

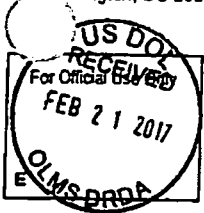
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COPY

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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

648428

1. File Number: C 65324

Person Filing <u>William T. Herrera</u>	
2. Name and mailing address (include ZIP Code):	
Name	
Title	
Organization	<u>People Solutions Group</u>
P.O. Box, Bldg., Room No., if any	
Street	<u>9427 Reston Grove Ln</u>
City	<u>Houston, TX</u>
State	<u>Texas</u>
ZIP Code + 4	<u>77095</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:	5. Type of person:
<u>12/31/2016</u>	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	<u>Gary Hendricks</u>
Organization	<u>Lady Luck</u>
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	<u>4007 National Pike, Rt 40</u>
City	<u>Farmington</u>
State	<u>PA</u>
ZIP Code + 4	<u>15437</u>
7. Date entered into:	
<u> / / </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 <u>[Signature]</u>	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title <u>President</u>		Title <u>Treasurer</u>	

On <u>6/30/2016</u>	832-392-2681	On _____	239
Date	Telephone Number	Date	Telephone Number

Copy Letter Lady

Filer:

File Number C-65324

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.):

N/A

Specific Activities to be Performed

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

a. Nature of activity:

Meeting with employees on their Rights under the NLR Act

11.b. Period during which performed:

6/13/2016

11.c. Extent performed:

6/17/2016

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

LRI

1529

Broken Arrow

OK

ZIP Code + 4 74013

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:

Casino

12.b. Identify subject labor organizations:

CWA