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



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.

556815	
1. File Number: C- 00483	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization CRUZ AND ASSOCIATES, INC.	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
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 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):	7. Date entered into:
Name Peter Merrill	4 / 28 / 2014
Organization Hilton Grand Vacations - Orlando	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 11272 Desforges Ave.	Name
City Orlando	Name
State Florida ZIP Code + 4 32836	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 Surve Cres President (If other title, see instructions)	14. Signed Treasurer (If other title, see
Title Other (Specify)	Titleinstructions)
CEO	
On May 19, 2014 909-980-8736	On
Date Telephone Number	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 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; Expenses Reimbursed		
	·	
Specific Activities to be Performed	· - · · · · · · · · · · · · · · · · · ·	
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
To inform employees of their Section 7 rights and answer questions using NLRB and Union documents.		
	- · · · · · · · · · · · · · · · · · · ·	
11.b. Period during which performed:	11.c. Extent performed:	
April 28, 2014	On-going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Edward Echanique	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any	
e at		
Street 155 Bay Laurel Dr.	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:	
Maintenance workers	United Service Workers Union Local #74	

File Number C- 00483

CRUZ AND ASSOCIATES, INC.