSTA	Name				
Title PRESIDENT/TREASU	RER	Title				
Organization REDSTONE ENTER	PRISES	Organization				
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any				
Street 5415 E WILLOWICK C	IRCLE	Street				
City ANAHEIM		City				
State California	ZIP Code + 4 92807	State ZIP Code + 4				
4. Date fiscal year ends:	5. Type of person:					
Dec / 16	a. Individual b. Partnersh	ip c. Corporation d. Other (Specify):				
Nature of Agreement or Arrange	ment					
6. Full name and address of employ	er with whom made (include ZIP Code):	7. Date entered into: 4 / 15 / 2016				
Name MARK	PLATKOWSKI	- / 23 / 2020				
Organization OMNI HOTELS &	RESORTS	8. Name of person(s) through whom made: Name				
Trade Name, if any OMNI RESO						
P.O. Box, Bldg., Room No., if any		Name				
Street 41-000 BOB HOPE DR	IVE	Name				
City RANCHO MIRAGE		Name				
State California	ZIP Code + 4 92270	Name				
	<u> </u>					
Each of the undersigned declares, the information contained in any active, correct Not Ready To Si	under penalty of perjury and other applica	chele penalties of law, that all of the information submitted in this report (including ned by the signatory and is, to the best of the understance's knowledge and believed. Not Ready To Sign				
13. Signed	President (If other title, see	14. Signed Treasurer (If other title,				

Title

On

Form LM-20 (2003)

President

5/10/17

Date

instructions)

714-306-2229

Telephone Number

714/306-2229

Telephone Number

instructions)

Treasurer

5/10/17

Date

Title

On

Filer:		 File Nu	mber c - 701	
	 	 	 	

- 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.):

Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize, bargain collectively and go on strikes according to the Guide to the National Labor Relations Act of 1935. Terms of billing are: \$120/HOUR, PLUS EXPENSES.

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

TEST PG CNT

To provide consultation and to give speeches based on the Guide to the National Labor Relations Act to employees regarding their rights to organize, bargain collectively and strike.

11.b. Period during which performed:	11.c. Extent performed: activity ended			
4/15/16 to 4/30/16	activity ended			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name DAVID BURK	Name			
Organization LABOR INFORMATION SERVICES, INC	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 27407 PACIFIC COAST HIGHWAY,	Street			
City MALIBU	City			
State California ZIP Code + 4 90265	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
HOTEL STAFF	LABORER'S INTERNATIONAL UNION, LIUNA			