

# 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.

1. File Number: C- 762

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):	
Name Luz Ceballos	3. Any other address where records necessary to verify this report are kept:
Title	Name
Organization	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 10515 Mildred Street	P.O. Box, Bldg., Room No., if any
City El Monte	Street
State California	City
ZIP Code + 4 91733	State
4. Date fiscal year ends:	5. Type of person:
Dec / 31	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Nigel Hurst	7. Date entered into: 7 / 3 / 2008
Organization HEI Hotels and Resorts	8. Name of person(s) through whom made:
Trade Name, if any	Name Carlos restrepo
P.O. Box, Bldg., Room No., if any	Name
Street 101 Merri 7 Corporate Park	Name
City Norwalk	Name
State Connecticut	Name
ZIP Code + 4 06851	

### 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 [Signature]  
Title President

President  
(If other title, see  
instructions)

14. Signed \_\_\_\_\_  
Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 7/4/2009  
Date

909-434-9147  
Telephone Number

On \_\_\_\_\_  
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.):

#### Specific Activities to be Performed

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

a. Nature of activity:

Inform employees, managers and supervisors about their rights under the National Labor Relations Act (NLRA) Section 7 and under the National Labor Relations Board.

11.b. Period during which performed:  
July to December 2008

11.c. Extent performed:  
Completed

11.d. Name and address through whom performed:

Name Luz Ceballos

Organization

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

Street 10515 Mildred Street

City El Monte

State California

ZIP Code + 4 91733

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: