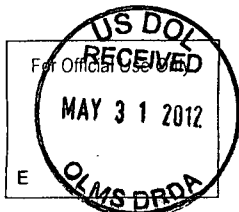


# FORM LM-20

## 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.

498024

1. File Number: C- 658

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Jason J. Greer</u> Title <u>President</u> Organization <u>Greer Consulting, Inc.</u> P.O. Box, Bldg., Room No., if any Street <u>6311 Ronald Reagan Dr. Suite 162</u> City <u>Lake St. Louis</u> State <u>MD</u> ZIP Code + 4 <u>63367</u>	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: <u>Dec /12</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization <u>Saginaw Chippewa Tribe / Soaring Eagles</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>Michigan</u> ZIP Code + 4 <u>48858</u>	7. Date entered into: <u>01 / 01 / 2008</u> 8. Name of person(s) through whom made: Name Name Name Name Name

### Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed Jason J. Greer President  
(If other title, see instructions)  
Title President

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

On 5/21/12 314-643-6572  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

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

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

#### Specific Activities to be Performed

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

a. Nature of activity:

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively

11.b. Period during which performed:

01/01/2008 - 7/16/2008

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization Saginaw Chippewa Tribe / Soaring Eagle

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

Street 7500 Soaring Eagle Blvd.

City Mt. Pleasant

State Michigan ZIP Code + 4 48858

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All full-time + Part-Time housekeeping, maintenance, dealers, dietary

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters