

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. 438 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.

559962

1. File Number: C- 00483

Person Filing

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

Name
Title
Organization Cruz & Associates, Inc.
P.O. Box, Bldg., Room No., if any PO Box 1831
Street
City Upland
State California ZIP Code + 4 91785

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

Name
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 Pete Demay
Organization Westin Chicago O'hare
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 6100 North River Rd.
City Rosemont
State Illinois ZIP Code + 4 60018

7. Date entered into:

4 / 7 / 2014

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 *Lupe Cruz* President
(If other title, see instructions)

Title President

14. Signed _____ Treasurer
(If other title, see instructions)

Title Treasurer

On 7/26/2014 9099808736
Date 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.):

Bill hourly and charge expenses

Specific Activities to be Performed

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

a. Nature of activity:

Inform employees about the NLRB process.

11.b. Period during which performed:

April 7, 2014

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Greg Passant
 Organization Cruz & Associates, Inc
 P.O. Box, Bldg., Room No., if any PO Box 1831
 Street
 City Upland
 State California ZIP Code + 4 91785

Additional Name and address through whom performed, if any:

Name Eduardo Padilla
 Organization EPC Consulting
 P.O. Box, Bldg., Room No., if any
 Street 3620 Lomacitas Ln
 City Bonita
 State California ZIP Code + 4 91902

12.a. Identify subject groups of employees:

Hotel Workers

12.b. Identify subject labor organizations:

Teamsters