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. 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.

1. File Number: 778 **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Nekeya Nunn Title Title President Organization The Labor Pros Organization P.O. Box, Bldg., Room No., if any Ste 313-346P.O. Box, Bldg., Room No., if any Street 501 N. Orlando Ave Street City Winter Park City State Florida Ø ZIP Code + 4 32789 ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: Dec c. X Corporation d. Individual b. Partnership 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 Bill Fitzgerald 8. Name of person(s) through whom made: Organization DoubleTree Hilton Philadelphia Name Trade Name, if any P.O. Box, Bldg., Room No., if any Name Street 237 S. Broad St Name City Philadelphia Name State Pennsylvania 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 //II on penalties in the instructions.) 13. Signed President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President 7/20/2012 (407) 460-6316 On Date Telephone Number Date Telephone Number

Filer:	File Number C-
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.): Hold employee meetings, ACT training, to inform employees of their section (7) rights. To answer questions pertaining to the union using NLRB documents for question and answer.	
paid hourly; expenses reimbursed.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a Nature of activity: In small groups, answer any questions pertaining to employee rights thru NLRB, unions and Collective Bargaining.	
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11.b. Period during which performed: 10/25- 12/10 2009	11.c. Extent performed:
	Held Meetings with employees
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Lupe Cruz	Name
Organization Cruz & Associates	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10201 Trademark St #C	Street
City Rancho Cucamonga	City
State California	State
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:

Employees in Potential Bargaining Unit

Philadelphia Joint Board, Workers United