

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)

572914
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00483

Person Filing

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

Name Lupe Cruz
Title
Organization Cruz & Associates
P.O. Box, Bldg., Room No., if any 1831
Street
City Upland
State California ZIP Code + 4 19785

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 Linda Nagle
Organization Double Tree Arlington Heights
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 5005 West Touhy, Suite 200
City Skokie
State Illinois ZIP Code + 4 60077

7. Date entered into:

9 / 29 / 14

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 Jupe Cruz President
(If other title, see instructions)
Title President

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

On 10/21/2014 909-980-8736
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.):

Hourly Rate and expenses

Specific Activities to be Performed

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

a. Nature of activity:

Meet with employees and inform them of there section 7 rights and answer questions using NLRB documents for questions and answers.

11.b. Period during which performed:

09/29/2014

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Javier Carbone

Organization Rivera Carbone

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

Street 30200 Rancho Viejo Rd.

City San Juan Capistrano

State California ZIP Code + 4 92675

Additional Name and address through whom performed, if any:

Name Gabrielle Jenkins

Organization

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

Street 16020 Elbert Circle

City Fountain Valley

State California ZIP Code + 4 92708

12.a. Identify subject groups of employees:

House Keeping

12.b. Identify subject labor organizations:

Teamsters.