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

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget , No. 1245-0003 Expires 10-31-2013



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
OLNS 9 4(09390			
1. File Number: c- 703			
Person Filing	. 74		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Byron J Clay	Name		
Title President	Title		
Organization BJC Enterprises, INc.	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 10108 Fehlberg Court	Street		
City Saint John	_City_		
State Indiana ZIP Code + 4 46373	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person.	Last Carting Man Hard		
Dec / 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):  Name Simon Davis	7. Date entered into: 9 /25 /20  /		
Hamo - www	8. Name of person(s) through whom made:		
Organization Johnson Controls, Inc	Name		
Trade Name, if any			
P.O. Box, Bldg., Room No., if any	Name		
Street 5757 North Green Bay Avenue	Name		
City Milwaukee	Name		
State Wisconsin ZIP Code + 4 53209	Name ·		
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)			
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see		
Title President instructions)	Title Treasurer instructions)		
on 10/15/4	on 10/15/4 (219) 365-9457		
Date Telephone Number	Date Telephone Number		

Filer Byron Clay BJC Enterprises, INc.		File Number C-
9. Check the appropriate box to indicate whether an object of the activities undertained to the control of the activities under the control of the con	aken, is directly or indirectly:	
a. To persuade employees to exercise or not to exercise, or persuade emcollectively through representatives of their own choosing.	ployees as to the manner of e	exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of emp such employer, except information for use solely in conjunction with an	oloyees or a labor organizatio administrative or arbitral pro-	n in connection with a labor dispute involving ceeding or a criminal or civil judicial proceeding.
•		
10. Terms and conditions (Explain in detail; see instructions. Written agreements r		
To educate employees to enable them to make an educ- union in a decertification election.	ated decision about	whether or not to vote for a
There was no written agreement.		
Specific Activities to be Performed		
a. Nature of activity:  To educate employees to enable them to make an educunion in a decertification election.	ated decision about	whether or not to vote for a
11.b. Period during which performed: 9/25/11	11.c. Extent performed: Ongoing but to	end 11/2/11
11.d. Name and address through whom performed:  Name $BYRON$ $T$ $C(ay)$ Organization $BTC$ $Enterprise Organization BTC$	Additional Name and address Name Organization	ss through whom performed, if any:
P.O. Box, Bldg., Room No., if any Street 10108 Fehllys Ct City Saint John, IN State IF ZIP Code + 4 46373	P.O. Box, Bldg., Room No., Street City State	if any  ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor	
Production and Maintenance employees	United Auto Worke:	rs