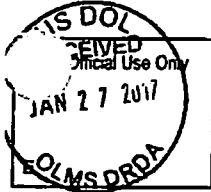


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U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

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. 89-257, 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.

648422

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name: _____ Title: _____ Organization: <u>Cruz & Associates</u> P.O. Box, Bldg., Room No., if any: <u>1831</u> Street: _____ City: <u>Upland</u> State: <u>California</u> ZIP Code + 4: <u>91785</u>	3. Any other address where records necessary to verify this report are kept: Name: <u>NA</u> Title: _____ Organization: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____
4. Date fiscal year ends: <u>Dec</u> / <u>31</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): _____

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name: <u>James</u> <u>Adanson</u> Organization: <u>Kimpton Hotel Monaco Philadelphia</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: <u>433 Chestnut St</u> City: <u>Philadelphia</u> State: <u>Pennsylvania</u> ZIP Code + 4: <u>19106</u>	7. Date entered into: <u>5</u> / <u>18</u> / <u>2016</u> 8. Name of person(s) through whom made: Name: <u>NA</u> 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 <u>[Signature]</u> Title: <u>President</u> On: <u>1-7-2017</u> Date <u>909-980-8736</u> Telephone Number	14. Signed _____ Title: _____ On: _____ Date _____ Telephone Number
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Filer: Cruz & Associates

File Number C- 483

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

j. Period during which performed:

Ongoing

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name Jaime Brambila

Organization EPC Consulting

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

Street 3620 Lomacitas Lane

City Bonita

State California ZIP Code + 4 91902

Additional Name and address through whom performed, if any:

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

12.a. Identify subject groups of employees:

IAM

12.b. Identify subject labor organizations:

Petitioned for employee group

Filer: Cruz & Associates	File Number C- 483
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

1. 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.

2. 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.

<p>b. Period during which performed:</p> <p>Ongoing</p>	<p>11.c. Extent performed:</p> <p>NA</p>
<p>11.d. Name and address through whom performed:</p> <p>Name <input type="checkbox"/> Wildine <input type="checkbox"/> Pierre</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6400 Lost Tree Court</p> <p>City Orlando</p> <p>State Florida ZIP Code + 4 32818</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State California ZIP Code + 4</p>

<p>12.a. Identify subject groups of employees:</p> <p>IAM</p>	<p>12.b. Identify subject labor organizations:</p> <p>Petitioned for employee group</p>
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