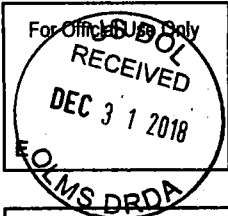


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

686644

1. File Number: C- 00483

Person Filing

2. Name and mailing address (include ZIP Code):

Name

Title

Organization Cruz and Associates, Inc.

P.O. Box, Bldg., Room No., if any 1831

Street

City Upland

State California ZIP Code + 4 91785

3. Any other address where records necessary to verify this report are kept:

Name NA

Title

Organization

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

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

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):

Name Thomas Carlos

Organization Sheraton Stamford Hotel

Trade Name, if any

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

Street 700 Main Street

City Stamford

State Connecticut ZIP Code + 4 06901

7. Date entered into:

11 / 16 / 2018

8. Name of person(s) through whom made:

Name

Name

Name

Name

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

President
(If other title, see
instructions)

Title Other (Specify)

CEO

On 12/20/2018

Date

909-980-8736

Telephone Number

14. Signed

Treasurer
(If other title, see
instructions)

Title

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.):

Hourly Rate Plus Expenses

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 using the NLRB documents.

11.b. Period during which performed:

On-going

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name Eduardo Padilla

Organization EPC Consulting

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

Street 3364 Bonita Woods Drive

City Bonita

State California ZIP Code + 4 91902

Additional Name and address through whom performed, if any:

Name Jaime Brambilla

Organization CEPC Consulting

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

Street 3620 Lomacitas Lane

City Bonita

State California ZIP Code + 4 91902

12.a. Identify subject groups of employees:

Housekeeping, F&B, Front Desk, Laundry,
Engineering

12.b. Identify subject labor organizations:

United Needletrades Industrial Textile Hotel
Reastaurant Employees UNITEHERE Local 217

Specific Activities to be Performed (Continuation Page)

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 using the NLRB documents.

11.b. Period during which performed:

On-going

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name Wildine Pierre

Organization

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

Street 6400 Lost Tree Court

City Orlando

State Florida ZIP Code + 4 32818

Additional Name and address through whom performed, if any:

Name Luzo Slim

Organization Lighto Labor Inc.

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

Street 10515 Mildren 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

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:

Housekeeping, F&B, Front Desk, Laundry,
Engineering

12.b. Identify subject labor organizations:

United Needletrades Industrial Textile Hotel
Reastaurant Employees UNITEHERE Local 217