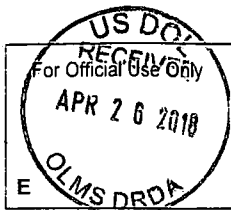


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

676099

1. File Number: C- 00568

Person Filing

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

Name Raymond Rosenbach
Title Treasurer
Organization Govt Resources Consultants of America
P.O. Box, Bldg., Room No., if any 106
Street 253 Commerce Dr
City Grayslake
State Illinois ZIP Code + 4 60030

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:

Dec / 18

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 Kimberly A Jennings
Organization COMMONWEALTH HOSPITALITY LLC
Trade Name, if any DBA ALOFT HOTEL PHOENIX AIRPORT
P.O. Box, Bldg., Room No., if any SUITE 1050
Street 100 E RIVERSIDE BLVD
City COVINGTON
State Kentucky ZIP Code + 4 41011

7. Date entered into:

4 / 16 / 2018

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

Name Kimberly A Jennings
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

Title President

President

(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer

(If other title, see instructions)

On 04/17/2018

Date

847-337-3480

Telephone Number

On 04/17/2018

Date

847-337-3480

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 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.):

To provide professional consulting services as described in Section 11.

Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

11.b. Period during which performed:

April 2018

11.c. Extent performed:

On going

11.d. Name and address through whom performed:

Name David J Rittorf

Organization Govt Resources Consultants of America

P.O. Box, Bldg., Room No., if any 106

Street 253 Commerce Dr

City Grayslake

State Illinois ZIP Code + 4 60030

Additional Name and address through whom performed, if any:

Name Monica Mejia

Organization CREATIVE SOLUTIONS & VISIONS LLC

P.O. Box, Bldg., Room No., if any

Street 8 CARLTON CT

City STATEN ISLAND

State New York ZIP Code + 4 10312

12.a. Identify subject groups of employees:

All full-time and regular part-time employees, including housekeeping, food and beverage, front desk, maintenance and shuttle operation employees, employed by the Employer at its facility in Phoenix, Arizona. Excluding all managers, office clerical employees, guards, professional employees, and supervisors as defined in the National Labor Relations Act.

12.b. Identify subject labor organizations:

UNITE HERE LOCAL 11