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 08-31-2016



1. File Number:

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.

C- 00681 **Person Filing** 2. Name and mailing address (include ZIP Code); 3. Any other address where records necessary to verify this report are kept: Name Juan Cruz Name Lupe Cruz Title C.E.O Title CEO Organization Reconnect Labor Relations Consultants Organization Cruz and Associates Labor Relations P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 1831 Street 29450 Highland blvd Street City Moreno Valley City Upland State California ZIP Code + 4 92555 State California ZIP Code + 4 91785 4. Date fiscal year ends: 5. Type of person: a. Individual b. Dec 31 Partnership Corporation Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 20 / 2015 Name Brian Baudreau 8. Name of person(s) through whom made: Organization Trump International Hotel Name Trade Name, if any Trump Las Vegas Hotel Name P.O. Box, Bldg., Room No., if any Street 2000 Fashion Show Drive Name City Las Vegas Name State Nevada ZIP Code + 4 89109 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 14. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Other (Specify) Title Title CEO none 4/29/2015 951-413-4402 On Telephone Number Date Telephone Number

Filer: Juan Cruz Reconnect Labor Relations Consultar	nts	File Number C- 00681
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.):		
No written agreement.		
_		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):a. Nature of activity:		
To Persuade employees to excersise their right to choose a union or not under section 7 of the		
National Labor Relations Act.		
11.b. Period during which performed:	11.c. Extent performed:	
4/20/2015 11.d. Name and address through whom performed:	4/29/2015	
Name Lupe Cruz	Additional Name and address through whom performed, if any:	
<u> </u>		
Organization Cruz and Associates Labor Relations	Organization	
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Upland	City	
State California ZIP Code + 4 91785	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor o	rganizations:
All employees: full time and part time.	UniteHere, Las Vegas, Nevada.	