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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65256	80			
Person Filing				
Name and mailing address (include)	ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Amed D	Santana	Name		
Title President		Title		
Organization Santana International, Inc		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 1810 George Dieter Dr		Street		
City El Paso	1	City		
State Texas	ZIP Code + 4 79936	State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:			
Dec / 15	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):		7. Date entered into:		
Name Lorna Kangegab		5 / 12 / 2015		
Organization Saginaw Chippewa Tribe of Michigan		8. Name of person(s) through whom made:		
Trade Name, if any Soaring Eagle Hotel and Casino		Name		
P.O. Box, Bldg., Room No., if any		Name		
Street 7070 East Broadway		Name		
City Mt. Pleasant		Name		
State Michigan	ZIP Code + 4 48858	Name		
Signatures				
the information contained in any accor	der penalty of perjury and other applicable in panying documents) has been examined ion VII on penalties in the instructions.) President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions)		
On 10/13/2015 91 Date	5-215-3725 Telephone Number	On Date Telephone Number		

Filer: Amed Santana Santa	na International, Inc		File Number C-		
9. Check the appropriate box to indicate	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.					
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	etail; see instructions. Written agreements	•			
To provide direct employ	ree education regarding empl	loyee's section 7 ri	ghts under the NLRA		
Specific Activities to be Performed					
11. For each activity, separately list in	detail the information required (See instruct	tions):			
a. Nature of activity:					
Educational Meeting with	n employees regarding their	section 7 rights un	der the NLRA		
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11.b. Period during which performed:		11.c. Extent performed:			
various days beginnin	g 5/18/2015	Completed			
11.d. Name and address through whon	n performed:	Additional Name and addres	ss through whom performed, if any:		
Name Philip	Wilson	Name			
Organization LRI Consulting S	Services, Inc	Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No.,	if any		
Street 7850 South Elm Place	, Suite E	Street			
City Broken Arrow		City			
State Oklahoma	ZIP Code + 4 74011	State	ZIP Code + 4		
12.a. Identify subject groups of employees:		12.b. Identify subject labor of	organizations:		
Hotel and Casino Outside	Service Employee	Steelworkers			
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