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

## FORM LM-10 **EMPLOYER 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	L
prosecution fines, or civil penalties as provided by 29 U.S.C. 439 or 440.	

	amended. Failure to comply may result in criminal as provided by 29 U.S.C. 439 or 440.
RECEIVED READ THE INSTRUCTIONS CAREFULL	LY BEFORE PREPARING THIS REPORT
MAR 3 0 2016	ra (020533
1. File Number E-5579- 5579	2. Fiscal Year Covered From:     Month/Day/Year (mm/dd/yyyy)     Month/Day/Year (mm/dd/yyyy)       01 / 01 / 2015     Through:     12 / 31 / 2015
3. Name and address of Reporting Employer (inc. trade name, if any).         Employer Hilton Worldwide, Inc.         Trade Name f/n/a Hilton Hotels Corporation         Attention To Joe Berger	A. Name and address of President or corresponding principal officer, if different from address in Item 3. Name P.O. Box, Building and Room Number, If any
Title Area President of Operations-Americas	
Mailing Address         P.O. Box, Bldg., Room No., if any 1100         Street 7930 Jones Branch Drive	Street           City           State         ZIP Code + 4
City <u>McLean</u>	State          ZIP Code + 4
State VA ZIP Code + 4 22102	
5. Any other address where records necessary to verify this report will be available for examination.     Name <u>Anna Washburn</u> Title <u>Manager of Labor Relations</u> Organization <u>Hilton Worldwide, Inc.</u> P.O. Box, Building and Room Number, If any	<ul> <li>6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination.</li> <li>Address in Item 3</li> <li>Address in Item 4</li> <li>Address in Item 5</li> </ul>
Street 720 S Michigan Avenue	
City Chicago	
State IL ZIP Code + 4 60607	
7. Type of organization.	Other (specify)
Signate	
Each of the undersigned, duly authorized officers of the above employer declares, und information submitted in this report (including the information contained in any accomp the undersigned's knowledge and belief, true, correct, and complete. (See Section VII 13. Signed President 14 (if other title, see Instructions) Title: <u>Area President of Operations- Americas</u>	panying documents) has been examined by the signatory and is, to the best of
On <u>3/29/20/</u> Date <u>703-883-1025</u> Telephone Number	On <u>3 131 120</u> (6 <u>703-883-1016</u> Date Telephone Number

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Name	of Reporting Employer: HILTON WORLDWIDE, INC.	File Number	E-5579	- 5579
				/
8. Ty	pe of Reportable Activity Engaged In By Employer			
the ir attach Also,	the following questions and the accompanying instructions carefully, taking into consid- nstructions for these items, and check either "Yes" or "No" for each item. For each item in a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer if the answer is "Yes" for more than one person or organization, complete a separate F ization. If you answer "Yes", enter the number of Part Bs that are submitted for that ite	that is answer to any of It Part B for eac	vered " tems 8. ch pers	Yes", you must .a. through 8.f. on or
DUR	ING THE FISCAL YEAR COVERED BY THIS REPORT:			lf "Yes", number of Part Bs attached
		YES	NO	
8.a.	Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization o to any officer, agent, shop steward, or other representative or employee of any labor organization?			<u>44</u>
		YES	NO	
8.b.	Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representative of their own choosing without previously or at the same time disclosing such payment to a such other employees?			
		YES	NO	
8.c.	Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectivel through representatives of their own choosing?		$\boxtimes$	
		YES	NO	
8.d.	Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?		$\boxtimes$	
~	<b>C</b>	YES	NO	
8.e.	Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or n to exercise, or as to the manner of exercising, the right to organize and bargain collectivel through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement?	ot		<u>18</u>
		YES	NO	
8.f.	Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concernin activities of employees or of a labor organization in connection with a labor dispute in whice you were involved; or did you make any payment pursuant to such agreement or arrangement?	ng		
	TOTAL NUMBER OF PART Bs FO	R THIS REPC	ORT IS	<u>62</u>
Form	LM-10 - Part A (2003), Continued			

Name of Reporting Employer: HLTON WORLDWIDE, INC

File Number E- 5579

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Check Item Number (from Page 2) to which this Part B applies ITEM 8.a ITEM 8.			ITEM 8.c		1TEM 8.e		
9.a. 🗌 Agreement 🔀 Payment 🗌 Both			9.c. Position In labor organization or with employer (if an independent labor consultant, so state). General Organizer				
9.b. Name and address of person v separate agreement was made made.	0		. Name and ad or affiliated.	dress of firm or labor	organization with w	hom employed	
		Or	ganization				
Name Edward A. Abbott		<u>In</u>	l Assn of B	ridge, Structural	, Ornamental a	and	
			inforcing Ir	on Workers (IAB	SORIW)		
P.O. Box, Building and Room Number, If any			D. Box, Building	and Room Number, I	fany		
Suite 400			Suite 4	100			
Street 1750 New York Ave NW			Street 1750 New York Ave NW				
City <u>Washington</u>			City <u>Washington</u>				
State DC ZIP Code + 4 20006			ite <u>DC</u>	2	CIP Code + 4 <u>2000</u>	06	
10.a. Date of the promise, agreement which payments or expenditures		t to 10.	10.b. The promise, agreement, or arrangement was:				
01/22/2015			🛛 Oral 📋 Written* 🔲 Both				
			(*Written agreements entered into during the fiscal year must be attached.)				
11.a. Date of each payment or expenditure (mm/dd/yyyy).       11.b. Amount of each payment or expenditure		ayment	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)				
1/21/15	<u>\$210.00</u>		Complime	ntary guest rooi	m during site v	visit	
1/21/15	<u>\$50.00</u>		Complime	ntary arrival am	enity		
1/22/15	<u>\$25.00</u>		Complime	ntary lunch			

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Edward A. Abbott, General Organizer, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union has held large group events at the hotel and is a repeat customer and Edward A. Abbott visited the Hotel to evaluate its suitability as the event site, as it has done for other customers in similar situations, Hilton's managers met with him on January 22, 2015, to discuss the possibility of holding the Union's 2016 Apprenticeship Training Conference and other possible opportunities for future events to take place at Hilton Americas-Houston, and provided him with complimentary accommodations, gift basket room amenity, & lunch. The complimentary items above related to Edward A. Abbott's role as a current and future customer of Hilton. Edward A. Abbott did not give or promise or agree to anything in exchange for the complimentary items stated above. The values provided in Section 11b are our best good faith estimates of the expenditures.

Part I	3
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Name of Reporting Employer: HLTON WORLDWIDE, INC File Number E- 55							
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.1	• 🗌 🛛		ITEM 8.d	ITEM 8.e	ITEM 8.f
9.a. Agreement 🛛 Payment 🗌 Both			9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Assistant Secretary				
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				ame and address filiated.	of firm or labor	organization with w	nom employed or
Name <u>Leroy Barr</u>			Organi <u>Unite</u>	zation Ind Federation	of Teachers		
P.O. Box, Building and Room Num	nber, If any		P.O. B	ox, Building and I	Room Number, I	any	
Street 52 Broadway			Street	52 Broadv	vay		
City <u>New York</u>			City New York				
State NY Z	IP Code + 4 <u>10004</u>		State	NY	Z	IP Code + 4 <u>1000</u>	)4
	10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.				. Written*	nent was: D Both g the fiscal year mu	st be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	1			liture (Specify wheth cash or property)	her
03/13/2015	<u>\$131.00</u>		_ A	menity			
<u>03/27/2015</u>	<u>\$131.00</u>		_  ≙	menity			
04/16/2015	\$131.00		_  ≙	menity			
08/30/2015	\$131.00			menity			
09/19/2015	\$131.00			menity			
09/25/2015	\$131.00 \$121.00		-   -	menity			
<u>10/16/2015</u> 11/13/2015	\$131.00 Amenity						
	\$131.00		-   4	menity			

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Assistant Secretary of the United Federation of Teachers, Leroy Barr has a role in deciding where the union's events will be held. During the group's hotel stays on the dates listed above at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Leroy Barr with amenities. The Amenities related solely to Leroy Barr's role as a current and future group events customer of Hilton through his role with the Union. Leroy Barr did not give or promise or agree to anything in exchange for the Amenities. The value provided in Section 11b is our best good faith estimate of the expenditures.

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Part B

Name of Reporting Employer: HLTON WORLDWIDE, INC						ber E- <b>5579</b>	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ІТЕМ 8.6	]		ITEM 8.d	ITEM 8.e	ITEM 8.f
9.a. Agreement Payment Both			9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Legislative Director & Assistant to the President				
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				lame and address ffiliated.	of firm or labor or	ganization with w	nom employed or
Name <u>Matthew Biggs</u> P.O. Box, Building and Room Number, If any			Organization International Federation of Professional Technical Engineer (IFPTE) P.O. Box, Building and Room Number, If any				
Street         501 3rd Street, NW, Suite 701           City         Washington           State         DC         ZIP Code + 4         20001			Street City State	501 3rd St Washingt		te 701 e + 4 _20001	
10.a. Date of the promise, agreemer payments or expenditures were <u>See Below</u>		ant to which		🛛 Oral 🛛	ment, or arrangeme . Written* entered into during	Both	t be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	1		ayment or expendit in, and whether in c		er
03/07-11/2015 03/07-11/2015 03/09/2015 06/11/2015	\$880.00 \$125.65 \$47.30 \$19.00				ne-Bedroom S y Resort Cha		hts
10 Fundain fully the size and some							

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Legislative Director and Assistant to the Director for the International Federation of Professional Technical Engineers, Matthew Biggs has a role in decided where the group's events will be held. Mr. Biggs attended a site visit of the Hilton Hawaiian Village from March 7 through March 11, 2015. The Hotel provided one Tapa one-bedroom suite at the rate of \$259.00 per night, a discount from the hotel rate at that time of \$479.00 per night. The hotel also waived the resort charge for the duration of the stay and provided breakfast on March 9, 2015.

During his stay at the Hilton Seattle Airport on June 11, 2015, and as it has done for many other current and prospective clients in similar situations, the hotel provided Matthew Biggs with a complimentary amenity.

The expenditures outlined above related solely to Matthew Bigg's role as a current and future group events customer of Hilton through his role with the Union. Mr. Biggs did not give or promise or agree to anything improper in exchange for these expenditures. The values provided in Section 11b are our best good faith estimates of these expenditures.

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Name of Reporting Employer: HLTON WORLDWIDE, INC	File Number E- 5579

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.b		ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f
9.a. 🗌 Agreement 🔀 Payment 🗌 Both				Position In labor or consultant, so state Executive As	).	employer (if an ind	lependent labor
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				Name and address affiliated.	of firm or labor or	ganization with wh	iom employed or
Name Rick Brown			-	nization W Local 324			
P.O. Box, Building and Room Number, If any			P.O. f	Box, Building and F	Room Number, If a	any	
Street 3302 McGinnis Ferry Ro			Street	3302 McGinn	is Ferry Rd		
City <u>Suwanee</u>			City	<u>Suwanee</u>			
State GA ZIP Code + 4 30024			State	<u>GA</u>	ZIP Code	e + 4 <u>33024</u>	
<ol> <li>Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</li> </ol>			10.b.	The promise, agreer	nent, or arrangeme	ent was:	
See Below	re agreed to or mad	ie.	🛛 Oral 🛛 . Written* 🔲 Both				
			("Written agreements entered into during the fiscal year must be attached.)				
11.a. Date of each payment or 1 expenditure (mm/dd/yyyy).	1.b. Amount of each or expenditure	i payment		11.c. Kind of each pa payment or loa	ayment or expendit n, and whether in c		)r
05/27/2015	600.00			Gift Certificate			
			-   -				
			-  .				
12. Explain fully the circumstances of all	pavments, including	the terms of	any o	ral agreement or un	derstandino pursua	nt to which they we	re made.
Rick Brown of the UFCW requested a gift certificate from the Embassy Suites at Kingston Plantation to be raffled off at their Leadership Meeting to be held on May 27, 2015. As the hotel has done for current and future clients in similar situations, the hotel donated a gift certificate for a night-stay valued at \$600.00. The Hotel understands that that it was not giving the gift certificate to Rick Brown for his own use. Rick Brown did not give or promise or agree to anything in exchange for the complimentary gift certificate. The value provided are Section 11b is our best good faith							
estimates of the expenditure.							

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Name of Reporting Employer: HLTON WORLDWIDE, IN						File N	Number E- <b>5579</b>			
Check Item Number (from Page 2 to which this Part B applies	) ITEM 8.a 🔀	ITEM 8.b	3.b ] ITEM 8.c ] ITEM 8.d ] ITEM 8.e ] ITEM 8.f							
9.a. 🗌 Agreement 🔀 Payment 🗌 Both				9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Event Coordinator						
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				ame and address of filiated.	firm or labor	organi	zation with whom e	mployed or		
Name <b>Deborah Cardenas</b>				zation Local 105						
P.O. Box, Building and Room Number, If any				ox, Building and Roo	om Number,	lf any				
Street 2525 W Alameda Av	Street 2525 W Alameda Ave.									
City <b>Denver</b>		Str	Street 2525 W. Alameda Ave							
State Colorado	ZIP Code + 4 80219	Cit	City Denver							
	+	Sta	ate	<u>Colorado</u>		ZIP Co	de + 4 <b>80219</b>			
10.a. Date of the promise, agreeme to which payments or expendit			10.b. The promise, agreement, or arrangement was:							
October 26, 201	Ũ		⊠ Oral □. Written* □ Both							
	<b></b>		(*Written agreements entered into during the fiscal year must be attached.)							
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	n payment	11	I.c. Kind of each pay payment or loan,						
12/05/2015	\$119.00 (room)			ift Certificates			ht stay with bro	eakfast for 2		
<u>12/05/2015</u>	<u>\$32.00 (breakfa</u>	ast - 2)								
12/05/2015	\$119.00 (room)	)		ift Certificates			ht stay with bro	<u>eakfast for 2</u>		
12/05/2015	2/05/2015 \$32.00 (breakfast -			be used as a	ranne iten					
			-							

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Deborah Cardenas, Event Coordinator of the SEIU Local 105, requested gift certificates from Doubletree by Hilton Denver Stapleton North to be auctioned off by the Union at its Annual Holiday Party SEIU Local 105 Holiday Party on12/5/15. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated 2 complimentary gift certificates for a Weekend Stay for Two and complimentary breakfast. The Hotel understands that it was not giving the gift certificate to Deborah Cardenas for her own use. Deborah Cardenas did not give or promise or agree to anything in exchange for the complimentary gift certificate. The values provided in Section 11b are our best good faith estimate of the expenditures.

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Name of Reporting Employer: HLTON WOR	LDWIDE, INC				File Numb	ber E- <b>5579</b>		
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🛛 ITI	EM 8.b	-		ITEM 8.d 📃	ITEM 8.e	ITEM 8.f	
9.a. 🗌 Agreement 🔀 Payment	Both		9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Business Manager					
9.b. Name and address of person with whom o agreement was made or to whom paymen		parate		and addro red or affi		bor organization	with whom	
Name Reginald Castanares			Organization	า				
			Plumbers	s & Fitt	ers Local 6	75		
P.O. Box, Building and Room Number, If any			P.O. Box, B	uilding ar	nd Room Numb	er, If any		
Street 1109 Bethel Street, Lower Leve	el		Street <u>1</u>	109 Be	thel Street,	Lower Leve	I	
City <u>Honolulu</u>			City Honolulu					
State Hawaii ZIP Code + 4	96813		State Hawaii ZIP Code + 4 96813					
10.a. Date of the promise, agreement, or arranger payments or expenditures were agreed to or			10.b. The promise, agreement, or arrangement was:					
See Below			🖾 Oral 🔄 . Written* 🔲 Both					
			(*Written agreements entered into during the fiscal year must be attached.)					
11.a. Date of each payment or expenditure (mm/dd/yyyy).       1	1.b. Amount of each pa or expenditure	iyment				enditure (Specify v r in cash or prope		
06/20/2015	599.00		One night complimentary accommodations					
<u>12/12/2015</u>	599.00		One ni	ght co	mplimentar	y accommod	lations	
			<u> </u>					
12. Explain fully the circumstances of all payments	, including the terms of	any oral ag	greement or u	nderstand	ding pursuant to	which they were	made.	

As Business Manager of the Plumbers & Fitters Local 675, Reginald Castanares has a role in deciding where the Union's events will be held. During his hotel stay at the Hilton Hawaiian Village, Waikiki Resort, on June 20, 2015 for the Plumbers & Fitters Local 75 Apprenticeship Graduation and December 12, 2015 for the Plumbers & Fitters Local 675 Holiday Party, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Reginald Castanares with a complimentary hotel room. The discounted hotel accommodation related solely to Reginald Castanares' role as a current and future group events customer of Hilton through his role with the Union. Reginald Castanares did not give or promise or agree to anything in exchange for the discounted hotel accommodation. The value provided in Section 11b is our best good faith estimate of the discounted expenditure.

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Name of Reporting Employer: HIL1		<b>NC.</b> File Number E- <b>E-5579</b>						
Check Item Number (from Page 2) to which this Part B applies		3.b 🗌		ITEM 8.d	ITEM 8.e	ITEM 8.f		
9.a. 🗌 Agreement 🔀 Pa	yment Both	9.c. Position In labor organization or with employer (if an independe consultant, so state). Executive Director and National Representative						
9.b. Name and address of per whom a separate agreement was m payments were made.	son with whom or through ade or to whom	<ul> <li>9.d. Name and address of firm or labor organization with whom employ affiliated.</li> </ul>						
Name <u>Ellen Conboy</u>		-	anization Operating Railw	vay Labor Or	rganization			
P.O. Box, Building and Room Numb	er, If any	P.O. Box, Building and Room Number, If any						
Street 3 Research Place	Street 3 Research Place							
City <u>Rockville</u>		City Rockville						
State MD ZIF	Code + 4 <u>20850</u>	State	MD	Z	21P Code + 4 <u>208</u>	850		
10.a. Date of the promise, agreement, or which payments or expenditures were		10.b. The promise, agreement, or arrangement was:						
See Below		☑ Oral ☐ Written* ☐ Both (*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or 1 expenditure (mm/dd/yyyy).	1.b. Amount of each paymen or expenditure	it i	11.c. Kind of each pa payment or loan, an			ther		
02/13/2015	\$1,000.00	100,000 HHonors Points						

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Executive Director and National Representative of the Cooperating Railway Labor Organization, Ellen Conboy has a role in deciding where the union's events will be held. Following the group's hotel stay at the Diplomat Resort & Spa from January 31 to February 13, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the hotel provided Ellen Conboy with HHonors points. The points related solely to Ellen Conboy's role as a current and future group events customer of Hilton through her role with the Union. Ellen Conboy did not give or promise or agree to anything in exchange for the hotel points. The value provided in Section 11b is our best good faith estimate of the expenditures.

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Part B

Name of Reporting Employer:	HILTON	WORL	.DWIDE	INC
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File Number E- E-5579

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ІТЕМ 8.Ь	ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f		
9.a. 🗌 Agreement 🔀 Pay	vment Both	9.c	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Director of Operations					
9.b. Name and address of person w separate agreement was made			9.d. Name and address of firm or labor organization with whom employed or affiliated.					
Name Bobby Crider		Org	anization					
		<u>No</u>	rth America's E	Building Trad	<u>es Unions</u>			
P.O. Box, Building and Room Number	er, If any							
6 <sup>th</sup> Floor		P.C	. Box, Building and	Room Number, If	any			
Street 815 16 <sup>th</sup> Street NW			<u>6<sup>th</sup> Floor</u>					
		Str	eet 815 16 <sup>th</sup> S					
City Washington, DC								
State DC ZIP	Code + 4 20006	City	City Washington					
		Sta	te DC	z	IP Code + 4 200	06		
10.a. Date of the promise, agreement, payments or expenditures were a		which 10.	o. The promise, agree	ment, or arrangem	ent was:	<u> </u>		
See Below	•		🛛 Oral 🔲 Written* 🔲 Both					
<u></u>		(*	Written agreements e	ntered into during I	he fiscal year mus	t be attached.)		
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	11.c. Kind of each p payment or loa	ayment or expend an, and whether in		her		
04/09/2015	<u>\$124.00</u>		Suite decor					
04/09/2015	<u>\$183.00</u>		VIP Amenity					
04/11/2015	\$80.40		Amenity for S	taff Office				
04/13/2015	\$65.78		Amenity for S					
06/12/2015	\$64.00		Meal with bus		sion			
	<u></u>			11633 413043	31011			
1	1							

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Director of Operations of the North Americas Building Trades Unions, Bobby Crider has a role in deciding where the Union's events will be held. As it has done for other current and prospective group meeting customers in similar situations, the Hotel provided Bobby Crider décor in his suite during the BCTD convention and amenities for the organization's loyalty to Washington Hilton after meeting at our Hotel for 49 years, with contracts committing BCTD to meet at Washington Hilton through the year 2020.On June 12, 2015 representatives of the hotel met with Bobby Crider to discuss current and future business over a meal, as it has for other clients in similar situations. The expenditures related solely to his role as a current and future group events customer of Hilton through his role with the Union. Bobby Crider did not give or promise or agree to anything in exchange for the expenditures. The value provided in Section 11b is our best good faith estimate of the expenditures.

art B

Name of Reporting Employer: HILTON WORLDWIDE INC.	File Number E- E-5579

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.I	•		ITEM 8.d	ITEM 8.e	ITEM 8.f			
9.a.       Agreement       Payment       Both         9.a.       Agreement       Payment       Both							pendent labor			
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				9.d. Name and address of firm or labor organization with whom employed or affiliated.						
			Organi	zation						
Name Tracie Dean					<u>e, Structural 8</u>	Ornamental I	ron			
B.O. Box, Building and Base Numb			Work							
P.O. Box, Building and Room Numb	er, it any		P.O. B	ox, Building and R	oom Number, If an	у				
Suite 400	<u> </u>			400						
Street 1750 New York Avenu	e NW		Street	<u>1750 New \</u>	<u> (ork Avenue N</u>	IW				
City <u>Washington</u>			City Washington							
State DC ZIP Code + 4 20006				State DC ZIP Code + 4 20006						
10.a. Date of the promise, agreement,			10.b. The promise, agreement, or arrangement was:							
which payments or expenditures See Below	were agreed to or ma	ae.	🛛 Oral 🔲 . Written* 🗍 Both							
Jee Delow			(*Written agreements entered into during the fiscal year must be attached.)							
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	n payment	1	1.c. Kind of each pa payment or loan	yment or expenditur a, and whether in ca					
02/28/2015	\$1,762.00		_ 0	iscounted sui	ite – paid \$238	, valued at \$2,	000			
02/28/2015 \$200.00			_   A	menity – snac	cks, water, wir	1e				
			_   _							
			_   _							

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Tracie Dean assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union had contracted to hold a large group event at the Hilton Chicago and the Union is a repeat customer, as it has done for other customers in similar situations, during the site visit to discuss future business opportunities held at the Hilton Chicago Hotel on February 28, 2015, the Hotel provided a discounted one night suite and a complimentary amenity. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Traci Dean did not give or promise or agree to anything in exchange for the expenditures. The values provided in Section 11b are our best good faith estimates of the expenditures.

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Name of Reporting Employer: HLT		DE, INC			F	ile Nu	umber E- <b>5579</b>	-
Check Itom Number (from Dage 2)		1						1
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.	ь 🗌	ITEM 8.c	ITEM 8.d		ITEM 8.e	ITEM 8.f
				Position In labor or consultant, so state	-	with e	mployer (if an ind	dependent labor
9.a. Agreement 🔀 Pa	yment 🗌 B	loth		Business Agent	·)·			
9.b. Name and address of person v separate agreement was made made.				Name and address affiliated.	of firm or labo	or orga	anization with wh	nom employed or
Name <b>Nerissa Diego</b>			-	nization	AL 5			
P.O. Box, Building and Room Numb	er, If any			Box, Building and F		r, lf an	у	<u> </u>
Street 1516 S. King Street			Stree	t 1516 S. Kir	ng Street			
City <u>Honolulu</u>	·		City	<u>Honolulu</u>				
State <u>Hawaii</u> ZI	Code + 4 <u>96826</u>		State	<u>Hawaii</u>		ZIP	Code + 4 <u>9682</u>	6
10.a. Date of the promise, agreement,			10.b.	The promise, agreer	ment, or arrang	emen	t was:	
which payments or expenditures	0	de.		🛛 Oral 🔲	. Written*		] Both	
Pre 2012 (exact d		_	(ግ	Nritten agreements	entered into du	uring th	ne fiscal year mus	t be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	n payment		11.c. Kind of each pa payment or loa				er
Multiple Dates	\$584.00		_	Validated Park	ing – 73 p	asse	s	
			_					
			_					
			—  ·					
			—  ·					
12. Explain fully the circumstances of a The Hotel provides complime engaged in union representa ticket. Nerissa Diego did not provided in Section 11b is ou	entary validated p tion business at t give or promise	barking fo the Hilton or agree	or UN n Haw e to an	TE HERE Loca aiian Village. 1 ything in excha	al 5 busines The value o nge for the	ss ag of eac valio	ents when the	ey are s \$8 per

Par	tΒ
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🛛	ITEM 8.b			ITEM 8.d	ITEM 8.e	ITEM 8.f		
9.a.       Agreement       Payment       Both         9.a.       Agreement       Payment       Both									
9.b. Name and address of person with a separate agreement was made were made.	•			lame and address of ffiliated.	firm or labor organ	ization with whom e	mployed or		
Name <b>Mr. Brian Dunn</b>			-	ization I Sprinkler Fitte	rs IIA Local N	5 669			
······································		<u>r</u>	Vau		IS UN LOCAL NO		<u> </u>		
P.O. Box, Building and Room Number,	lf any	F	P.O. B	ox, Building and Roo	om Number, If any				
Street 7050 Oakland Mills Rd.,	Suite 200	s	Street	7050 Oaklan	d Mills Rd., Si	uite 200			
City <b>Columbia</b>		c	City	Columbia					
State MD ZIP C	Code + 4 <b>21046</b>		State MD ZIP Code + 4 21046						
10.a. Date of the promise, agreement, or			10.b. The promise, agreement, or arrangement was:						
which payments or expenditures we	re agreed to or mad	le.	⊠ Oral □. Written* □ Both						
See Below			("Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or 11 expenditure (mm/dd/yyyy).	1.b. Amount of each or expenditure	payment	1	1.c. Kind of each payr payment or loan,	ment or expenditure and whether in cash				
11/05/2015 \$	518.47		_ 5	1,847 HHonor F	Points				
<u>11/05/2015</u> \$	933.25		-   -	1,847 Airline m					
			-   -				<u> </u>		
·			-   -						
12. Explain fully the circumstances of all p	payments, including	the terms of	f any o	oral agreement or und	lerstanding pursuant	to which they were n	nade.		
As Secretary Treasurer of the Road Sprinkler Fitters UA Local 669, Brian Dunn has a role in deciding where the union's events will be held. Following the group's hotel stay at the Hilton Myrtle Beach, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Brian Dunn with HHonors Points and Airline Miles. The HHonors Points and Airline Miles related solely to Brian Dunn's role as a current and future group events customer of Hilton through his role with the Union. Brian Dunn did not give or promise or agree to anything									
in exchange for the HHonors Points and Airline Miles. The value provided in Section 11b is our best good faith estimate of the expenditures.									

Form LM-10 - Part B (2003)

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Name of Reporting Employer: HLTON WORLDWIDE, INC

Part B

Name of Reporting Employer: HILTON WORLDWIDE INC.

File N	umber E- <b>E-5579</b>
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🛛	ITEM 8.	M 8.6				ITEM 8.f
9.a. Agreement Payment Both 9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Staff Director							dent labor
<ol> <li>9.b. Name and address of person with whom a separate agreement was payments were made.</li> </ol>	h whom or through s made or to whom	9.d	. Name affiliate		m or labor organiza	ation with whom e	mployed or
Name <u>Ellie Engler</u>			panization <b>ited F</b>	ederation of 1	<b>Feachers</b>		
P.O. Box, Building and Room Number	P.O. Box, Building and Room Number, If any P.O. Box, Building and Room Number, If any						
Street 52 Broadway		Str	eet <u>5</u> 2	2 Broadway			
City <u>New York</u>		City	y <u>N</u>	ew York			
State NY ZIP C	Code + 4 <u>10004</u>		to N	Y	ZIR Code	e + 4 10004	
10.a. Date of the promise, agreement, or to which payments or expenditures			b. The pr	romise, agreement,	or arrangement was	5:	
See Below			🖾 Oral 🔲 Written* 🔲 Both				
			(*Writ	ten agreements ent	ered into during the	fiscal year must be	attached.)
11.a. Date of each payment or 1 expenditure (mm/dd/yyyy).	1.b. Amount of each p or expenditure	payment			nt or expenditure (S d whether in cash or		
03-10/2015	\$7,142.42		712,	842 HHonors	Points		
08/30/2015 \$139.00			Ame	nity			
09/19/2015	9/19/2015 \$139.00		Amenity				
04/03/2015	\$305.00		Gift Certificate				
04/03/2015	\$305.00		<u>Gift</u>	Certificate			
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.							

As Staff Director of the United Federation of Teachers, Ellie Engler has a role in deciding where the union's events will be held. Following the group's hotel stays at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Ellie Engler with HHonors Points. During two stays at the Hilton Westchester, the hotel provided Ellie Engler with an amenity. Ellie Engler requested gift certificates from the Hilton New York Midtown to be raffled at the Spring Conference on May 30, 2015. As it has done for other customers in similar situations, the Hotel donated two complimentary gift certificates for a one-night stay. The Hotel understands that it was not giving the gift certificates to Ellie Engler for her own use. The expenditures related solely to Ellie Engler's role as a current and future group events customer of Hilton through her role with the Union. Ellie Engler did not give or promise or agree to anything in exchange for the expenditures. The value provided in Section 11b is our best good faith estimate of the expenditures.

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Name of Reporting Employer: <b>HL</b>			1	File N	Number E- 5579			
Check Item Number (from Page 2) to which this Part B applies	) ITEM 8.a 🔀	ITEM 8.b	]   ı	TEM 8.c	ITEM 8.d	]	ITEM 8.e	ITEM 8.f
9.a. Agreement Agreement Both			9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Secretary-Treasurer					
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				me and address liated.	of firm or lab	or or	ganization with wh	nom employed or
Name <b>Peter Finn</b>			rganiza eams	ation Sters Union	Local 856			
P.O. Box, Building and Room Number, If any			P.O. Box, Building and Room Number, If any					
Street 453 San Mateo Avenue			Street 453 San Mateo Avenue					
City San Bruno		Ci	ty	San Brung	•			
State CA Z	ZIP Code + 4 <b>94066</b>	St	ate	CA		ZIF	Code + 4 <b>9406</b>	6
10.a. Date of the promise, agreemen which payments or expenditure <u>10/26/2015</u>					. Written*		ent was: Both the fiscal year mus	t be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	11.0				ure (Specify whether ash or property)	er .
10/26/2015	\$1,034.00		Gi	ft Certificate	)			

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Peter Finn, Secretary-Treasurer of the Teamsters Union Local 856 requested a gift certificate from the Hilton San Francisco Union Square to be raffled at its Annual Thanksgiving Meeting on November 4, 2015. As it has done for other customers in similar situations, the Hotel donated a complimentary gift certificate for a Two-night Stay for Two Persons and complimentary Buffet Breakfast for Two each Morning. The Hotel understands that it was not giving the gift certificate to Peter Finn his own use. Peter Finn did not give or promise or agree to anything in exchange for the complimentary gift certificate. The value provided in Section 11b is our best good faith estimate of the gift certificate. A two-night stay commencing the date certificate was issued would have been \$459 per night. The cost of Breakfast Buffet was \$29 per person per meal.

Part	в
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Name of Reporting Employer: HILTON WORLDWIDE INC. File Number E- E-5579

Check Item Number (from Page 2)						
to which this Part B applies						
9.a. 🗌 Agreement 🛛 Payment 🗌 Both	<ul> <li>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</li> <li>Assistant to Vice President</li> </ul>					
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.	9.d. Name and address of firm or labor organization with whom employed or affiliated.					
Name Gladys Finnigan-Einterz	Organization Communication Workers of America					
P.O. Box, Building and Room Number, If any	P.O. Box, Building and Room Number, If any					
37 <sup>th</sup> Floor	37 <sup>th</sup> Floor					
Street 80 Pine Street	Street 80 Pine Street					
City New York	City New York					
State NY ZIP Code + 4 10005	State NY ZIP Code + 4 10005					
<ol> <li>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</li> </ol>	10.b. The promise, agreement, or arrangement was:					
See Below	🛛 Oral 📄 Written* 🔲 Both					
	("Written agreements entered into during the fiscal year must be attached.)					
11.a. Date of each payment or expenditure (mm/dd/yyyy).       11.b. Amount of each payment or or expenditure	nent 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)					
<u>06-11/2015</u> <u>\$943.80</u>	94,380 HHonors Points					
12. Explain fully the circumstances of all navments, including the te	erms of any oral agreement or understanding pursuant to which they were made.					
	sine of any clarage sentent of endotating personnels miler they here made.					
As Assistant to the Vice President of the Communication Workers of America, Gladys Finnigan-Einterz has a role in deciding where the union's events will be held. Following the group's hotel stays at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Gladys Finnigan-Einterz with HHonors Points. The HHonors Points related solely to Gladys Finnigan-Einterz's role as a current and future group events customer of Hilton through his role with the Union. Gladys Finnigan-Einterz did not give or promise or agree to anything in exchange for the HHonors Points. The value provided in Section 11b is our best good faith estimate of the expenditures.						

Form LM-10 - Part B (2003)

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Part	в
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Name of Reporting Employer: HLTON WORLDWIDE, INC File Number E- 5579								
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8.	ь 🗌		ITEM 8.d	ITEM 8.e	ITEM 8.f	
9.a. 🗌 Agreement 🔀 Payr	nent 🔲 B	oth	C	consultant, so state	e).	h employer (if an in	dependent labor	
9.b. Name and address of person with separate agreement was made o made.	•				of firm or labor of	organization with w	nom employed or	
Name <u>Bill Gaito</u>			b       ITEM 8.c       ITEM 8.d       ITEM 8.e       ITEM 8.f         9.c.       Position In labor organization or with employer (if an independent labor consultant, so state). Executive Director         9.d.       Name and address of firm or labor organization with whom employed or affiliated.         Organization         Teamsters Assistance Program of Northern CA         P.O. Box, Building and Room Number, If any         Street       300 Pendleton Way         City       Oakland         State       CA         ZIP Code + 4 94621         10.b. The promise, agreement, or arrangement was:         Ø Oral       D. Written*         I1.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)         Gift Certificate					
P.O. Box, Building and Room Number	, If any		P.O. Box, Building and Room Number, If any					
Street 300 Pendleton Way			Street	<u>300 Pendle</u>	eton Way			
City         Oakland           State         CA         ZIP Code + 4 94621					 Z	IP Code + 4 <b>9462</b>	1	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.         03/19/2015         11.a. Date of each payment or         11.b. Amount of each payment			("	Oral Vritten agreements 1.c. Kind of each pa	. Written* entered into durin ayment or expend	Both g the fiscal year mus		
expenditure (mm/dd/yyyy).         or expenditure           03/19/2015         \$798.00								
12. Explain fully the circumstances of all Bill Gaito, Executive Director 856) requested a gift certifica Assistance Program (TAP) Go done for other customers in si for Two Persons. The Hotel of Gaito did not give or promise provided in Section 11b is our date the certificate was issued	of the Teamste te from Hilton olf Tournament milar situations, understands that or agree to an best good fait	rs Assis San Fra Fundrai , the Hot at it was nything i h estima	tance ancisco ser (a tel don not gi in exc ate of t	Program of No o Union Squar joint labor-ma ated a complin ving the gift ce hange for the the gift certifica	orthern Califo re to be raffl nagement ef nentary gift c ertificate to B complimenta	rnia (Teamsters ed at the Annu fort) held April ertificate for a T ill Gaito for his ry gift certificate	s Local Union ual Teamsters 15. As it has wo-night Stay own use. Bill e. The value	

Form LM-10 - Part B (2003)

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File Number E- E-5579

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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM	8.b			ITEM 8.e						
9.a. 🗌 Agreement 🔀 Pa	yment 🗌 Bo		9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Area Director									
9.b. Name and address of person v whom a separate agreement w payments were made.	0	9	9.d. Name and address of firm or labor organization with whom employed or affiliated.									
	Name Bill Gallagher				Organization Communication Workers of America							
P.O. Box, Building and Room Numb					1							
<u>37<sup>th</sup> Floor</u>				Building and Room	Number, If any							
Street 80 Pine Street		s		) Pine Street			-					
City New York			ity N	ew York								
State <u>NY</u> ZI	<sup>D</sup> Code + 4 <u>10005</u>		itate <u>N</u>		ZIP Code	e + 4 <u>10005</u>						
10.a. Date of the promise, agreement, to which payments or expenditur			0.b. The p	omise, agreement,	or arrangement was	3:						
See Below		ØO	_	_								
				· · · · · · · · · · · · · · · · · · ·	ntered into during the		pe attached.)					
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	bayment	ent 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)									
<u>06-11/2015</u>	<u>\$9</u> 43.80		94,380 HHonors Points									
12. Explain fully the circumstances of a	all payments, including t	ne term:	s of any ora	al agreement or und	lerstanding pursuant	to which they wer	e made.					
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. As Area Director of the Communication Workers of America, Bill Gallagher has a role in deciding where the union's events will be held. Following the group's hotel stays at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Bill Gallagher with HHonors Points. The HHonors Points related solely to Bill Gallagher's role as a current and future group events customer of Hilton through his role with the Union. Bill Gallagher did not give or promise or agree to anything in exchange for the HHonors Bonus Points. The value provided in Section 11b is our best good faith estimate of the expenditures.												

Form LM-10 - Part B (2003)

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Name of Reporting Employer: HILTON WORLDWIDE INC.

Name of Reporting Employer: HLTON WORLDWIDE, INC

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File Number F- 5579

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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🛛	ITEM 8.1	• 🗌	ITEM	18.c [		ITEM 8.d [	]	ITEM 8.e	ITEM 8.f	
9.a. 🗌 Agreement 🔀 Payment 🗌 Both				9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Director, Council on Industrial Relations (CIR) Bylaws and Appeals							
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.								
Name Darrin Golden				nization matio		Brot	herhood o	of Ele	ectrical Work	ers	
P.O. Box, Building and Room Number, If any IBEW				P.O. Box, Building and Room Number, If any IBEW							
Street 900 Seventh Street NW			Street 900 Seventh Street NW								
City Washington, DC			City Washington								
State DC ZIP C	Code + 4 <u>20001</u>		State         DC         ZIP Code + 4 20001								
10.a. Date of the promise, agreement, or which payments or expenditures we			10.b. The promise, agreement, or arrangement was:								
See Below			☐ Oral     ☐ Written*     ☐ Both (*Written agreements entered into during the fiscal year must be attached.)								
11.a. Date of each payment or expenditure (mm/dd/yyyy).	1.b. Amount of each or expenditure	n payment	1						ure (Specify whethe ash or property)	er	
02/07/2015	140.00		_ 1	14,000	<u>) HH</u>	ono	rs Points				
	392.00		_   3	39,200	) HH	ono	rs Points				
-	114.00						rs Points				
<u>11/14/2015</u>   <u>\$</u>	180.00		18,000 HHonors Points								

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Darrin Golden, Director of the Council on Industrial Relations for the International Brotherhood of Electrical Workers, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union had contracted to hold several group events at the Capital Hilton hotel and the Union is a repeat customer, as it has done for other customers in similar situations, during the events held at the Capital Hilton Hotel from February 7-12, 2015, May 10-14, 2015, August 13-18, 2015, and November 14-18, 2015, the Hotel provided HHonors Points. The HHonors Points related solely to Bill Gallagher's role as a current and future group events customer of Hilton through his role with the Union. Neither Darrin Golden did not give, promise or agree to anything in exchange for the expenditures as stated above. The values provided in Section 11b are our best good faith estimates of the expenditures.

Part B

Name of Reporting Employer: HLTO	E, INC				File Number E- 5579					
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🛛	ITEM 8.	ь 🗌	ITEM 8.c	ITEM 8.d [		ITEM 8.e	ITEM 8.f		
9.a. 🗌 Agreement 🛛 Payrr	nent Bo	oth	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Grand Marshall							
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				9.d. Name and address of firm or labor organization with whom employed or affiliated.						
Name Bill Hite				nization ited Associatio Istry	on of Plur	<u>mbin</u>	g & Pipe Fitti	ng		
P.O. Box, Building and Room Number, If any				Box, Building and F	Room Numb	er, lf a	iny			
Street 901 Massachusetts Avenue NW				Street 901 Massachusetts Avenue NW						
City Washington				City <u>Washington</u>						
State DC ZIP C	State DC ZIP Code + 4 20001				State         DC         ZIP Code + 4 20001					
10.a. Date of the promise, agreement, or which payments or expenditures we			10.b. The promise, agreement, or arrangement was:							
See Below			Oral     Oral     Written*     Deth (*Written agreements entered into during the fiscal year must be attached.)							
11.a. Date of each payment or 1 expenditure (mm/dd/yyyy).	1.b. Amount of each or expenditure	payment	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)							
03/13/2015	500.00		_ !	One bedroom	suite w/ e	exec	utive level pri	vileges		
<u>03/13/2015</u>	150.00		_   {	Amenity – win	e and fru	it/ch	eese			
-			-  -							
			-  -							
			-   -							
12. Explain fully the circumstances of all	payments, including	the terms (	of any o	ral agreement or un	derstanding p	oursua	nt to which they we	ere made.		
Bill Hite, Grand Marshall, ass conventions will be held and fo										

conventions will be held and for coordinating the details of such events. Because the Union had contracted to hold a large group event at the Hilton Chicago and the Union is a repeat customer, as it has done for other customers in similar situations, during the site visit at the Hilton Chicago to discuss future business opportunities, the Hotel provided a complimentary one night suite and amenity for March 13, 2015. The complimentary one night suite and amenity were given to Bill Hitte solely due to its status as a large group events customer of the Hotel. Bill Hite did not give, promise or agree to anything in exchange for the expenditures as stated above. The values provided in Section 11b are our best good faith estimates of the expenditures.

Form LM-10 - Part B (2003)

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Name of Reporting Employer: <b>HL</b>	E, INC	_			File Number E- 5579					
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.	• 🗌	ITEM 8.c	ITEM 8.d		ITEM 8.e	ITEM 8.f		
	ayment Bo	oth	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Administrative Assistant							
9.b. Name and address of person separate agreement was made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.							
Name Charles Hosang				nization ed Federation	of Teach	iers				
P.O. Box, Building and Room Number, If any				Box, Building and F	loom Numb	er, lf a	iny			
Street 52 Broadway				Street 52 Broadway						
City New York				City New York						
State NY Z	State NY ZIP Code + 4 10004					ZIF	° Code + 4 <u>1000</u> 4	4		
10.a. Date of the promise, agreemen			10.b.	The promise, agreer	nent, or arra	ngeme	nt was:			
which payments or expenditure See Below	s were agreed to or mad	le.	☑ Oral □. Written* □ Both (*Written agreements entered into during the fiscal year must be attached.)							
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)							
03/13/2015	\$131.00		Amenity							
03/27/2015	<u>\$131.00</u>		Amenity							
04/16/2015	<u>\$131.00</u>		Amenity							
08/30/2015	<u>\$131.00</u>		Amenity							
09/19/2015	<u>\$131.00</u>		Amenity							
09/25/2015	<u>\$131.00</u>		Amenity							
10/16/2015	\$131.00			Amenity	-					
11/13/2015	<u>\$131.00</u>			Amenity						
12. Explain fully the circumstances of	f all payments, including	the terms of	of any o	ral agreement or uno	lerstanding	pursua	nt to which they we	ere made.		

As an Administrative Assistant of the United Federation of Teachers, Charles Hosang has a role in deciding where the union's events will be held. During the group's hotel stays on the dates listed above at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Charles Hosang with amenities. The Amenities related solely to Charles Hosang's role as a current and future group events customer of Hilton through his role with the Union. Charles Hosang did not give or promise or agree to anything in exchange for the Amenities. The value provided in Section 11b is our best good faith estimate of the expenditures.

Form LM-10 - Part B (2003)

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Name of Reporting Employer: HLTON WO	RLDWIDE, IN	C	File Number E- 5579						
·····	1	1		1					
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ІТЕМ І				8.d 🗌	ITEM 8.e	ITEM 8.f	
9.a. 🗌 Agreement 🔀 Payment	!	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Administrator							
<ol> <li>Name and address of person with whom separate agreement was made or to who made.</li> </ol>		9.d. Name and address of firm or labor organization with whom employed or affiliated.							
			Organiza	ition					
Name: Newton Jones		_ !	International Brotherhood of Boilermakers-MOST						
P.O. Box, Building and Room Number, If any			P.O. Box, Building and Room Number, If any						
Street 753 State Ave Suite 800		_	Street	753 State Av	/e Su	ite 800			
City Kansas City				Kansas City					

City Mansas City								
State KS ZIP Cod	e + 4 66101	State KS ZIP Code + 4 66101						
10.a. Date of the promise, agreement, or ar which payments or expenditures were		10.b. The promise, agreement, or arrangement was:						
12/28/11		🖾 Oral 🛛 🗋 . Written* 🔂 Both						
		(*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)						
11/30/2015	\$3,497.35	349,735 HHonors points						
<u>11/30/2015</u>	<u>\$6,295.23</u>	349,735 Airline Miles						

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Administrator of the International Brotherhood of Boilermakers, Newton Jones has a role in deciding where the union's events will be held. Following the group's hotel stay at the Embassy Suites Myrtle Beach, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Newton Jones with HHonors Points and Airline Miles. The HHonors Bonus Points and Airline Miles related solely to Newton Jones' role as a current and future group events customer of Hilton through his role with the Union. Newton Jones did not give or promise or agree to anything in exchange for the HHonors Bonus Points and Airline Miles. The value provided in Section 11b is our best good faith estimate of the expenditures.

Form LM-10 - Part B (2003)

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Name of Reporting Employer: HLTON WORLDWIDE, INC

File Number E- 5579

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀		]	ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f				
9.a. 🗌 Agreement 🛛 P	ayment 🔲 Be	oth	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). President								
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.								
Name Gragony Junomann				nization							
Name <u>Gregory Junemann</u> P.O. Box, Building and Room Number, If any				rnational Fede ineer (IFPTE)	ration of Prof	essional Tech	nnical				
				Box, Building and F	Room Number, If a	any					
Street 501 3rd Street, NW, Suite 701			Street 501 3rd Street, NW, Suite 701								
City <u>Washington</u>				Washingto	on						
State ZIP Code + 4 Z0001				State ZIP Code + 4							
10.a. Date of the promise, agreemer payments or expenditures were		ant to which	10.b. The promise, agreement, or arrangement was:								
See Below			⊠ Oral □. Written* □ Both								
	-		("Written agreements entered into during the fiscal year must be attached.)								
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment		11.c. Kind of each pa payment or loa	ayment or expendit in, and whether in c		er				
03/07-11/2015	\$880.00			Discounted Or	ne-Bedroom S	Suite for 4 nig	hts				
03/07-11/2015	<u>\$125.65</u>			<u>Complimentar</u>	y Resort Cha	rge					
03/09/2015	\$47.30			<u>Breakfast</u>							
06/11/2015	<u>\$19.00</u>			Amenity							
				_							

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Director for the International Federation of Professional Technical Engineers, Gregory Junemann has a role in decided where the group's events will be held. Mr. Junemann attended a site visit of the Hilton Hawaiian Village from March 7 through March 11, 2015. The Hotel provided one Tapa one-bedroom suite at the rate of \$259.00 per night, a discount from the hotel rate at that time of \$479.00 per night. The hotel also waived the resort charge for the duration of the stay and provided breakfast on March 9, 2015.

During his stay at the Hilton Seattle Airport on June 11, 2015, and as it has done for many other current and prospective clients in similar situations, the hotel provided Gregory Junemann with a complimentary amenity.

The expenditures outlined above related solely to Gregory Junemann's role as a current and future group events customer of Hilton through his role with the Union. Gregory Junemann did not give or promise or agree to anything improper in exchange for these expenditures. The values provided in Section 11b are our best good faith estimates of these expenditures.

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Part	В
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Name of Reporting Employer: HILTON WORLDWIDE INC.	
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File Number E- E-5579

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8	b 🗌		ITEM 8.d	ITEM 8.e	ITEM 8.f				
9.a. 🗌 Agreement 🛛 Payı	ment Bo	th co	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). National President								
9.b. Name and address of perso whom a separate agreement was ma payments were made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.								
Name <b>Colleen Kelley</b>		Organization National Treasury Employees Union									
P.O. Box, Building and Room Numbe	P.(	D. Box,	Building and Room	n Number, If any							
Street 1750 H Street NW	Str	eet 1	1750 H Street M	1W							
City Washington	Cit	y <u>V</u>	Vashington								
State DC ZIP	ZIP Cod	e + 4 <u>20006</u>									
10.a. Date of the promise, agreement, o to which payments or expenditures were		nt 10.	10.b. The promise, agreement, or arrangement was:								
See Below			Oral Written* Doth								
	.b. Amount of each pa r expenditure	lyment	Int 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)								
02/13/2015	1,000.00		100	,000 HHonors	Points						
12. Explain fully the circumstances of al	I payments, including t	he terms o	of any o	ral agreement or und	derstanding pursuan	t to which they wer	e made.				

As National President of the Cooperating Railway Labor Organization, Colleen Kelley has a role in deciding where the union's events will be held. Following the group's hotel stay at the Diplomat Resort & Spa from January 31 to February 13, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the hotel provided Colleen Kelley with HHonors points. The hotel points related solely to Colleen Kelley's role as a current and future group events customer of Hilton through her role with the Union. Colleen Kelley did not give or promise or agree to anything in exchange for the hotel points. The value provided in Section 11b is our best good faith estimate of the expenditures.

Part B

Name of Reporting Employer: HIL		File Number E- E-5579							
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8.	•	ІТЕМ 8.с	ITEM 8.c	ı 🗌	ITEM 8.e	ITEM 8.f	
9.a. 🗌 Agreement 🔀 P	9.c.	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Secretary to Regional Director							
9.b. Name and address of person whom a separate agreement payments were made.	9.d	9.d. Name and address of firm or labor organization with whom employed or affiliated.							
Name Doreen Kilker			anizatio CW	n				·	
P.O. Box, Building and Room Number, If any			. Box, f	Building and Room	Number, I	lf any			
Street 3302 McGinnis Ferry Rd			- et <u>3</u>	302 McGinnis	Ferry R	d			
City Suwanee			<u>s</u>	uwanee					
State <u>GA</u> zz	Sta	te <u>GA</u>			ZIP Code	+ 4 <u>66101</u>			
	10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.				or arrange	ment was	:		
See Below	nes were agreed to or mad	<i>.</i>	ØO	ral 🗌 Writte	en*	🗖 Both	ו		
			(*W	ritten agreements er	ntered into	during the	e fiscal year must b	e attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each pa or expenditure	ayment		Kind of each paymen bayment or loan, and					
07/03/2015	\$760.60		76,060 HHonors Points						
07/03/2015	<u>\$1,369.08</u>		<u>76,0</u>	60 Airline Mile	S				
12. Explain fully the circumstances o	f all payments, including the	e terms o	f any ora	al agreement or und	erstanding	pursuant	to which they were	e made.	
As Secretary to the Regional Director of UFCW, Doreen Kilker has a role in deciding where the union's events will be held. Following the group's hotel stay at the Embassy Suites at Kingston Plantation, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Doreen Kilker with HHonors Points and Airline Miles. The HHonors Points and Airline Miles related solely to Doreen Kilker's role as a									
current and future group ev promise or agree to anythin is our best good faith estimation	ents customer of Hill g in exchange for the	ton thro e HHor	ugh h	is role with the	Union. [	Doreen	Kilker did not	give or	

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Name of Reporting Employer: HLT	E, INC			Fil	e Number E- 5579				
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8.	ь 🗌	ITEM 8.d	ITEM 8.e	ITEM 8.f			
9.a. 🗌 Agreement 🛛 Pa	yment B	oth	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Business Representative						
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.						
Name Joseph Klein			Ĭ	nization ionary Engine	ers Local 3	9			
P.O. Box, Building and Room Number, If any			P.O. Box, Building and Room Number, If any						
Street 337 Valencia Street			Street 337 Valencia Street						
City San Francisco			City San Francisco						
State CA ZI	P Code + 4 <b>94103</b>		State CA ZIP Code + 4 94103						
10.a. Date of the promise, agreement which payments or expenditures			10.b. The promise, agreement, or arrangement was:						
See Below		с.	☑ Oral						
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment				diture (Specify wheth n cash or property)	er		
04/20/2015	<u>\$1,398.00</u>		_ !	Gift Certificate					
06/24/2015	\$2,600.00			Golf Foursome					
			-  -						
			-  -						
			-  -						

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Joseph Klein, Business Representative of the Stationary Engineers Local 39 requested a gift certificate from the Hilton San Francisco Union Square to be auctioned off by the Union at its 11<sup>th</sup> Annual Golf Invitational held June 29, 2015 to benefit the Local 39 Educational Scholarship Fund. As it has for other customers in similar situations, the Hotel donated a complimentary gift certificate for a Two-night Stay for Two Persons. A two-night stay commencing the date certificate was issued would have been \$699 plus tax per night. The Hotel understands that it was not giving the gift certificate to Joseph Klein for his own use.

As it has done for other clients in similar situations, the Hilton San Francisco Union Square sponsored a foursome in the Stationary Engineers Local 39 Golf Tournament held June 29, 2015, held to benefit the Local 39 Educational Scholarship Fund. The fee for each golfer was \$650 (fee included green fee, cart fee, tee prizes, on-course lunch, hosted bar & hors d'oeuvres, dinner and awards presentation).

The expenditures related solely to Joseph Klein's role as a current and future group events customer of Hilton through his role with the Union. Joseph Klein did not give or promise or agree to anything in exchange for the expenditures above. The value provided in Section 11b is our best good faith estimate of the expenditures.

Name of Reporting Employer: HILTON WORLDWIDE INC. File Number E- E-5579

Check Item Number (from Page 2)								
to which this Part B applies	ITEM 8.a 🔀	ITEM 8.6 ITEM 8.6 ITEM 8.6 ITEM 8.6						
9.a. 🗌 Agreement 🔀 Pay	vment Bot	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). President						
9.b. Name and address of person w whom a separate agreement w payments were made.		9.d. Name and address of firm or labor organization with whom employed or affiliated.						
Name <u>Steve Lomax</u>		Organization UFCW						
P.O. Box, Building and Room Numb	er, If any	P.O. Box, Building and Room Number, If any						
Street 3302 McGinnis Ferry F	۲d	Street 3302 McGinnis Ferry Rd						
City Suwanee		City Suwanee						
State <b>GA</b> ZIF	Code + 4 <u>66101</u>	State GA ZIP Code + 4 66101						
10.a. Date of the promise, agreement, to which payments or expenditure		10.b. The promise, agreement, or arrangement was:						
See Below		☑ Oral ☐ Written* ☐ Both (*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each p or expenditure	nent 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)						
05/30/2015	<u>\$716.50</u>	71,650 HHonors Points						
05/30/2015	<u>\$1,289.70</u>	71,650 Airline Miles						
<u>07/03/2015</u>	\$760.60	76,060 HHonors Points						
<u>07/03/2015</u>	\$1,369.08	76,060 Airline Miles						

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As President of UFCW, Steve Lomax has a role in deciding where the union's events will be held. Following the group's hotel stay at the Embassy Suites at Kingston Plantation, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Steve Lomax with HHonors Points and Airline Miles. The HHonors Points and Airline Miles related solely to Steve Lomax's role as a current and future group events customer of Hilton through his role with the Union. Steve Lomax did not give or promise or agree to anything in exchange for the HHonors Points and Airline Miles. The value provided in Section 11b is our best good faith estimate of the expenditures.

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Name of Reporting Employer: HILTON WORLDWIDE INC.						File Number E- E-5579				
Check Item Number (from Page 2) to which this Part B applies		ITEM 8.b	- ]   r	ТЕМ 8.с	ITEM 8.d	ITEM 8.e	ITEM 8.f			
9.a. 🗌 Agreement 🛛 Pa					9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Training & Administrative Coordinator					
9.b. Name and address of person w separate agreement was made made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.							
Name Tina Long				ation e Pilots As:	sociation, In	ternational				
P.O. Box, Building and Room Number, If any Air Line Pilots Association, International				-	Room Number, <b>lots Associ</b>	lfany <b>ation, Internati</b>	onal			
Street 535 Herndon Parkway			Street 1625 Massachusetts Ave NW							
City         Herndon           State         VA         ZIP Code + 4 20170			City         Washington           State         DC         ZIP Code + 4 20036							
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.			10.b. The promise, agreement, or arrangement was:         Image:							
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	11.0			diture (Specify wheth n cash or property)	ner			
02/05/2015	\$40.00		Me	al with bus	iness discu	ssion				
04/01/2015	<u>\$54.00</u>		Me	al with bus	iness discu	ssion				
04/29/2015	<u>\$37.00</u>		<u>Me</u>	al with bus	iness discu	ssion				
<u>04/29/2015</u>	<u>\$52.00</u>		Bi	thday gift						
<u>06/24/2015</u>	<u>\$23.00</u>		Meal with business discussion							
07/24/2015	<u>\$164.00</u>		Me	al with bus	iness discu	ssion				
<u>07/25/2015</u>	\$245.00					rtainment outi	ng			
08/01/2015	<u>\$43.00</u>			al with bus	iness discu	ssion				
08/04/2015	\$105.00		Meal with business discussion							
<u>09/15/2015</u>	<u>\$27.00</u>		Meal with business discussion							
<u>11/04/2015</u>	\$64.00		<u>M</u> e	al with bus	iness discu	ssion				

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Training & Administrative Coordinator of the <u>Air Line Pilots Association, International</u>, Tina Long has a role in choosing sites for future conferences held. As it has done for many of its other current and prospective group meeting customers in similar situations, the Washington Hilton provided Tina Long with meals during business discussion regarding current and future business, provided her with a birthday gift and invited her to a client outing. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Tina Long did not give or promise or agree to anything in exchange for the expenditures. The values provided in Section 11b are our best good faith estimate of the expenditures.

Part E	3
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Name of Reporting Employer: HLT	, INC		File I	Number E- <b>5579</b>					
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ІТЕМ 8.Ь		ITEM 8.d	ITEM 8.e	ITEM 8.f			
9.a. 🗌 Agreement 🛛 Pa	yment 🗌 Bot		9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Business Agent						
9.b. Name and address of person v separate agreement was made made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.						
Name <b>Cesilee Minares</b>		-	Organization UNITE HERE LOCAL 5						
P.O. Box, Building and Room Number, If any			Box, Building and I	Room Number, If a	any				
Street 1516 S. King Street			et <u>1516 S. Ki</u>	ng Street					
City <u>Honolulu</u>		City	<u>Honolulu</u>	. <b>-</b> .					
State <u>Hawaii</u> ZI	<sup>o</sup> Code + 4 <b>96826</b>	Stat	e <u>Hawaii</u>	ZII	<sup>D</sup> Code + 4 <b>9682</b>	6			
10.a. Date of the promise, agreement, which payments or expenditures			. The promise, agree	ment, or arrangeme	ent was:				
Pre 2012 (exact date unknown)			Ø Oral     . Written <sup>★</sup> Both (*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each p or expenditure	payment	11.c. Kind of each p payment or loa	ayment or expendit in, and whether in c		ər			
Multiple Date	\$352.00		Validated Parl	king – 44 pass	ses				
	<u></u>		<u> </u>						
			• • • • • • • • • • • • • • • • • • •						
12. Explain fully the circumstances of The Hotel provides complime engaged in union representa ticket. Cesilee Minares did n value provided in Section 11	entary validated pa tion business at th ot give or promise	rking for UN e Hilton Ha or agree to	IITE HERE Loca waiian Village. anything in exc	al 5 business a The value of ea hange for the v	igents when th ach validation i validated parki	ey are s \$8 per			

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Name of Reporting Employer: <b>HLT</b>	ON WORLDWIDE, INC				File N	lumber E- 5579	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.2 ITEM 8.	.b 🗌 I	TEM 8.c	ITEM 8.d		ITEM 8.e	ITEM 8.f
9.a. 🗌 Agreement 🛛 Pa	yment 🗌 Both	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Business Agent					
9.b. Name and address of person v separate agreement was made made.		9.d. Name and address of firm or labor organization with whom employed or affiliated.					
Name <mark>Kalena Miyashiro</mark>		Organiza <u>UNITE</u>	ition HERE LOC	AL 5			
P.O. Box, Building and Room Number, If any			, Building and F	Room Numb	er, lf a	ny	
Street 1516 S. King Street		Street	<u>1516 S. Ki</u>	na Street			
City Honolulu		City	Honolulu				
State <b>Hawaii</b> ZI	P Code + 4 <b>96826</b>	State	<u>Hawaii</u>		ZIF	Code + 4 <u>9682</u>	6
10.a. Date of the promise, agreement which payments or expenditures		10.b. The	promise, agreer	ment, or агга	ngeme	nt was:	
Pre 2012 (exact d	-			. Written* entered into		☐ Both the fiscal year mus	t be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure		. Kind of each pa	ayment or ex	penditu	ure (Specify whether ash or property)	
Multiple Dates	<u>\$600.00</u>	<u>Va</u>	lidated Park	ing – 75	pass	es	
		-					
		-			<u> </u>		
12. Explain fully the circumstances of The Hotel provides complime engaged in union representa ticket. Kalena Miyashiro did value provided in Section 11	entary validated parking f tion business at the Hilto not give or promise or ag	or UNITE n Hawaii ree to ar	HERE Loca an Village. 1 Nything in exc	al 5 busine The value change fo	ess a of ea or the	gents when th ich validation i validated park	ey are s \$8 per

Form LM-10 - Part B (2003)

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Ра	rt B
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Name of Reporting Employer: HLTON WORLDWIDE, INC					Fi	e Number E- <b>5579</b>			
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.	» 🗌		ITEM 8.d	ITEM 8.e	ITEM 8.f		
9.a. Agreement Z Payment D Both				9.c. Position In labor organization or with employer (if an independent labor consultant, so state). President					
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				Name and address affiliated.	of firm or labo	organization with w	hom employed or		
Name Michael Mulgrew				nization ed Federation	of Teacher	S			
P.O. Box, Building and Room Number, If any			P.O. 8	Box, Building and F	Room Number,	lf any			
Street 52 Broadway			Street	Street 52 Broadway					
City New York			City New York						
State <u>NY</u> Z	State NY ZIP Code + 4 10004					ZIP Code + 4 <u>1000</u>	4		
10.a. Date of the promise, agreemen which payments or expenditures			10.b. The promise, agreement, or arrangement was:						
See Below			🛛 Oral 🔄 . Written* 🔲 Both						
			(*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	1			nditure (Specify wheth in cash or property)	er		
03/13/2015	<u>\$131.00</u>		_ !	Amenity					
03/27/2015	<u>\$131.00</u>		_ !	Amenity					
04/16/2015	<u>\$131.00</u>		_ !	Amenity					
08/30/2015	<u>\$131.00</u>		_   !	Amenity					
09/19/2015	<u>\$131.00</u>		_ !	Amenity					
09/25/2015	<u>\$131.00</u>		_ !	Amenity					
10/16/2015	<u>\$131.00</u>		_   !	Amenity					
<u>11/13/2015</u>	<u>\$131.00</u>		_   !	Amenity					
	1								

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As President of the United Federation of Teachers, Michael Mulgrew has a role in deciding where the union's events will be held. During the group's hotel stays on the dates listed above at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Michael Mulgrew with amenities. The Amenities related solely to Michael Mulgrew's role as a current and future group events customer of Hilton through his role with the Union. Michael Mulgrew did not give or promise or agree to anything in exchange for the Amenities. The value provided in Section 11b is our best good faith estimate of the expenditures.

Part B

Name of Reporting Employer: <b>HLTON</b>	E, INC			File	Number E- 5579				
Check Itom Number (from Dage 2)		r					1		
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🛛	ITEM 8.	ь	ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f		
9.a. 🗌 Agreement 🔀 Paymer	nt 🗌 Bo	oth	<ul> <li>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</li> <li>MEC Chairman</li> </ul>						
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				9.d. Name and address of firm or labor organization with whom employed or affiliated.					
Name Chris Notare				nization					
Name Chris Notaro			<u>Air L</u>	<u>ine Pilots Ass</u>	sociation, Int	ernational			
P.O. Box, Building and Room Number, If any			P.O. Box, Building and Room Number, If any						
Street 18000 International Blvd.			Street 18000 International Blvd.						
City Seattle			City	<u>Seattle</u>			<u> </u>		
State WA ZIP Code + 4 98188			State WA ZIP Code + 4 98188						
10.a. Date of the promise, agreement, or a which payments or expenditures were			10.b.	The promise, agreer	ment, or arrangen	nent was:	· · ·		
See Below					. Written*	🗋 Both			
			(*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or 11.1 expenditure (mm/dd/yyyy).	b. Amount of each or expenditure	payment	1			iture (Specify wheth cash or property)	er		
<u>02/14/2015 \$1</u>	,000.00		_  :	100,000 HHone	ors Bonus P	oints			
<u>08/19/2015</u>	06.78		_  :	10,678 HHono	rs Bonus Po	ints			
<u>10/23/2015</u> <u>\$7</u>	5.22		_   ]	7,522 HHonors	s Bonus Poir	nts			
			_  .						
			_  .						

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As MEC Chairman of the Air Line Pilots Association, International, Chris Notaro has a role in deciding where the Union's events will be held. Following the group's hotel stays at the Hilton Seattle Airport & Conference Center, Seattle, Washington on January 12-15, 2015, August 3-6, 2015 and October 12-15, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Chris Notaro with HHonors Bonus Points. The HHonors Points related solely to Chris Notaro's role as a current and future group events customer of Hilton through his role with the Union. Chris Notaro did not give or promise or agree to anything in exchange for the HHonors Points. The value provided in Section 11b is our best good faith estimate of the HHonors Bonus Points.

Name of Reporting Employer: HLTON WORLDWIDE, INC					File Number E- 5579					
Check Item Number (from Page 2) to which this Part B applies ITEM 8.a X ITEM 8.t					ГEM 8.c	ITEM 8.d		ITEM 8.e	ITEM 8.f	
9.a. Agreement X Payment Both				9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Meeting Planner						
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.					ne and address ated.	of firm or la	abor or	ganization with wh	nom employed or	
			Orga	aniza	tion					
Name <b>Toshie Okochi</b>			- T		al Education	n Associ	iation			
				liojin		11 A3300	ation			
P.O. Box, Building and Room Number, If any			P.0	P.O. Box, Building and Room Number, If any						
Street 1201 16th Street, NW			Street 1201 16th Street, NW							
City Washington			City <u>Washington</u>							
State DC ZI	P Code + 4 <b>20036-3</b>	290	290         State         DC         ZIP Code + 4 20036-3290					<u>6-3290</u>		
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.				10.b. The promise, agreement, or arrangement was:						
See Below			🛛 Oral 🔹 🗋 . Written* 🔤 Both							
				(*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or expenditure (mm/dd/yyyy).       11.b. Amount of each payment or expenditure				11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)						
10/15/2015 \$600.00			Ticket, food & beverage at Washington Capitals							
			_	Ga	me	<u> </u>			[	
			-							
			_	<u></u>					[	
			_ 1					· · · ·		
			_							

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As a meeting planner with the National Education Association, Toshie Okochi participates in the selection process for sites for the Union's group meetings and events. On October 15, 2015, the company met with her to watch the Blackhawks vs. Capitals game and discuss possible opportunities for future events to take place at the Hilton's hotels. The purchase of this game ticket and associated food and beverage was solely related to Toshi Okochi's role through the Union as a current and future customer of Hilton. Toshi Okochi did not give or promise or agree to anything in exchange for the complimentary hockey outing. The value provided in Section 11b is our best good faith estimate of the hockey outing.

Name of Reporting Employer: HILTON	WORLDWIDE INC.
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File Number E- E-5579

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ІТЕМ 8.Ь		ITEM 8.d	ITEM 8.e	ITEM 8.f				
9.a. 🗌 Agreement 🛛	Payment	Both 1	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Director, AFT Convention, Meetings, and Travel Department							
9.b. Name and address c whom a separate agreement w were made. Name <u>Kitty Owens</u>	n payments o	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization								
P.O. Box, Building and Room N	F	American Federation of Teachers, AFL-CIO P.O. Box, Building and Room Number, If any AFT								
Street 555 New Jersey Avenue NW			itreet 555 Nev	w Jersey Ave	nue NW					
City Washington, DC	c	City <u>Washin</u>	gton							
State         DC         ZIP Code + 4 20001         State         DC         ZIP Code + 4 20001										
10.a. Date of the promise, agreer which payments or expenditures			10.b. The promise, agreement, or arrangement was:							
7/31/2014		_				ar must be attached.)				
11.a. Date of each payment or expenditure (mm/dd/yyyy).	n payment	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)								
2/15/15	\$512.00		32,000 Hotel L	oyalty Points	;					
<u>9/15/15</u>	\$35.00		Meal with bus	iness discuss	sion					
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. As Director, AFT Convention, Meetings, and Travel Department of the American Federation of Teachers, Kitty Owens has a role in deciding where the Union's events will be held. As it has done for many of its other current and prospective group meeting customers in similar situations, representatives of the Washington Hilton provided Kitty Owens with a meal while discussing business. Following the group's hotel stay at the Diplomat Resort & Spa from February 8 to February 15, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the hotel provided Kitty Owens with HHonors points. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Kitty Owens did not give or promise or agree to anything in exchange for the expenditures. The value provided in Section 11b is our best good										
faith estimate of the disc			enditures. The	value provide	d in Section 1	1b is our best good				

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Name of Reporting Employer: <b>HL</b>			File Numbe	er E- <b>5579</b>			
Check Item Number (from Page 2) to which this Part B applies		И 8.Ь	ІТЕМ 8.с	ITEM 8.d [		M 8.e	ITEM 8.f
9.a. 🗌 Agreement 🛛 Pa	ayment 🗌 Both	9.c	Position In labor or consultant, so state <b>Executive As</b>	ə).	r with emplo	oyer (if an in	dependent labor
9.b. Name and address of person separate agreement was mad made.			Name and address affiliated.		bor organiza	ation with w	hom employed or
Name Dana Palmer			anization CW Local 324				
P.O. Box, Building and Room Num	ber, If any	P.(	). Box, Building and F	Room Numbo	er, If any		
Street 8530 Stanton Avenue	, Suite 2A	_   Str	eet 8530 Stanton	Avenue,	Suite 2A		
City Buena Park		_ Cit	/ <u>Buena Park</u>				
State CA Z	IP Code + 4 <u>90620</u>	_ Sta	te <u>CA</u>	ZIF	Code + 4	90620	
10.a. Date of the promise, agreemen which payments or expenditures		10.	10.b. The promise, agreement, or arrangement was:				
See Below			☐ Oral ☐. Written* ☐ Both (*Written agreements entered into during the fiscal year must be attached.)				
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payme or expenditure	ent	11.c. Kind of each pa payment or loa				er
01/28/2015	\$438.00		Two Night Stay for Two People				
01/28/2015	<u>\$70.00</u>		Self-Parking for one vehicle				
<u>01/28/2015</u> \$40.00			Starbucks Vou	uchers for	r Two Pe	ople, two	ays
12. Explain fully the circumstances of Dana Palmer of the UFCW I by the Orange County Labor done for other customers in for Two people in a Standard parking for one vehicle. The use. The expenditures relate role with the Union. Dana Pa certificate. The value provide	Local 324 requested a g r Federation at its Solid similar situations, the H d Room, Starbucks Vou Hotel understands tha ed solely to her role as almer did not give or pr	gift cert arity Ar lotel do uchers t it was a curre omise o	ificate from the H wards Dinner hele onated a complim for two people fo not giving the gif nt and future gro or agree to anyth	filton San d on April nentary giff r two days ft certificat up events ing in excl	Diego Ba 23, 2015 t certificat s and com e to Dana custome hange for	yfront to l in Anahe te for a Tu plimenta a Palmer r of Hilton the comp	be raffled off im. As it has wo Night Stay ry self- for her own through her

Form LM-10 - Part B (2003)

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Name of Reporting Employer: HLTON WORLDWIDE, INC					File	Number E- 5579			
		1		1	1		·		
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.	.b 🗌		ITEM 8.d	ITEM 8.e	ITEM 8.f		
9.a. 🗌 Agreement 🛛 Pa	yment 🔲 B	loth		consultant, so state	e).	h employer (if an in	dependent labor		
	the set of the second			National Secretary					
9.b. Name and address of person v separate agreement was made made.	-			name and address affiliated.	of firm or labor	organization with w	nom employed or		
			Orga	nization					
Name Roger Payne		<u>.                                    </u>	AFG	E- Council of	Prisons Loc	als			
P.O. Box, Building and Room Numb	er, If any		P.O.	Box, Building and F	Room Number, I	fany			
Street 409 Cleveland			Stree	409 Clevel	and				
City Forrest City			City	Forrest Cit	У				
State AZ ZI	Code + 4 <u>72335</u>		State	AZ	Z	(IP Code + 4 <u>7233</u>	5		
10.a. Date of the promise, agreement			10.b.	The promise, agree	ment, or arranger	nent was:			
which payments or expenditures	were agreed to or mad	de.		🖾 Oral 🛛	Written*	Both			
See Below			("	(*Written agreements entered into during the fiscal year must be attached.)					
11.a. Date of each payment or	11.b. Amount of each	navment	<u> </u>			liture (Specify wheth			
expenditure (mm/dd/yyyy).	or expenditure					cash or property)			
<u>02/14/2015</u>	<u>\$3,000.00</u>		_	300,000 HHon	ors Points				
12. Explain fully the circumstances of									
Roger Payne, National Secr									
meetings and conventions v contracted to hold a large gr									
done for other customers in									
Georgetown Hotel from 02/									
related solely to her role as									
Kitty Owens did not give or promise or agree to anything in exchange for the expenditures. The values provided in Section 11b are our best good faith estimates of the expenditure.									

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Name of Reporting Employer: Hilton Worldwide Inc.

File Number F E 5570

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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8.	8.b . ITEM 8.c . ITEM 8.d . ITEM 8.e . ITE							
9.a. 🗌 Agreement 🔀 Pa	yment E	Both	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Executive Assistant							
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				9.d. Name and address of firm or labor organization with whom employed or affiliated.						
Name: Ms. Nancy Reams				nization <b>N Local</b>	48					
P.O. Box, Building and Room Number, If any			P.O. (	Box, Buildi	ng and Ro	oom Number, if any	,			
Street 15937 NE Airport Way			Street 15937 NE Airport Way							
City Portland			City Portland							
State <u>OR</u> ZIP Code <u>97230</u>			State <u>OR</u> ZIP Code <u>97230</u>							
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.				10.b. The promise, agreement, or arrangement was:						
See Below				Ø Oral     Oral     Written*     Both (*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of eac or expenditure	• •		11.c. Kind o	of each pay	ment or expenditure, and whether in case	e (Specify whether			
12/06/2015	\$500.00			Gift cert	ificate					
12/06/2015				27,108 HHonors Points						
			.							

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Nancy Reams, Executive Assistant of the IBEW Local 48 requested a gift certificate for the IBEW event. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated a complimentary gift certificate for a One night Stay for Two and complimentary meal. The Hotel understands that it was not giving the gift certificate to Nancy Reams for her own use. As it has done for current and future clients in similar situations, the event planner Ms. Nancy Reams was also provided with Hhonors points. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Nancy Reams did not give or promise or agree to anything in exchange for the expenditures. The values provided in Section 11b are our best good faith estimate of the expenditures.

Name of Reporting Employer: HLTON WORLDWIDE, INC

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File Number E- 5579

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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.b	8.b ITEM 8.c ITEM 8.d ITEM 8.e ITEM 8.1						
9.a. 🗌 Agreement 🔀 Pa	iyment 🔲 B	oth	9.c. Position In labor organization or with employer (if an independent consultant, so state). Administrative Assistant						
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				9.d. Name and address of firm or labor organization with whom employed or affiliated.					
Name <u>Anthony Rivera</u>	ame Anthony Rivera				of Teachers				
P.O. Box, Building and Room Number, If any			P.O. B	ox, Building and F	Room Number, If	any			
Street 52 Broadway			Street 52 Broadway						
City New York			City New York						
State         NY         ZIP Code + 4 10004			State         NY         ZIP Code + 4 10004						
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.			10.b. The promise, agreement, or arrangement was:						
See Below			🛛 Oral 🔹 🗋 . Written*						
			(*W	ritten agreements	entered into during	g the fiscal year mus	t be attached.)		
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	11			ture (Specify whethe cash or property)	er		
03/13/2015	<u>\$131.00</u>		A	menity					
03/27/2015	<u>\$131.00</u>		Amenity						
04/16/2015	<u>\$131.00</u>		Amenity						
08/30/2015	<u>\$131.00</u>		Amenity						
<u>09/19/2015</u>	<u>\$131.00</u>		≙	menity					
09/25/2015	<u>\$131.00</u>			menity		· · · ·			
<u>10/16/2015</u>	<u>\$131.00</u>								
<u>11/13/2015</u>	<u>\$131.00</u>		<b>≜</b>	menity					

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Administrative Assistant of the United Federation of Teachers, Anthony Rivera has a role in deciding where the union's events will be held. During the group's hotel stays on the dates listed above at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Anthony Rivera with amenities. The Amenities related solely to Anthony Rivera's role as a current and future group events customer of Hilton through his role with the Union. Anthony Rivera did not give or promise or agree to anything in exchange for the Amenities. The value provided in Section 11b is our best good faith estimate of the expenditures.

Name of Reporting Employer: <b>HL</b>	TON WORLDWID	E, INC			File	e Number E- 5579		
Check Item Number (from Page 2) to which this Part B applies	)	ІТЕМ 8.Ь	] [		ITEM 8.d	ITEM 8.e	ITEM 8.f	
9.a. 🗌 Agreement 🔀 F	Payment Bo	9. oth	со	sition In labor or nsultant, so state vent Coordinator	e).	th employer (if an in	dependent labor	
9.b. Name and address of person separate agreement was made.				ame and address iliated.	of firm or labor	organization with w	hom employed or	
Name Chris Roth			Organization <u>CWA Local 7750</u>					
P.O. Box, Building and Room Number, If any			P.O. Box, Building and Room Number, If any					
Street 3840 York St. Suite 130			Street 3840 York St. Suite 130					
City Denver			City Denver					
State Colorado ZIP Code + 4 80205			State         Colorado         ZIP Code + 4 80205					
10.a. Date of the promise, agreemen which payments or expenditure See Below	nt, or arrangement pursua is were agreed to or mad	ant to 10 e.	Ø		. Written*	nent was:	st be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	11			diture (Specify wheth a cash or property)	er	
12/12/2015	\$119.00 (room)		G	ift Certificate	es for an ove	ernight stay wit	<u>h breakfast</u>	
<u>12/12/2015</u>	\$32.00 (breakfa	<u>st 2)</u>	fo	r 2 to be use	ed as a raffle	item		
12/12/2015	<u>\$119.00 (room)</u>					ernight stay wit	th breakfast	
12/12/2015	\$32.00 (breakfa	<u>st - 2)</u>		r 2 to be use				
12/12/2015	\$1,000.00			00,000 HHon				
12/12/2015	<u>\$1,500.00</u>		1	50,000 HHon	ors points			

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Chris Roth, Event Coordinator] of the CWA Local 7750, has a role in deciding where the Union's events will be held. During his hotel stay at the Doubletree by Hilton Denver Stapleton North on December 12, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided 250,000 HHonors Points that were part of the holiday promotion as well as a service recovery effort. The HHonors Points related solely to Chris Roth's role as a current and future group events customer of Hilton through his role with the Union. Chris Roth did not give or promise or agree to anything in exchange for the HHonors Points. The value provided in Section 11b is our best good faith estimate of the discounted expenditure.

Chris Roth, Event Coordinator of the CWA Local 7750 requested gift certificates from Doubletree by Hilton Denver Stapleton North to be auctioned off by the Union at its Annual Event, CWA Local 7750 Holiday Party, 12/12/15. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated 2 complimentary gift certificates for a Weekend Stay for Two with breakfast for 2. The Hotel understands that it was not giving the gift certificate to Chris Roth for his own use. The gift certificate donation related solely to Chris Roth's role as a current and future group events customer of Hilton through his role with the Union. Chris Roth did not give or promise or agree to anything in exchange for the complimentary gift certificates. The values provided in Section 11b are our best good faith estimate of the expenditures.

Part B
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Name of Reporting Employer: HL		E, INC				File N	lumber E- <b>5579</b>	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🛛	ITEM 8.b			ITEM 8.d		ITEM 8.e	ITEM 8.f
9.a. 🗌 Agreement 🛛 P	ayment Bo	oth	c	osition In labor orgonsultant, so state Business Agent		with	employer (if an ind	dependent l
9.b. Name and address of person separate agreement was made made.	0		9.d. N	ame and address ffiliated.	of firm or lab	oor org	ganization with wh	nom employ
Name Erlinda Sanchez			Organ UNIT	zation E HERE LOC	AL 5			
P.O. Box, Building and Room Num	nber, If any		P.O. B	ox, Building and F	Room Numbe	er, lf a	ny	
Street 1516 S. King Street			Street	<u>1516 S. Ki</u>	ng Street			
City Honolulu		[	City	<u>Honolutu</u>				
State Hawaii Z	IP Code + 4 <u>96826</u>		State	Hawaii		ZIP	Code + 4 <u>9682</u>	6
10.a. Date of the promise, agreemer which payments or expenditure			10.b. T	he promise, agreer	nent, or arran	geme	nt was:	
Pre 2012 (exact of	•	_		⊠ Oral □. /ritten agreements o	. Written* entered into d		Both Both Both Both Both	t be attached
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	1	1.c. Kind of each pa payment or loa			ure (Specify whether ash or property)	er
Multiple Dates	<u>\$288.00</u>			alidated Park	<u>ing – 36 p</u>	ass	es	
			-   -					
			-   -	<u>.</u>				
			-   -					
12. Explain fully the circumstances of The Hotel provides complim engaged in union represent ticket. Erlinda Sanchez did u provided in Section 11b is o	nentary validated partion business at the net of the second second second second second second second second se	arking for he Hilton e or agree	r UNI <sup>-</sup> Hawa e to ai	TE HERE Loca aiian Village. T nything in exch	I 5 busine he value o ange for tl	ss ag of ea he va	gents when the	ey are s \$8 per

Name of Reporting Employer: HLTON WORLDWIDE, INC

File Number E- 5579

Check Item Number (from Page 2) to which this Part B applies ITEM 8.a I ITEM 8.b ITEM 8.c ITEM 8.d ITEM 8.c ITEM 8.d ITEM 8.c ITEM 8.d ITEM 8.c <										
9.a.       Agreement       Payment       Both       Consultant, so state). Deputy Director Meetings & Travel         9.b.       Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.       9.d. Name and address of firm or labor organization with whom employed or affiliated.         Name       Danielle Shillam       9.d. Name and address of firm or labor organization with whom employed or affiliated.         Name       Danielle Shillam       Organization         P.O. Box, Building and Room Number, If any       P.O. Box, Building and Room Number, If any         Street       815 16th Street, NW         City       Washington         State       WA         Ilo.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.         See Below       Ilo.b. The promise, agreement, or arrangement was:		ITEM 8.a 🔀	ITEM 8.t	• 🗆	ITEM 8.c	ITEM 8.d	ITEM 8.e			
separate agreement was made or to whom payments were made. affiliated.   Name Danielle Shillam Organization   P.O. Box, Building and Room Number, If any American Federation of Labor and Congress of Industrial Organizations   P.O. Box, Building and Room Number, If any P.O. Box, Building and Room Number, If any   Street 815 16th Street, NW P.O. Box, Building and Room Number, If any   City Washington   State WA   Io.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.   See Below	9.a. 🗌 Agreement 🛛 Pay <del>r</del> r	nent 🗌 Bo	oth	consultant, so state).						
Name Danielle Shillam   P.O. Box, Building and Room Number, If any     Street 815 16th Street, NW   City Washington   State WA   I.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.   See Below     Waiten agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.     See Below     American Federation of Labor and Congress of Industrial Organizations   P.O. Box, Building and Room Number, If any   P.O. Box, Building and Room Number, If any   P.O. Box, Building and Room Number, If any   Street 815 16th Street, NW   City Washington   State WA   ZIP Code + 4 20006   State WA   ZIP Code + 4 20006   State   Work ZIP Code + 4 20006   State   Washington   State   Washington </td <td>separate agreement was made o</td> <td></td> <td></td> <td></td> <td></td> <td>of firm or labor or</td> <td>ganization with wt</td> <td>nom employed or</td>	separate agreement was made o					of firm or labor or	ganization with wt	nom employed or		
P.O. Box, Building and Room Number, If any   Street 815 16th Street, NW   City   Washington   State   WA   ZIP Code + 4 20006   State WA ZIP Code + 4 20006   10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.   See Below     Washington     10.b. The promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.     See Below     Washington     10.b. The promise, agreement, or arrangement was:     Witten agreements entered into during the fiscal year must be attached.)	Name Danielle Shillam					ion of Labor a	Ind Congress	of		
Street 815 16th Street, NW   City Washington   State WA   ZIP Code + 4 20006   State VA ZIP Code + 4 20006   10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.   See Below     Value   Value <td< td=""><td></td><td></td><td></td><td>Indu</td><td>strial Organiz</td><td>ations</td><td></td><td></td></td<>				Indu	strial Organiz	ations				
City       Washington       Street       815 16th Street, NW         State       WA       ZIP Code + 4 20006       City       Washington         10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.       State       WA       ZIP Code + 4 20006         10.b. The promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.       Index or an agreement, or arrangement was:       Index or agreement, or arrangement was:         See Below       Oral       Written agreements entered into during the fiscal year must be attached.)	P.O. Box, Building and Room Number, If any				Box, Building and F	Room Number, If a	iny			
City       Washington         State       VA       ZIP Code + 4 20006         10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.       State       VVA       ZIP Code + 4 20006         10.b. The promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.       10.b. The promise, agreement, or arrangement was:         See Below       Oral       Written agreements entered into during the fiscal year must be attached.)	Street 815 16th Street, NW			Street	815 16th S	treet NW				
State       WA       ZIP Code + 4 20006         10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.       10.b. The promise, agreement, or arrangement was:         See Below       Image: Code + 4 20006         WA       ZIP Code + 4 20006         10.b. The promise, agreement, or arrangement was:         Image: WA       Image: Code + 4 20006         Image: Cod	City Washington									
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.       10.b. The promise, agreement, or arrangement was:         See Below       10.b. The promise, agreement, or arrangement was:         Workstore       10.b. The promise, agreemen	State WA ZIP C	Code + 4 <u>20006</u>		-				6		
See Below       Image: Construction of the second sec				10.b.	The promise, agreer		فستستسنده	·····		
("Written agreements entered into during the fiscal year must be attached.)					🛛 Oral 🛛	. Written*	Both			
	<u>Jee Delow</u>			("V	Vritten agreements	entered into during	the fiscal year mus	t be attached.)		
11.a. Date of each payment or expenditure (mm/dd/yyyy).       11.b. Amount of each payment or expenditure       11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)			payment					er		
06/10/2015 \$15.00 Amenity for site inspection	06/10/2015 \$	515.00			Amenity for si	te inspection				
06/15/2015 \$72.00 Meal with business discusion	06/15/2015	572.00								
07/24/2015 \$2,500.00 250,000 HHonors Points	07/24/2015	2,500.00		250,000 HHonors Points						
07/28-8/01/2015 \$800.00 Coffee, tea, soft drinks, whole fresh fruit, and granola	07/28-8/01/2015	800.00								
07/31/2015 \$2,324.00 bars in Office space	<u>07/31/2015</u> §	2,324.00		_   '						
One complimentary beer/wine drink for 200 attendees; and two fruit, cheese and vegetable	_									
displays for a reception										
	-	_		_   ]						
12 Explain fully the circumstances of all navments, including the terms of any oral agreement or understanding pursuant to which they were made					<u> </u>			·		

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. Danielle Shillam, Deputy Director of Meetings and Travel for AFL-CIO, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. In June 2015, a representative from the Washington Hilton met with Danielle Shillam to discuss an upcoming event and provided her with an amenity and meal, as it has done for current and prospective clients in similar situations. During the event held on July 24, 2015, as it has done for clients in similar situations, the Washington Hilton provide Danielle Shillam with HHonors points.

Because the Union had contracted to hold a large group event at the DoubleTree by Hilton Seattle Airport hotel and the Union is a repeat customer, and for the purpose of service recovery after there were issues with the event, as it has done for other customers in similar situations, during the event held at the DoubleTree by Hilton Seattle Airport Hotel from July 28, 2015 until August 3, 2015 the Hotel provided complimentary coffee, tea, soft drinks, whole fresh fruit, and granola bars in their Office space; one complimentary beer/wine drink for 200 attendees; and two fruit, cheese and vegetable displays for a reception.

The expenditures related solely to Danielle Shilliam's role as a current and future group events customer of Hilton through her role with the Union. Danielle Shilliam did not give, promise or agree to anything in exchange for the expenditures outlined above. The values provided in Section 11b are our best good faith estimates of the expenditures.

Name of Reporting Employer: HILTON WORLDWIDE INC.
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File Number E- E-5579

	<u> </u>						
Check Item Number (from Page 2) to which this Part B applies		8.6 ITEM 8.C ITEM 8.d ITEM 8.e ITEM 8.f					
9.a. 🗌 Agreement 🛛 Pa	ayment Both	<ul> <li>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</li> <li>Assistant Director, Meeting &amp; Travel</li> </ul>					
9.b. Name and address of person separate agreement was mad made.		9.d. Name and address of firm or labor organization with whom employed or affiliated.					
		Organization					
Name Kamala Srikar	·····	American Federation of State, County, and Municipal					
		Employees (AFSCME)					
P.O. Box, Building and Room Numl	ber, if any	P.O. Box, Building and Room Number, If any					
AFSCME		AFSCME					
Street 1101 17 <sup>th</sup> Street Suite	1200	Street 1625 L Street NW					
City <u>Washington</u>		City <u>Washington</u>					
State DC ZI	P Code + 4 <b>20036</b>	State         DC         ZIP Code + 4 20036-5687					
10.a. Date of the promise, agreement which payments or expenditures		10.b. The promise, agreement, or arrangement was:					
See Below	5	🛛 Oral 🔹 . Written* 🗖 Both					
		(*Written agreements entered into during the fiscal year must be attached.)					
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)					
03/08/2015	\$310.00	31,000 Hilton Honors Points					
04/09/2015	\$12.67	Meal with business discussion					
08/31/2015	\$24.99	Meal with business discussion					
09/07/2015	\$100.00	Meal with business discussion					

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Kamala Srikar, Assistant Director, Meeting & Travel, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union had contracted to hold an event at the Capital Hilton hotel and the Union is a repeat customer, as it has done for other customers in similar situations, during the event held at the Capital Hilton Hotel March 2015, the Hotel provided 31,000 Hilton Honors points. On April 9<sup>th</sup>, August 31<sup>st</sup> and September 7<sup>th</sup> Kamala Srikar met with Hilton representatives to discuss current and future business over meals. The expenditures related solely to Kamala Srikar's role as a current and future group events customer of Hilton through her role with the Union. Kamala Srikar did not give, promise or agree to anything in exchange for the expenditures outlined above. The values provided in Section 11b are our best good faith estimates of the expenditures.

Part B

Name of Reporting Employer: <b>HL</b>	TON WORLDWID	E, INC				File N	lumber E- <b>5579</b>		
· · · · · · · · · · · · · · · · ·					· ·			I	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.b	8.b   ITEM 8.c   ITEM 8.d   ITEM 8.e					ITEM 8.f	
9.a. 🗌 Agreement 🔀 Payment 🗌 Both				9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Exceutive Secretary Treasurer					
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				lame and address ffiliated.	of firm or la	abor or	ganization with wł	nom employed or	
			Organ	ization					
Name Bob Tackett			<u>NW (</u>	<u> Dregon Labor</u>	Council				
P.O. Box, Building and Room Number, If any			P.O. B	Box, Building and F	Room Numb	ber, If a	iny		
Street 9955 SE SE Washing	Street 9955 SE SE Washington Suite#305			Street 9955 SE Waashington St. Suite 305					
City <b>Portland</b>			City Portland						
State OR ZIP Code + 4 97216-3600			State	OR		ZIF	P Code + 4 <u>9721</u>	6-3600	
10.a. Date of the promise, agreemer which payments or expenditure			10.b. T	he promise, agreer	ment, or arra	Ingeme	ent was:		
See Below			Oral     Oral						
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	1	1.c. Kind of each payment or loa			ure (Specify whethe ash or property)	er	
04/27/2015	<u>\$286.18</u>			Gift Certificate	e-1 night	stay,	parking, brea	akfast for	
			-   -						
			-  -						
			-						
12. Explain fully the circumstances o	f all payments, including	the terms o	f any or	al agreement or un	derstanding	pursua	nt to which they we	ere made.	

Bob Tackett, Executive Secretary Treasurer of the NW Oregon Labor Council requested a gift certificate from Hilton Portland & Executive Tower to be auctioned off by the Union at its 18<sup>th</sup> Annual Labor Appreciation & Recognition Night April 27, 2015 to benefit Labor's Community Service Agency, Inc. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated a complimentary gift certificate for a 1 night Stay for Two and complimentary meal and parking. The Hotel understands that it was not giving the gift certificate to Bob Tackett for his own use. The expenditures related solely to Bob Tackett's role as a current and future group events customer of Hilton through his role with the Union. Bob Tackett did not give or promise or agree to anything in exchange for the complimentary gift certificate. The value provided in Section 11b is our best good faith estimate of the gift certificate.

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Part B	
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File Number E- E-5579

Check Item Number (from Page 2 to which this Part B applies	) ITEM 8.a 🔀	TEM 8.b     ITEM 8.c     ITEM 8.d     ITEM 8.e	ITEM 8.f
9.a. 🗌 Agreement 🔀 F	Payment Bo	<ul> <li>9.c. Position In labor organization or with employer (if an indepe consultant, so state).</li> <li>Administrative Director</li> </ul>	ndent labor
9.b. Name and address of persor whom a separate agreement payments were made.		9.d. Name and address of firm or labor organization with whom affiliated.	employed or
Name Betty Witte		Organization <u>Communication Workers of America</u>	
P.O. Box, Building and Room Nur	nber, If any	P.O. Box, Building and Room Number, If any	
Street 3516 Covington Hwy	1.	Street 3516 Covington Hwy.	
City Decatur		City <b>Decatur</b>	
State GA	ZIP Code + 4 <u>33032</u>	State <b>GA</b> ZIP Code + 4 33032	
10.a. Date of the promise, agreeme to which payments or expendit		10.b. The promise, agreement, or arrangement was:	
See Below		Oral □ Written* □ Both     (*Written agreements entered into during the fiscal year must	be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each p or expenditure	ment 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)	
03/04/2015	\$840.18	84,018 HHonors Points	
03/04/2015	\$1,512.32	84,018 Airline Miles	
12. Explain fully the circumstances of		terms of any oral agreement or understanding pursuant to which they we	re made
		terms of any oral agreement of anderstanding persoant to which they we	- made.

As Administrative Director of the Communication Workers of America, Betty Witte has a role in deciding where the union's events will be held. Following the group's hotel stay at the Royal Palms by Hilton, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Betty Witte with HHonors Points and Airline Miles. The HHonors Points and Airline Miles related solely to Betty Witte's role as a current and future group events customer of Hilton through his role with the Union. Betty Witte did not give or promise or agree to anything in exchange for the HHonors Points and Airline Miles. The value provided in Section 11b is our best good faith estimate of the expenditures.

Form LM-10 - Part B (2003)

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Name of Reporting Employer: HILTON WORLDWIDE INC.

Name of Reporting Employer: HL	TON WORLDWIDE,	NC		F	File Number E- 5579	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🛛 ITE	M 8.b (		ITEM 8.d	ITEM 8.e	ITEM 8.f
9.a. 🗌 Agreement 🔀 P	ayment 🗌 Both	9.c.	<ul> <li>Position In labor orga consultant, so state).</li> <li>Event Coordinator</li> </ul>	nization or with	employer (if an indepe	ndent labor
9.b. Name and address of person whom a separate agreement payments were made.		9.d	Name and address of affiliated.	firm or labor or	ganization with whom	employed or
Name Ann Williams			<sub>janization</sub> nerican Federatio 41	<u>n of Govern</u>	ment Employees	Local Union
P.O. Box, Building and Room Num	ber, If any		D. Box, Building and Ro	om Number, If a	any	
Street 1055 Clermont St		Stre	eet <u>1055 Clermo</u>	ont St		
City Denver		_ City	<u>Denver</u>			
State <u>Colorado</u> Z	IP Code + 4 <u>80220</u>	Sta	te <u>Colorado</u>	ZIF	P Code + 4 <b>80220</b>	
10.a. Date of the promise, agreemen to which payments or expenditu			b. The promise, agreeme	nt, or arrangeme	ent was:	
See Below					Both ring the fiscal year must	be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each pay or expenditure	ment	11.c. Kind of each pay payment or loan,			
12/12/2015	\$119.00 (room)				night stay with b	reakfast for 2
12/12/2015	\$32.00 (breakfast	- 2)	to be used as a			
<u>12/12/2015</u>	<u>\$119.00 (room)</u>		Gift Certificates to be used as a		night stay with b	reakfast for 2
12/12/2015	\$32.00 (breakfast	- 2)			<u> </u>	
						<del></del>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Ann Williams, Event Coordinator of the American Federation of Government Employees Local Union 2241 requested gift certificates from Doubletree by Hilton Denver to be auctioned off by the Union at its Annual Holiday Party AFGE LOCAL 2241 Holiday Party, 12/12/15 to benefit employee morale. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated 2 complimentary gift certificates, each for a Weekend Stay for Two with complimentary breakfast. The Hotel understands that it was not giving the gift certificate to Ann Williams for her own use. The expenditures related solely to Ann Williams' role as a current and future group events customer of Hilton through her role with the Union. Ann Williams did not give or promise or agree to anything in exchange for the complimentary gift certificates. The value provided in Section 11b is our best good faith estimate of the gift certificate.

ITEM 8.f

Name of Reporting Employer: <b>HLTON</b>	WORLDWIDE	E, INC				File N	umber E- <b>5579</b>	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🔀	ITEM 8.	» 🗌	ITEM 8.c	ITEM 8.0	ı 🗌	ITEM 8.e	ITEM 8.f
9.a. 🗌 Agreement 🛛 Payme	nt 🗌 Bot	th	I	Position In labor or abor consultant, se Executive Director	o state).	or with	employer (if an in	dependent
9.b. Name and address of person with v	vhom or through w	hom a	9.d. 1	Name and address	s of firm or	labor o	rganization with w	hom emplo

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9.b. Name and address of persor separate agreement was ma made.	with whom or through whom a de or to whom payments were	9.d. Name and address of firm or labor organization with whom employed or affiliated.
		Organization
Name Lee D. Worley		Intl Assn of Bridge, Structural, Ornamental and
		Reinforcing Iron Workers (IABSORIW)
P.O. Box, Building and Room Nur	nber, If any	P.O. Box, Building and Room Number, If any
Suite 400		Suite 400
Street 1750 New York Ave	NW	Street 1750 New York Ave NW
City <u>Washington</u>		City Washington
State DC	ZIP Code + 4 20006	State DC ZIP Code + 4 20006
10.a. Date of the promise, agreeme which payments or expenditure		10.b. The promise, agreement, or arrangement was:
See Below		🛛 Oral 🔹 🗋 . Written*
		("Written agreements entered into during the fiscal year must be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
01/21-22/2015	<u>\$210.00</u>	Complimentary guest room during site visit
01/21/2015	<u>\$50.00</u>	Complimentary arrival amenity
01/22/2015	\$25.00	Complimentary lunch
		-

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Lee D. Worley, Executive Director, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union has held large group events at the hotel and is a repeat customer and Lee D. Worley visited the Hotel to evaluate its suitability as the event site, as it has done for other customers in similar situations, Hilton's managers met with him on January 22, 2015, to discuss the possibility of holding the Union's 2016 Apprenticeship Training Conference and other possible opportunities for future events to take place at Hilton Americas-Houston, and provided him with complimentary accommodations, gift basket room amenity, & lunch. The complimentary items above related to Lee D. Worley's role as a current and future customer of Hilton. Lee D. Worley did not give or promise or agree to anything in exchange for the complimentary items stated above. The values provided in Section 11b are our best good faith estimates of the expenditures.

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Name of Reporting Employer: HILTON	WORLDWIDE, IN	IC.			File Numbe	er E- <b>5579</b>			
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a		В.Ь	ITEM 8.c	ITEM 8.d	ITEM 8.e 🔀	ITEM 8.f		
9.a. 🗌 Agreement 🗌 Payme	nt 🛛 Both		lab	sition In labor orga or consultant, so s bor Consultant		mployer (if an in	dependent		
<ol> <li>9.b. Name and address of person with v separate agreement was made or t made.</li> </ol>				me and address o affiliated.	f firm or labor org	anization with w	om employed		
Name Geoff Brown		_	Organiz <u>The L</u> a	ation abor Pros					
P.O. Box, Building and Room Number, I Suite 2300	fany		P.O. Bo	x, Building and Ro <u>Suite 2300</u>	oom Number, If ar	ıy			
Street 390 North Orange Ave		_	Street	390 North C	range Ave				
City Orlando		_	City Orlando						
State FL ZIP Co	de + 4 32801		State	FL	ZIP	Code + 4 3280	1		
10.a. Date of the promise, agreement, or a payments or expenditures were agree See Below		vhich	⊠	e promise, agreeme ] Oral . \ len agreements ent	Written*	] Both	be attached.)		
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	t 11.	c. Kind of each pay payment or loan,	ment or expenditu , and whether in ca		er		
01/10/2016	\$13,540.50		<u>D</u> o	publetree Ont	ario 08/09-08	/15/2015			
<u>11/30/2015</u>	<u>\$12,244.18</u>		<u> </u>	Iton Garden I	nn El Segund	lo 08/17-08/2	2/2015		
12/09/2015	<u>\$13,540.50</u>			Iton Lake Bue			j		
12/09/2015	<u>\$14,818.87</u> \$9,730.08		Hilton Atlanta Airport 09/21-09/26/2015						
<u>12/09/2015</u>	<u>Hi</u>	Iton Garden I	nn El Segund	lo 09/28-10/0	4/2015				

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Geoff Brown to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Geoff Brown's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Doubletree Ontario 09/28-10/04/2015

Additional consulting services were provided in 2015, but paid in 2016, as follows:

\$9,741.60

Services in the amount of \$15,104.77 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

Form LM-10 - Part B (2003)

12/06/2015

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Name of Reporting Employer: HILTO	N WORLDWIDE,	INC.				File Nun	nber E- <b>5579</b>	· · · · · · · · · · · · · · · · · · ·
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ІТЕМ 8	B.b	ITEM 8.c	ITEM 8	.d 🗌	ITEM 8.e 🔀	ITEM 8.f
9.a. Agreement Payme	ent 🛛 Both		con	ition In labor orga sultant, so state). oor Consultant		or with er	nployer (if an inde	pendent labor
9.b. Name and address of person with separate agreement was made or made.	•			ne and address o ated.	f firm or l	labor orga	inization with who	m employed or
Name Luis Camarena			Organiza <u>Cruz &amp;</u>	tion Associates				
P.O. Box, Building and Room Number, PO BOX 1831	fany		P.O. Box	, Building and Ro PO BOX 183		ber, If an	4	
Street			Street					<del></del>
City Upland			City	Upland				
State CA ZIP Co	ode + 4 91785		State	<u>CA</u>		ZIP (	Code + 4 <u>91785</u>	
10.a. Date of the promise, agreement, or a which payments or expenditures were		to	10.b. The	promise, agreem	ent, or arr	angement	was:	
See Below				_	Written*	_	Both ne fiscal year must	be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of eac or expenditure	h paymer			ment or e	expenditur	e (Specify whether	
06/30/2015	<u>\$16,419.95</u>		En	bassy Suite	s San J	Juan w/	e 05/24/2015	
<u>06/30/2015</u>	<u>\$10,500.00</u>		<u> </u>	bassy Suite	s San J	Juan w/	e 05/31/2015	
07/16/2015	<u>\$15,439.04</u>		<u>Ari</u>	zona Biltmoi	re w/e (	06/27/20	015	
08/31/2015	<u>\$14,033.88</u>		<u> </u>	bassy Suite	s San .	Juan w/	e 07/11/2015	
08/27/2015	<u>\$8,560.39</u>		<u> Ari</u>	zona Biltmoi	<u>re w/e (</u>	07/26/20	)15	
12. Explain fully the circumstances of all particular	ayments, including the	terms of	any oral ag	greement or under	standing	pursuant t	o which they were	made.
Hilton requested Luis Camare inform and educate them abo representation, and about NL the Hotel. To the best of Hilt relating to Luis Camarena's la in Item 11.a.	ena to provide la ut their rights and RB elections, an on's knowledge,	bor rela d respo d provi the ab	ations co onsibilitie ided lab ove refe	onsultant serves on sunder the Nor relations c erenced paym	vices to NLRA, a onsulta ents re	the pro about la int servi	operty outlined bor unions, at ces to Hilton the fees and	above to bout union relating to expenses
Additional consulting services Services in the amount of \$1 submitted for payment on 01/1 Services in the amount of \$1 submitted for payment on 01/1 Services in the amount of \$1 submitted for payment on 01/1	2,754.41 for the 4/2016. 2,040.27 for the 4/2016. 2,324.97 for the	Embas Embas	ssy Suite ssy Suite	es San Juan es San Juan	for the for the	week e	ending 08/30/2	2015 were

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Name of Reporting Employer: HILTON	WORLDWIDE, IN	С.			File Numbe	er E- <b>5579</b>	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8	8.b	ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f
9.a. Agreement Payment	Both	:	lab	sition In labor orga or consultant, so s bor Consultant		mployer (if an inc	Jependent
9.b. Name and address of person with wh separate agreement was made or to made.		3		me and address o affiliated.	f firm or labor org	anization with wh	nom employed
Name Judy Castillo	·	-	Organiz <u>The L</u> a	ation abor Pros			
P.O. Box, Building and Room Number, If a Suite 2300	ny		P.O. Bo	x, Building and Ro <b>Suite 2300</b>	oom Number, If ar	ny	
Street 390 North Orange Ave		_	Street	<u>390 North O</u>	range Ave		
City Orlando		-	City	<u>Orlando</u>			
State FL ZIP Code	+ 4 32801	-	State	<u>FL</u>	ZIP	Code + 4 3280	1
10.a. Date of the promise, agreement, or arra payments or expenditures were agreed		hich	10.b. Th	e promise, agreeme	ent, or arrangemen	it was:	
See Below				) Oral 🗌 . V	Vritten*	] Both	
			<u> </u>	ten agreements ent		•	· · · · · · · · · · · · · · · · · · ·
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	t 11.	c. Kind of each pay payment or loan,	ment or expenditu and whether in ca		er
05/11/2015	<u>\$28,100.00</u>		<u>  Hi</u>	Iton New Orle	ans Riversid	e 12/01-12/12	2/2014
08/12/2015	\$16,079.11	_	<u> </u>	Iton New Orle	ans Riversid	e 01/26-01/31	/2015
08/12/2015	<u>\$14,867.69</u>		<u> </u>	Iton New Orle	ans Riversid	<u>e 05/18-05/25</u>	5/2015
<u>08/23/2015</u>	<u>\$16,710.00</u>		<u> Do</u>	oubletree Onta	ario 06/08-06/	15/2015	
08/31/2015	<u>\$12,599.20</u>			onnet Creek 0			
08/31/2015	<u>\$12,916.70</u>			<u>Iton Miami Ai</u>			
01/10/2016	<u>\$16,598.50</u>			oubletree Onta			
<u>11/30/2015</u>	\$11,602.00		<u> </u>	Iton Garden li	nn El Segund	<u>lo 08/17-08/2</u>	2/2015

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Judy Castillo to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Judy Castillo's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows: Services in the amount of \$13,801.20 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

Form LM-10 - Part B (2003)

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Part B

Name of Reporting Employer: HILTON V	VORLDWIDE, INC	<b>)</b> .			File Numbe	er E- <b>5579</b>	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8	.b		ITEM 8.d	ITEM 8.e	ITEM 8.f
9.a. Agreement Payment	Both		lat	sition In labor orga or consultant, so s abor Consultant			
<ol> <li>9.b. Name and address of person with who separate agreement was made or to v made.</li> </ol>	•			me and address of affiliated.	f firm or labor org	anization with wł	nom employed
Name <u>Mona Chandroo</u>		-	Organiz The L	ation abor Pros		-	
P.O. Box, Building and Room Number, If an Suite 2300	ıy 		P.O. Bo	x, Building and Ro <b>Suite 2300</b>	om Number, If ar	у	
Street 390 North Orange Ave		-	Street	<u>390 North O</u>	range Ave		
City Orlando		-	City	Orlando			
State FL ZIP Code	+ 4 <u>32801</u>	-	State	FL	ZIP	Code + 4 <u>3280</u>	1
10.a. Date of the promise, agreement, or arra payments or expenditures were agreed t		nich	10.b. Th	e promise, agreeme	nt, or arrangemen	t was:	
See Below			_	- –		] Both	
	44 h A		· ·	ten agreements ente	•	•	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each p or expenditure	bayment	11	.c. Kind of each pay payment or loan,	ment or expenditu and whether in ca		er
12/09/2015	\$8,585.68		_  <u>H</u>	ilton Garden Ir	nn El Segund	o 09/28-10/0	4/2015
12/06/2015	\$8,605.48		_   <u>Þ</u>	oubletree Onta	ario 09/28-10/	04/2015	
12. Explain fully the circumstances of all paym	ents, including the term	s of any	oral agre	ement or understan	ding pursuant to w	hich they were m	ade.
Hilton requested Mona Chandrod inform and educate them about representation, and about NLRE the Hotel. To the best of Hilton' relating to Mona Chandroo's la indicated in Item 11.a.	heir rights and re elections, and p s knowledge, the	sponsi rovideo above	bilities d labor e refere	under the NLR relations cons enced payment	A, about labo sultant service s represent th	er unions, abo es to Hilton re ne fees and e	out union elating to expenses

Form LM-10 - Part B (2003)

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<u>,                                     </u>			Part B				
Name of Reporting Employer: HILTON	N WORLDWIDE,	, INC.		_	File Nur	nber E- <b>5579</b>	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ІТЕМ	8.b		ITEM 8.d	ITEM 8.e 🔀	ITEM 8.f
9.a. 🗌 Agreement 🗌 Payme	nt 🛛 Both		00	sition In labor organsultant, so state). abor Consultant		mployer (if an inde	pendent labor
<ol> <li>Name and address of person with separate agreement was made or t made.</li> </ol>				ime and address o iliated.	f firm or labor orga	anization with who	m employed or
Name Lupe Cruz			Organiz <u>Cruz</u>	ation & Associates			
P.O. Box, Building and Room Number, I <b>PO BOX 1831</b>	fany		P.O. Bo	ox, Building and Ro		у	
Street			Street	<u>PO BOX 183</u>			
City Upland			City	Upland			
State CA ZIP Co	ode + 4 <u>91785</u>		State	CA	ZIP (	Code + 4 <b>91785</b>	·
10.a. Date of the promise, agreement, or a which payments or expenditures were	arrangement pursuant e agreed to or made.	to	10.b. Th	e promise, agreeme	ent, or arrangement	t was:	
See Below			-	I Oral □. V ritten agreements e		] Both he fiscal year must	be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of eac or expenditure		ent 11	.c. Kind of each pay payment or loan,	ment or expenditur and whether in ca		
<u>06/25/2015</u> <u>06/30/2015</u>	<u>\$15,382.93</u> <u>\$375.00</u>			mbassy Suites mbassy Suites			
06/30/2015 12. Explain fully the circumstances of all pa Hilton requested Lupe Cruz to and educate them about the representation, and about NLI the Hotel. To the best of Hiltor relating to Lupe Cruz's labor re Item 11.a.	\$375.00 ayments, including the provide labor re ir rights and re RB elections, an on's knowledge, relations consulta	elations sponsi nd prov the at ant ser	f any oral a s consul ibilities vided la pove ref rvices p	agreement or under ltant services to under the NLI bor relations c ferenced paym aid and/or pen	standing pursuant to o the property RA, about lab onsultant serv ents represent ding on or abo	to which they were outlined above or unions, ab ices to Hilton t the fees and	e to inform out union relating to expenses
06/30/2015 12. Explain fully the circumstances of all particular the fully the circumstances of all particular the full the ducate them about the representation, and about NL the Hotel. To the best of Hilter relating to Lupe Cruz's labor relatin	\$375.00 ayments, including the provide labor re- ir rights and re RB elections, an on's knowledge, relations consulta were provided in 5,775.00 for the 4/2016.	elations esponsi nd prov the at ant ser 2015, Embas	f any oral a s consul ibilities vided la pove ref rvices p , but pai ssy Suit	agreement or under tant services to under the NLI bor relations c ferenced paym aid and/or pen d in 2016, as fo tes San Juan	standing pursuant to o the property RA, about lab onsultant serv ents represent ding on or about bllows: for the week of	to which they were outlined above oor unions, ab rices to Hilton t the fees and out the date in ending 08/09/2	e to inform yout union relating to expenses indicated in
06/30/2015 12. Explain fully the circumstances of all particular the second state of the submitted for payment on 01/1 Services in the amount of \$10	\$375.00 ayments, including the provide labor re- provide labor re- relations and re RB elections, an on's knowledge, relations consulta were provided in 5,775.00 for the 4/2016. 0,082.34 for the	elations esponsi nd prov the at ant ser 2015, Embas	f any oral a s consul ibilities vided la pove ref rvices p , but pai ssy Suit	agreement or under tant services to under the NLI bor relations c ferenced paym aid and/or pen d in 2016, as fo tes San Juan	standing pursuant to o the property RA, about lab onsultant serv ents represent ding on or about bllows: for the week of	to which they were outlined above oor unions, ab rices to Hilton t the fees and out the date in ending 08/09/2	e to inform yout union relating to expenses indicated in
06/30/2015 12. Explain fully the circumstances of all particular the fully the circumstances of all particular the advected them about the representation, and about NLI the Hotel. To the best of Hilter relating to Lupe Cruz's labor of the functional consulting services and the for payment on 01/1 Services in the amount of \$10 submitted for payment on 01/1 Services in the amount of \$21 submitted for payment on 01/1 Services in the amount of \$22 submitted for payment on 01/1 Services in the amount of \$22 submitted for payment on 01/1 Services in the amount of \$22 submitted for payment on 01/1 Services in the amount of \$22 submitted for payment on 01/1 Services in the amount of \$22 submitted for payment on 01/1 Services in the amount of \$24 submitted for payment on 01/1 Services in the amount of \$24 submitted for payment on 01/1 Services in the amount of \$24 submitted for payment on 01/1 Services in the amount of \$24 submitted for payment on 01/1 Services in the amount of \$24 submitted for payment on 01/1 Services in the amount of \$24 submitted for payment on 01/1 Services in the amount of \$25 submitted for payment on 01/1 Services in the amount of \$25 submitted for payment on 01/1 Services in the amount of \$25 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$25 submitted for payment on 01/1 Services in the amount of \$25 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Services in the amount of \$26 submitted for payment on 01/1 Service	\$375.00 ayments, including the provide labor re- ir rights and re RB elections, an on's knowledge, relations consulta were provided in 5,775.00 for the 4/2016. 0,082.34 for the 4/2016. 0,059.30 for the 4/2016.	elations sponsi nd prov the at ant ser 2015, Embas Emba	f any oral a s consul ibilities vided la pove ref rvices p , but pai ssy Suit assy Suit	agreement or under lant services to under the NLI bor relations c ferenced paym aid and/or pen d in 2016, as fo tes San Juan ites San Juan	standing pursuant of othe property RA, about lab onsultant servents represent ding on or about offor the week of for the week of for the week of	te o5/24/2015 to which they were outlined above bor unions, ab ices to Hilton t the fees and out the date in ending 08/09/2 ending 08/16/2 ending 08/23/2	e to inform pout union relating to expenses idicated in 2015 were 2015 were
06/30/2015 12. Explain fully the circumstances of all particular the fully the circumstances of all particular the advected them about the representation, and about NLL the Hotel. To the best of Hilter relating to Lupe Cruz's labor of the future for the form the amount of 11 form the amount of 16 submitted for payment on 01/11 Services in the amount of \$11 submitted for payment on 01/11 Services in the amount of \$12 submitted for payment on 01/11 Services in the amount of \$14 submitted for payment on 01/11 Services	\$375.00 ayments, including the provide labor re- ir rights and re RB elections, an on's knowledge, relations consulta were provided in ,775.00 for the 4/2016. 0,059.30 for the 4/2016. 0,059.30 for the 4/2016. 6,753.10 for the 4/2016.	elations sponsi ad prov the at ant ser 2015, Embas Emba Emba	f any oral a s consul ibilities vided la pove ref rvices p , but pai ssy Suit assy Suit assy Suit	agreement or under ltant services to under the NLI bor relations c ferenced paym aid and/or pen d in 2016, as fo tes San Juan ites San Juan ites San Juan ites San Juan	standing pursuant to o the property RA, about lab onsultant servents represent ding on or about for the week of for the week of	te <b>05/24/2015</b> to which they were outlined above bor unions, ab rices to Hilton t the fees and out the date in ending 08/09/2 ending 08/16/2 ending 08/23/2	e to inform pout union relating to expenses adicated in 2015 were 2015 were 2015 were 2015 were
06/30/2015 12. Explain fully the circumstances of all particular the fully the circumstances of all particular the and educate them about the representation, and about NL the Hotel. To the best of Hilter relating to Lupe Cruz's labor of the future for the form the amount of 11 form the amount of 16 submitted for payment on 01/11 Services in the amount of \$11 submitted for payment on 01/11 Services in the amount of \$22 submitted for payment on 01/11 Services in the amount of \$14 submitted for payment on 01/11 Services in the amount of \$14 submitted for payment on 01/11 Services in the amount of \$14 submitted for payment on 01/11 Services in the amount of \$14 submitted for payment on 01/11 Services in the amount of \$14 submitted for payment on 01/11 Services in the amount of \$15 submitted for payment on 01/11 Services in the amount of \$14 submitted for payment on 01/11 Servic	\$375.00 ayments, including the provide labor re- ir rights and re RB elections, an on's knowledge, relations consulta were provided in 5,775.00 for the 4/2016. 0,082.34 for the 4/2016. 0,059.30 for the 4/2016. 6,753.10 for the 4/2016. 5,753.10 for the 4/2016.	elations sponsi ad prov the at ant ser 2015, Embas Emba Emba	f any oral a s consul ibilities vided la pove ref rvices p , but pai ssy Suit assy Suit assy Suit	agreement or under ltant services to under the NLI bor relations c ferenced paym aid and/or pen d in 2016, as fo tes San Juan ites San Juan ites San Juan ites San Juan	standing pursuant to o the property RA, about lab onsultant servents represent ding on or about for the week of for the week of	te <b>05/24/2015</b> to which they were outlined above bor unions, ab rices to Hilton t the fees and out the date in ending 08/09/2 ending 08/16/2 ending 08/23/2	e to inform pout union relating to expenses adicated in 2015 were 2015 were 2015 were 2015 were

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Name of Reporting Employer: HILTON W	ORLDWIDE, IN	IC.			File Numbe	er E- <b>5579</b>		
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM	3.b		ITEM 8.d	ITEM 8.e	ITEM 8.f	
9.a. Agreement Payment	🔀 Both		lab	sition In labor orga or consultant, so s ibor Consultant		employer (if an ind	dependent	
<ol> <li>9.b. Name and address of person with whor separate agreement was made or to wr made.</li> </ol>	•			me and address o affiliated.	f firm or labor org	anization with wh	nom employed	
Name <u>Zsaniece Davison</u>		_	Organiz <u>The La</u>	ation abor Pros				
P.O. Box, Building and Room Number, If any Suite 2300	/		P.O. Bo	x, Building and Ro Suite 2300	om Number, If ar	у		
Street 390 North Orange Ave		_	Street	390 North O	range Ave			
City <u>Orlando</u>		_	City	Orlando				
State FL ZIP Code +	4 <u>32801</u>		State	FL	ZIP	Code + 4 <u>3280</u>	1	
10.a. Date of the promise, agreement, or arran payments or expenditures were agreed to		vhich	10.b. Th	e promise, agreeme	ent, or arrangemer	nt was:		
See Below			_	Oral . V ten agreements ente		] Both e fiscal year must	be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	paymen	t 11.	c. Kind of each pay payment or loan,	ment or expenditu and whether in ca		er	
05/11/2015	\$30,666.20		<u> </u>	Iton New Orle	ans Riversid	<u>e 12/01-12/12</u>	2/2014	
08/12/2015	\$14,534.03		<u> </u>	Iton New Orle	ans Riversid	<u>e 01/26-01/31</u>	/2015	
08/12/2015	\$16,431.80		Hilton New Orleans Riverside 05/18-05/25/2015					
12/09/2015	\$12,061.26		Hilton Lake Buena Vista 09/14-09/19/2015					
<u>12/09/2015</u>	\$8,7500.00		<u> </u>	Iton Atlanta 0	9/21-09/26/20	15		
12/09/2015	\$7,560.88		<u>Er</u>	nbassy Suites	<u>s Perimeter 0</u>	9/21-09/27/20	)15	
12. Explain fully the circumstances of all payme	ents, including the terr	ms of any	/ oral agre	ement or understan	ding pursuant to v	which they were ma	ade.	
Hilton requested Zsaneice Daviso to inform and educate them abo union representation, and about relating to the Hotel. To the best expenses relating to Zsaneice Da date indicated in Item 11.a. Additional consulting services wer Services in the amount of \$13, 10/31/2015 were submitted for pa	ut their rights a NLRB election of Hilton's know wison's labor re e provided in 20 178.12 for the	ind res ns, and wledge elations 015, bu Hilton	ponsibil d provic , the at consul t paid ir	ities under the ded labor relat pove reference tant services p n 2016, as follo	NLRA, abou tions consulta d payments r aid and/or pe ws:	It labor union ant services f epresent the f anding on or a	s, about to Hilton fees and bout the	

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Form LM-10 - Part B (2003)

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Part	В
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Name of Reporting Employer: HILTON \	VORLDWIDE, IN	IC.			File Numbe	er E- <b>5579</b>	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM	B.b 🗌	ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f
9.a. Agreement Payment	Both		lab	sition In labor orga or consultant, so s abor Consultant		mployer (if an ind	dependent
9.b. Name and address of person with who separate agreement was made or to with made.	-			me and address of affiliated.	f firm or labor org	anization with wh	om employed
Name Angeline Durbin		_	Organiz <u>The L</u>	ation abor Pros			
P.O. Box, Building and Room Number, If a Suite 2300	Ŋ		P.O. Bo	x, Building and Ro Suite 2300	om Number, If ar	ıy	
Street 390 North Orange Ave		_	Street	<u>390 North O</u>	range Ave		
City <u>Orlando</u>			City	Orlando			
State FL ZIP Code	+ 4 <u>32801</u>		State	<u>FL</u>	ZIP	Code + 4 <u>3280</u>	1
10.a. Date of the promise, agreement, or arra payments or expenditures were agreed	ngement pursuant to v o or made.	which		e promise, agreeme	-	_	
See Below				Oral     Oral     Oral     Oral		] Both e fiscal year must	be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	n paymen	t 11	.c. Kind of each pay payment or loan,	ment or expenditu and whether in ca		er
12/09/2015	\$11,819.00		<u> </u>	iton Atlanta 0	9/21-09/26/20	15	
12. Explain fully the circumstances of all payn	ents, including the ter	ms of any	y oral agre	ement or understan	ding pursuant to w	hich they were ma	ade.
Hilton requested Angeline Durbi inform and educate them about representation, and about NLRE the Hotel. To the best of Hilton relating to Angeline Durbin's la indicated in Item 11.a.	their rights and r s elections, and s knowledge, the	espons provide e abov	sibilities ed labor e refere	under the NLR relations cons enced payment	A, about labo sultant service s represent th	or unions, abo es to Hilton re ne fees and e	out union elating to expenses

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Name of Reporting Employer: HILTO	, INC.			File Nu	Imber E- <b>5579</b>		
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8	.b 🗌		ITEM 8.d	ITEM 8.e 🔀	ITEM 8.f
9.a. 🛛 Agreement 🗌 Paym	ent DBoth		CO	sition In labor organsultant, so state) bor Consultant		employer (if an inde	ependent labor
<ol> <li>9.b. Name and address of person with separate agreement was made or made.</li> </ol>				me and address o liated.	f firm or labor or	ganization with who	m employed or
Name <u>Edward M. Echanique</u>			Organiz <u>Cruz &amp;</u>	ation & Associates			
P.O. Box, Building and Room Number, <b>PO BOX 1831</b>	If any		P.O. Bo	x, Building and Ro <b>PO BOX 18</b>		ny	
Street			Street	<u></u>			
City Upland			City	Upland			
State CA ZIP C	ode + 4 91785		State	CA	ZIF	Code + 4 91785	<u>.</u>
10.a. Date of the promise, agreement, or which payments or expenditures we		to	10.b. Th	e promise, agreem	ent, or arrangeme	nt was:	
See Below				-		Both the fiscal year must	he attached )
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	n payment		c. Kind of each pay		ure (Specify whether	,
12. Explain fully the circumstances of all p	assente including the	terms of	any oral a	areement or under	standing nursuan	to which they were	mada

Hilton requested Edward M. Echanique to provide labor relations consultant services to the property outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Edward M. Echanique's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Consulting services were provided in 2015, but paid in 2016, as follows:

Services in the amount of \$14,923.69 for the Embassy Suites San Juan for the week ending 08/09/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$14,909.10 for the Embassy Suites San Juan for the week ending 08/26/2015 were submitted for payment on 01/14/2016.

Form LM-10 - Part B (2003)

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Name of Reporting Employer: HILTON V	VORLDWIDE, IN	IC.			File Numbe	r E- <b>5579</b>	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM	8.b		ITEM 8.d	ITEM 8.e 🔀	ITEM 8.f
9.a. Agreement Payment	Both	•	lat	osition In labor organ bor consultant, so sl abor Consultant		mployer (if an inc	dependent
9.b. Name and address of person with who separate agreement was made or to w made.				ame and address of affiliated.	firm or labor org	anization with wh	om employed
Name Maude Lefevre			Organiz <u>The L</u>	zation .abor Pros			
P.O. Box, Building and Room Number, If ar Suite 2300	iy		P.O. Bo	ox, Building and Roc Suite 2300	om Number, If ar	y	
Street 390 North Orange Ave	·		Street	390 North O	range Ave		
City Orlando	<u>.</u>		City	<u>Orlando</u>			
State <u>FL</u> ZIP Code	+4 <u>32801</u>		State	<u>FL</u>	ZIP	Code + 4 <u>3280</u>	1
10.a. Date of the promise, agreement, or arran payments or expenditures were agreed to		which	10.ь. Tr	ne promise, agreeme	nt, or arrangemen	t was:	· · ·
See Below			-	☑ Oral □. W tten agreements enter	_	] Both e fiscal year must	be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	n paymer	t   11	I.c. Kind of each payr payment or loan,	ment or expenditu and whether in ca		er
08/31/2015	\$11,440.95		<u> B</u>	onnet Creek 06	6/15-06/22/20	15	
12. Explain fully the circumstances of all paym	ente including the tes	ma of an					
Hilton requested Maude Lefevre inform and educate them about t							
representation, and about NLRB the Hotel. To the best of Hilton'	elections, and	provide	ed labor	r relations cons	ultant service	s to Hilton re	lating to
relating to Maude Lefevre's labor in Item 11.a.							
Form LM-10 - Part B (2003)							

Name of Reporting Employer: HILTON WORLDWIDE, INC.			File Number E- 5579					
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8.b		ITEM 8.c	ITEM 8.d	ITEM 8.e 🔀	ITEM 8.f	
9.a. Agreement Payr	nent 🛛 Both	9.	lab	sition In labor orga or consultant, so s bor Consultant		mployer (if an inc	lependent	
<ol> <li>Name and address of person wit separate agreement was made of made.</li> </ol>				me and address of affiliated.	firm or labor org	anization with wh	om employe	
Name <u>Hiram Maxemin</u>			rganiz <u>he La</u>	ation <b>abor Pros</b>				
P.O. Box, Building and Room Numbe Suite 2300	r, If any	P	.O. Bo	x, Building and Ro <u>Suite 2300</u>	om Number, If ar	ıy		
Street 390 North Orange Ave		_ s	treet	<u>390 North O</u>	range Ave			
City Orlando		_   c	ity	Orlando	-			
State FL ZIP Code + 4 32801			tate	<u>FL</u>	ZIP	Code + 4 <u>3280</u>	1	
10.a. Date of the promise, agreement, of payments or expenditures were ag See Below 11.a. Date of each payment or			⊠ (*Writt)	e promise, agreeme   Oral D. V en agreements ente c. Kind of each pay	/ritten* E	] Both e fiscal year must		
expenditure (mm/dd/yyyy).	or expenditure				and whether in ca			
08/12/2015	<u>\$15,278.31</u>		<u>  Hi</u>	Iton New Orle	ans Riversid	<u>e 05/18-05/25</u>	/2015	
08/23/2015	<u>\$24,643.00</u>		_ <u>D</u>	oubletree Onta	ario 06/08-06/	/15/2015		
08/31/2015	<u>\$16,532.37</u>		_   <u>B</u> o	Bonnet Creek 06/15-06/22/2015				
<u>08/31/2015</u>	<u>\$15,405.94</u>		Hilton Miami Airport 06/28-07/04/2015					
01/10/2016	<u>\$17,366.50</u>		Doubletree Ontario 08/09-08/15/2015					
11/30/2015	<u>\$13,259.75</u>		Hilton Garden Inn El Segundo 08/17-08/22/201					
12/09/2015	<u>\$15,749.81</u>		Hilton Lake Buena Vista 09/14-19/15/2015					
12/09/2015	<u>\$13,599.14</u>		Hilton Atlanta Airport 09/21-09/26/2015					
12/09/2015	<u>\$11,723.75</u>		Embassy Suites Perimeter 09/21-09/26/2015			15		
12/09/2015	<u>\$11,327.87</u>		Hilton Garden Inn El Segundo 09/28-10/04/2015					
12/06/2015	<u>\$11,156.27</u>		D	oubletree Onta	ario 09/28-10	/04/2015		
01/10/2015	\$12,801.23		D	oubletree Onta	ario 10/05-10/	/15/2015		
			Doubletree Ontario 10/05-10/15/2015 Hilton Garden Inn El Segundo 10/08-10/16/2015					

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. Hilton requested Hiram Maxemin to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Hiram Maxemin's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows: Services in the amount of \$20,995.82 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

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Name of Reporting Employer: <b>HILTON</b>	WORLDWIDE, IN	IC.			File Numbe	er E- <b>5579</b>	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM	8.b	ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f
9.a. Agreement Payment	Both		l lab	sition In labor orga or consultant, so s bor Consultant		employer (if an inc	dependent
9.b. Name and address of person with wh separate agreement was made or to made.	0			me and address o affiliated.	f firm or labor org	anization with wh	om employed
Name <u>Marie Morant</u>			Organiz	ation abor Pros			
P.O. Box, Building and Room Number, If a <u>Suite 2300</u>	ny		P.O. Bo	x, Building and Ro <u>Suite 2300</u>	om Number, If ar	ıy	
Street 390 North Orange Ave		_	Street	<u>390 North O</u>	range Ave		
City Orlando	· · ·	_	City	Orlando			
State FL ZIP Code	+ 4 32801		State	<u>FL</u>	ZIP	Code + 4 <u>3280</u>	1
10.a. Date of the promise, agreement, or arra payments or expenditures were agreed <u>See Below</u>		which		e promise, agreeme ] Oral . V en agreements ente	Vritten*	] Both	be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	n paymer	nt 11.	c. Kind of each pay payment or loan,	ment or expenditu and whether in ca		er
05/11/2015	\$30,056.00		<u><u> </u></u>	Iton New Orle	ans Riversid	e 12/01-12/12	2/2014
	:						
12. Explain fully the circumstances of all payr	nents, including the ter	ms of an	y oral agre	ement or understan	ding pursuant to w	hich they were ma	ade.
Hilton requested Marie Morant inform and educate them about representation, and about NLRI the Hotel. To the best of Hilton relating to Marie Morant's labor Item 11.a.	their rights and r 3 elections, and 's knowledge, th	espon: provide e abov	sibilities ed labor /e refere	under the NLR relations cons nced payment	A, about labo sultant service s represent th	or unions, abo es to Hilton re ne fees and e	out union elating to xpenses

Part	в
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Name of Reporting Employer: HILTON WORLDWIDE, INC.				File Number E- 5579					
Check Item Number (from Page 2)									
to which this Part B applies	ITEM 8.a	ITEM 8.b		ITEM 8.c	ITEM 8.d	ITEM 8.e 🛛	ITEM 8.f		
9.a. 🗌 Agreement 🗌 Payme	ent 🛛 Both	g	lab	sition In labor orga or consultant, so s ibor Consultant		mployer (if an inc	lependent		
9.b. Name and address of person with separate agreement was made or made.		a 9		me and address of affiliated.	firm or labor org	anization with wh	om employed		
Name <u>Nekeya Nunn</u>			Drganiz <b>The L</b>	ation abor Pros					
P.O. Box, Building and Room Number, Suite 2300	If any	F	9.О. Во	x, Building and Ro Suite 2300	om Number, if ar	iy .			
Street 390 North Orange Ave		s	Street	390 North O	range Ave	<u>.</u>			
City <u>Orlando</u>			City	Orlando					
State <b>FL</b> ZIP Code + 4 <u>32801</u>			State	FL	ZIP	Code + 4 <u>3280</u>	1		
10.a. Date of the promise, agreement, or a payments or expenditures were agreed		hich 1	0.b. Th	e promise, agreeme	nt, or arrangemen	it was:			
See Below				] Oral 🔲. V	Vritten*	] Both			
			(*Writ	ten agreements ente	ered into during the	e fiscal year must	be attached.)		
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	payment	11	c. Kind of each pay payment or loan,	ment or expenditu and whether in ca		er		
05/11/2015	<u>\$28,012.44</u>		_ <u>  H</u> i	Iton New Orle	ans Riversid	<u>e 12/01-12/12</u>	2/2014		
08/12/2015	<u>\$17,082.09</u>		_   <u>H</u> i	iton New Orle	ans Riversid	<u>e 01/26-01/31</u>	/2015		
08/12/2015	<u>\$16,909.17</u>	<u> </u>	_   н	Hilton New Orleans Riverside 05/18-05/25/2015					
08/23/2015	<u>\$2,280.00</u>		_   <u>D</u>	Doubletree Ontario 06/08-06/15/2015					
08/31/2015	<u>\$11,832.00</u>		_   <u>B</u>	Bonnet Creek 06/15-06/22/2015					
08/31/2015	<u>\$11,870.35</u>		_   <u>H</u> i	Hilton Miami Airport 06/28-07/04/2015					
01/10/2016	\$10,586.88		_   <u>D</u>	oubletree Onta	ee Ontario 08/09-08/15/2015				
<u>11/30/2015</u>	\$9,566.96		_   <u>H</u> i	ilton Garden Ir	on Garden Inn El Segundo 08/17-08/22/2015				
12/09/2015	<u>\$12,559.78</u>		_   <u>H</u> i	<u>Iton Lake Bue</u>	na Vista 09/1	4-19/15/2015	<u>.</u>		
12/09/2015	<u>\$7,859.29</u>		_   <u>н</u> і	ilton Atlanta A	irport 09/21-0	09/26/2015			
12/09/2015	<u>\$4,044.67</u>		_   <u>E</u> I	mbassy Suites	Perimeter 0	9/21-09/26/20	)15		
01/10/2015	\$5,200.70		_   <u>D</u>	oubletree Onta	ario 10/05-10/	/15/2015			
01/04/2015	\$2,920.95		<u><u> </u></u>	ilton Garden Ir	nn El Segund	lo 10/08-10/1	6/2015		

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. Hilton requested Nekeya Nunn to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Nekeya Nunn's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:

Services in the amount of \$11,670.91 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

Part E	rt E
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•		Part	В					
Name of Reporting Employer: HILTO	N WORLDWIDE, INC	C.			File Numbe	er E- <b>5579</b>		
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8.b			ITEM 8.d	ITEM 8.e 🔀	ITEM 8.f	
9.a. 🛛 Agreement 🗌 Payme	ent 🔲 Both	!	labo	ition In labor orga or consultant, so s bor Consultant	anization or with e state).	mployer (if an ind	dependent	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				ne and address c ffiliated.	f firm or labor org	anization with wh	nom employed	
Name Kane Parks				ition Ibor Pros				
P.O. Box, Building and Room Number, If any Suite 2300			P.O. Box	, Building and Ro Suite 2300	oom Number, If ar	iy		
Street 390 North Orange Ave		_ !	Street 390 North Orange Ave					
City Orlando		_	City	Orlando				
State FL ZIP Co	ode + 4 32801	- :	State	FL	ZIP	Code + 4 <u>3280</u>	1	
10.a. Date of the promise, agreement, or a payments or expenditures were agre		nich	10.b. The	promise, agreeme	ent, or arrangemer	it was:		
See Below			_			] Both	1	
11.a. Date of each payment or	11.b. Amount of each pa				ered into during th	· · ·		
expenditure (mm/dd/yyyy).	or expenditure	syment			, and whether in ca		81	
12. Explain fully the circumstances of all particular sectors and the sector of the se	ayments, including the term	is of any c	oral agree	ment or understar	iding pursuant to w	hich they were m	ade.	

Hilton requested Kane Parks to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Kane Parks' labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Consulting services were provided in 2015, but paid in 2016, as follows:

Services in the amount of \$4,371.05 for the Doubletree Ontario for the time period of 10/05-10/15/2015 were submitted for payment on 01/10/2016.

Services in the amount of \$2,661.05 for the Hilton Garden Inn El Segundo for the time period of 10/08-10/16/2015 were submitted for payment on 01/04/2016.

Form LM-10 - Part B (2003)

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Part	в
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Name of Reporting Employer: HILTON WORLDWIDE, INC.					File Numbe	er E- <b>5579</b>	
Charle Item Number (from Dage 2)				1			
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM	8.b 🗌		ITEM 8.d	ITEM 8.e 🔀	ITEM 8.f
9.a. Agreement Payment	🔀 Both		la	osition In labor orga bor consultant, so s abor Consultant	inization or with e state).	mployer (if an in	dependent
9.b. Name and address of person with who separate agreement was made or to v made.	•			ame and address of affiliated.	f firm or labor org	anization with w	nom employed
Name Wildine Pierre			Organia The L	zation .abor Pros			
P.O. Box, Building and Room Number, If a	1V						
Suite 2300	···		P.O. Bo	ox, Building and Ro Suite 2300	om Number, If ar	<b>іу</b>	
Street 390 North Orange Ave		_	Street	390 North O	range Ave		
City Orlando			City	<u>Orlando</u>			
State FL ZIP Code	+4 <u>32801</u>	_	State	FL	ZIP	Code + 4 3280	)1
10.a. Date of the promise, agreement, or arra payments or expenditures were agreed to		which	10.b. Ti	ne promise, agreeme	ent, or arrangemen	it was:	
See Below			1 -		-	Both	
11 o Doto of each powerst or	11 h. Americat of anal			tten agreements ento		•	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	n paymer	11 11	I.c. Kind of each pay payment or loan,	and whether in ca		er
08/31/2015	<u>\$10,982.44</u>		Bonnet Creek 06/15-06/22/2015				
<u>08/31/2015</u>	\$12,992.56		Hilton Miami Airport 06/28-07/04/2015				
12. Explain fully the circumstances of all paym	ents, including the ter	ms of an	y oral agre	eement or understan	ding pursuant to w	hich they were m	ade.
Hilton requested Wildine Pierre inform and educate them about representation, and about NLRE the Hotel. To the best of Hilton relating to Wildine Pierre's labor in Item 11.a.	heir rights and r elections, and s knowledge, th	espon: provide e abov	sibilities ed labo ve refere	under the NLR r relations cons enced payment	RA, about labo sultant service s represent th	or unions, abo es to Hilton re ne fees and e	out union elating to expenses

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Name of Reporting Employer: HILTON WORLDWIDE, INC.

File Number E- 5579
Flie Number E- 33/9

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM	8.b 🗌		ITEM 8.d 🗌	ITEM 8.e 🔀	ITEM 8.f	
9.a. Agreement Paymer	it 🛛 Both		9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Labor Consultant					
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				9.d. Name and address of firm or labor organization with whom employed or affiliated.				
			Organiz	zation				
Name Greco Romero			Cruz	& Associates				
P.O. Box, Building and Room Number, If	any		P.O. Bo	ox, Building and Ro	om Number, If an	у		
<u>PO BOX 1831</u>				PO BOX 183	31			
Street			Street					
City Upland			City	Upland				
State         CA         ZIP Code + 4         91785			State	CA	ZIP	Code + 4 <u>91785</u>		
10.a. Date of the promise, agreement, or ar	rangement pursuant	to	10.b. The promise, agreement, or arrangement was:					
which payments or expenditures were	agreed to or made.							
See Below			Ø Oral					
							,	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of eac or expenditure		ent 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)					
06/30/2015	<u>\$7,062.08</u>		Arizona Biltmore w/e 04/26/2015					
06/25/2015	<u>\$10,445.16</u>		<u>E</u>	<u>mbassy Suite</u> :	s San Juan w	/e 05/17/2015		
06/30/2015	<u>\$11,000.00</u>		<u> </u>	mbassy Suite:	s San Juan w	/e 05/24/2015		
06/30/2015	\$12,158.06		<u> </u>	mbassy Suite	s San Juan w	/e 05/31/2015		
08/31/2015	<u>\$12,041.02</u>		<u>E</u>	mbassy Suite	<u>s San Juan w</u>	/e 07/11/2015		
08/27/2015	<u>\$7,010.39</u>		A	<u>rizona Biltmor</u>	re w/e 07/26/2	015		
01/14/2016	<u>\$13,646.14</u>		<u>E</u>	mbassy Suites	s San Juan w	/e 08/09/2015		
01/14/2016	<u>\$15,198.79</u>		<u>E</u>	mbassy Suite	s San Juan w	<u>/e 08/23/2015</u>		
01/14/2016	\$12,829.26		<u> </u>	mbassy Suite	s San Juan w	<u>/e 08/30/2015</u>		
01/14/2016	\$6,463.16		E	mbassy Suite	s San Juan w	/e 11/22/2015		

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. Hilton requested Greco Romero to provide labor relations consultant services to the property outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Greco Romero's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:

Services in the amount of \$13,646.14 for the Embassy Suites San Juan for the week ending 08/09/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$15,198.79 for the Embassy Suites San Juan for the week ending 08/23/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$12,829.26 for the Embassy Suites San Juan for the week ending 08/30/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$6,463.16 for the Embassy Suites San Juan for the week ending 11/22/2015 were submitted for payment on 01/14/2016.

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Part B

File	Nium	horE	5579
гпе	INUIT	iber E-	3313

Name of Reporting Employer: HILTON WORLDWIDE, INC.				File Numbe	er E- <b>5579</b>			
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a		8.b	ITEM 8.c	ITEM 8.d	ITEM 8.e 🔀	ITEM 8.f	
9.a. 🗌 Agreement 🗌 Payment 🛛 Both				9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Labor Consultant				
9.b. Name and address of person wit separate agreement was made o made.				ame and address of affiliated.	firm or labor org	anization with wh	nom employed	
Name Jorge Slim			Organii <u>The L</u>	zation .abor Pros				
P.O. Box, Building and Room Number Suite 2300	, If any		P.O. B	ox, Building and Ro Suite 2300	om Number, If ar	ıy		
Street 390 North Orange Ave			Street	390 North O	range Ave			
City <b>Orlando</b>			City	Orlando				
State FL ZIP Code + 4 32801			State	FL	ZIP	Code + 4 <u>3280</u>	1	
10.a. Date of the promise, agreement, o payments or expenditures were ag		nt to which	10.b. TI	ne promise, agreeme	nt, or arrangemen	it was:		
See Below			-	Oral □. V Iten agreements enter Iten agreements enter	_	] Both e fiscal year must	be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount o or expend		nt 1'	.c. Kind of each pay payment or loan,	ment or expenditu and whether in ca		er	
12/09/2015	<u>\$7,140.00</u>		<u>H</u>	ilton Atlanta A	irport 09/21-0	09/26/2015		
<u>12/09/2015</u>	<u>\$9,252.70</u>		E	mbassy Suites	Perimeter 0	9/21-09/27/20	)15	
<u>12/09/2015</u>	<u>\$8,599.88</u>		Hilton Garden Inn El Segundo 09/28-10/04/2015					
<u>12/06/2015</u>	<u>\$9,096.88</u>		□	oubletree Onta	ario 09/28-10/	/04/2015		
12. Explain fully the circumstances of all	payments, including t	he terms of ar	y oral agr	eement or understan	ding pursuant to w	hich they were m	ade.	
Hilton requested Jorge Slim inform and educate them ab representation, and about N the Hotel. To the best of H relating to Jorge Slim's labo Item 11.a.	out their rights a LRB elections, a Iton's knowledge	nd respon and provid e, the abov	sibilities ed labo ve refer	under the NLR r relations cons enced payment	A, about labo sultant service s represent th	or unions, abo es to Hilton re ne fees and e	out union elating to expenses	
Additional consulting service	s were provided	in 2015, b	ut paid i	n 2016, as follo	ws:			

Services in the amount of \$10,926.34 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

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Name of Reporting Employer: HILTON WORLDWIDE, INC.					File Numbe	er E- <b>5579</b>		
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM	M 8.b     ITEM 8.c     ITEM 8.d     ITEM 8.e     ITEM 8					
9.a. 🗌 Agreement 🗌 Payment 🛛 Both				psition In labor orga por consultant, so s abor Consultant		mployer (if an inc	l Jependent	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				ame and address of affiliated.	firm or labor org	anization with wh	iom employed	
Name Luz Slim		_	Organiz <u>The L</u>	ation abor Pros				
P.O. Box, Building and Room Number, If ar Suite 2300	iy		P.O. Bo	ox, Building and Ro Suite 2300	om Number, If ar	ıy		
Street 390 North Orange Ave		_	Street	<u>390 North O</u>	range Ave			
City Orlando		_	City	Orlando				
State FL ZIP Code	+ 4 32801	_	State	FL	ZIP	Code + 4 3280	1	
10.a. Date of the promise, agreement, or arran payments or expenditures were agreed to		which	10.b. Th	e promise, agreeme	nt, or arrangemen	t was:		
See Below	o or made.					] Both		
			(*Writ	ten agreements ente	ered into during the	e fiscal year must	be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	paymen	t 11	.c. Kind of each pay payment or loan,	ment or expenditu and whether in ca		er	
<u>08/23/2015</u>	<u>\$16,663.00</u>	-	Doubletree Ontario 06/08-06/15/2015					
<u>08/31/2015</u>	\$11,897.00		Bonnet Creek 06/15-06/22/2015					
12. Explain fully the circumstances of all paym	ents, including the terr	ms of any	y oral agre	ement or understand	ding pursuant to w	hich they were ma	ade.	
12. Explain fully the circumstances of all paym Hilton requested Luz Slim to prov and educate them about their representation, and about NLRB the Hotel. To the best of Hilton' relating to Luz Slim's labor relat Item 11.a.	vide labor relation rights and respo elections, and p s knowledge, the	ns con onsibili provide e abov	sultant s ties und ed labor e refere	services to the der the NLRA, relations cons enced payments	properties ou about labor ultant service s represent th	tlined above t unions, abo to Hilton re the fees and e	o inform ut union lating to xpenses	
Hilton requested Luz Slim to prov and educate them about their representation, and about NLRB the Hotel. To the best of Hilton' relating to Luz Slim's labor relat	vide labor relation rights and respo elections, and p s knowledge, the ions consultant s re provided in 20 ,810.85 for the	ns con onsibili provide abov service 015, bu Hilton	sultant : ties und ed labor e refere es paid t paid ir	services to the der the NLRA, relations cons enced payments and/or pending n 2016, as follow	properties ou about labor ultant service s represent th on or about ws:	tlined above to unions, abo to Hilton re the fees and e the date ind	o inform ut union lating to xpenses icated in	
Hilton requested Luz Slim to prov and educate them about their representation, and about NLRB the Hotel. To the best of Hilton' relating to Luz Slim's labor relat Item 11.a. Additional consulting services we Services in the amount of \$10	vide labor relation rights and respo elections, and p s knowledge, the ions consultant s re provided in 20 ,810.85 for the	ns con onsibili provide abov service 015, bu Hilton	sultant : ties und ed labor e refere es paid t paid ir	services to the der the NLRA, relations cons enced payments and/or pending n 2016, as follow	properties ou about labor ultant service s represent th on or about ws:	tlined above to unions, abo to Hilton re the fees and e the date ind	o inform ut union lating to xpenses icated in	

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Name	of Reporting Employer: HILTON WORLDWIDE, IN	IC.

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File Number E- 5579

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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8	3.b	ІТЕМ 8.с	ITEM 8.d	ITEM 8.e 🛛		
9.a. 🗌 Agreement 🗌 Payment	Both		9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Labor Consultant					
9.b. Name and address of person with whor separate agreement was made or to whe made.				ne and address o iffiliated.	f firm or labor org	anization with wh	iom employed	
Name Karla Temple		_	Organiza <u>The La</u>	ition Ibor Pros				
P.O. Box, Building and Room Number, If any Suite 2300	/		P.O. Bo	, Building and Ro <b>Suite 2300</b>	om Number, If ar	лу		
Street 390 North Orange Ave		_	Street	390 North O	range Ave			
City Orlando		_	City	Orlando				
State FL ZIP Code	4 32801	_	State	FL	ZIP	Code + 4 <u>3280</u>	1	
10.a. Date of the promise, agreement, or arran		which	10.b. The	promise, agreeme	ent, or arrangemer	nt was:		
payments or expenditures were agreed to See Below	or made.			Oral .V	Vritten*	Both		
See Below		i	(*Writte	en agreements ent	ered into during th	e fiscal year must	be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each or expenditure	n payment	11.0	c. Kind of each pay payment or loan,	ment or expenditu and whether in ca		ər	
08/12/2015	\$13,547.00		Hilton New Orleans Riverside 01/26-01/31/2015					
08/12/2015	\$12,135.24		Hilton New Orleans Riverside 05/18-05/25/2015					
12/09/2015	\$12,48.20		Hilton Lake Buena Vista 09/14-09/19/2015					
12. Explain fully the circumstances of all payme	nts, including the ter	ms of any	oral agree	ment or understan	ding pursuant to v	which they were ma	ade.	
Hilton requested Karla Temple to inform and educate them about th representation, and about NLRB the Hotel. To the best of Hilton's relating to Karla Temple's labor re Item 11.a.	provide labor r neir rights and r elections, and s knowledge, the	relations espons provide e above	s consu ibilities d labor e refere	Itant services under the NLF relations cons nced payment	to the proper RA, about labo sultant service s represent th	ties outlined a or unions, abo es to Hilton re ne fees and e	above to out union elating to expenses	