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)

6/8720

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 & Associates	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 Sam Jagger	8. Name of person(s) through whom made:
Organization Mr C Beverly Hills	Name Name
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	Name
Street 1224 Beverwill Dr.	Name
City Los Angeles	Name
State California ZIP Code + 4 90035	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)	14. Signed Treasurer (If other title, see instructions)
Title 1	Title
On 04/10/2016 909/980/8736	On
Date Telephone Number	Date Telephone Number

Filer: Cruze & Associates	File Number C- 00483	
9. Check the appropriate how to indicate whether an object of the activities undertaken is directly or indicate.		
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 instruction)	tions):	
a. Nature of activity:		
Held employee meetings to inform employees of thei	r Section 7 rights and answer questions using the	
NLRB Documents		
11.b. Period during which performed:	11.c. Extent performed:	
Ongoing		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Luis Camarena	Name Omar Quadra	
Organization LKLS Consulting	Organization LKLS Consulting	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 1975 Alderbrooke Ave	Street 1975 Alderbrooke Ave	
City Chula Vista	City Chula Vista	
State California ZIP Code + 4 91913	State California ZIP Code + 4 91913	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Hotel Workers	Unite	
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