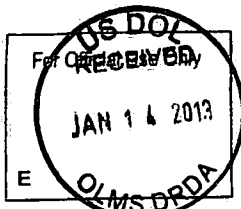


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

509930

1. File Number:

c-547

### Person Filing

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

Name  
Employee Relations Services Int'l  
Title  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
P O Box 18122  
City  
Anaheim Hills, CA 92817-9998  
State  
ZIP Code + 4

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:

12 / 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  
Gema Ortiz-Cardenas  
Organization  
ETC Hotels  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street  
Casa Del Mar  
City  
One Pico Blvd  
State  
Santa Monica, CA 90405  
ZIP Code + 4

7. Date entered into:

09 / 17 / 2012

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

Name  
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

*Theresa Feuz*

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

12/31/12

Date

714 981-7199

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 ~~XX~~ 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.):

Held employee meetings to inform them on their section 7 rights and to answer questions pertaining to unions.

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings with employees, showed videos and informed them on union. Used union documentation for Q & A session.

11.b. Period during which performed:

9/12 - 10/12

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Gus Flores  
Organization Employee Relations Services  
P.O. Box, Bldg., Room No., if any  
Street Same as Page 1  
City  
State ZIP Code + 4

Additional Name and address through whom performed, if any:

Name Carlos Flores  
Organization Employee Relations Services  
P.O. Box, Bldg., Room No., if any  
Street Same as page 1  
City  
State ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: