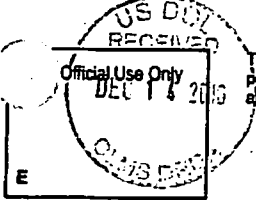


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U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

648407

1. File Number: C- 00483

Person Filing

2. Name and mailing address (include ZIP Code):
 Name: [] [] []
 Title: []
 Organization: Cruz & Associates
 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: [] [] []
 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: James Adamson
 Organization: Kimpton Hotel Monaco Philadelphia
 Trade Name, if any: []
 P.O. Box, Bldg., Room No., if any: []
 Street: 433 Chestnut St
 City: Philadelphia
 State: Pennsylvania ZIP Code + 4: 19106

7. Date entered into: [] / [] / []

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: [Signature] President (If other title, see instructions)
 Title: President

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

On: 12-02-2016 Date 909980-8736 Telephone Number

On: _____ Date _____ Telephone Number

84

Filer: _____ File Number C- 483

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

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 employee meetings to inform employees of their section 7 rights and answer questions using the NLRB documents

11.b. Period during which performed:

Ongoing

11.d. Name and address through whom performed:

Name Jaime Brambile

Organization EPC Consulting

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

Street 3620 Lomacitas Lane

City Bonita

State California ZIP Code + 4 91802

11.c. Extent performed:

Ongoing

Additional Name and address through whom performed, if any:

Name _____

Organization _____

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

Street _____

City _____

State Florida ZIP Code + 4 _____

12.a. Identify subject groups of employees:

Petitioned for employee group

12.b. Identify subject labor organizations:

IAM district lodge 725

| | |
|--------|--------------------|
| Filer: | File Number C- 483 |
|--------|--------------------|

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

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.

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Held employee meetings to inform employees of their section 7 rights and answer questions using the NLRB documents

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Luis Camarena

Organization LKLS Consulting

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

Street 1975 Alderbrooke Ave

City Chula Vista

State California ZIP Code + 4 91913

Additional Name and address through whom performed, if any:

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

12.a. Identify subject groups of employees:

Petitioned for employee group

12.b. Identify subject labor organizations:

IAM district lodge 725