S. Department of Labor ce 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 10-31-2013



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.

OLMS	475888				
1. File Number: <b>C-</b> 00483					
Person Filing	· · · · · · · · · · · · · · · · · · ·				
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:			
Name Lupe C	ruz	Name .			
Title CEO		Title			
Organization Cruz & Associates, INC.		Organization			
P.O. Box, Bldg., Room No., if any PO 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. Date fiscal year ends:	5. Type of person:				
: Dec / 31	a. Individual b. Partnership	nership 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: 12 / 12 / 2011			
Name Mark Steenson					
Organization Ace Hotel		8. Name of person(s) through whom made:			
Trade Name, if any		Name Mark Steenso			
P.O. Box, Bldg., Room No., if any		Name			
Street 1186 Broadway Tenent LLC		Name			
City new york		Name			
State New York	ZIP Code + 4 10001	Name			
Signatures					
	panying documents) has been examined	penalties of law, that all of the information submitted in by the signatory and is, to the best of the undersigned's			
13. Signed	President (If other title, see	14. Signed	Treasurer (If other title, see		
Title Other (Specify)	instructions)	Title Treasurer	instructions)		
CEO			e e e e e e e e e e e e e e e e e e e		
On 2/12/2012 9099	9808736	On	:		
Date	Telephone Number	Date Telephone Nu	imber		

rer: Lupe Cruz Cruz & Associates, INC.		File Number C- 00483		
	Laboration of indication			
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.):				
Paid Hourly and Expenses reimbursed.				
	•			
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 to inform them of their section 7 rights and to answer questions pertaining to the union using NLRB and union documents for questions and answers.				
11.b. Period during which performed:	11.c. Extent performed:			
on going	held meetings	with employees		
11.d. Name and address through whom performed:	Additional Name and addre	ss through whom performed, if any:		
Name Eddie Eshanique	Name			
Organization	Organization	•		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.,	if any		
Street 155 Bay Laurel Drive	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:			
housekeeping, bell staff enineering	New York Hotel & 1	Motel Trades Council, AFLCIO		