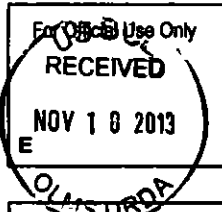


# FORM LM-20

## 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.

537404

1. File Number: C-736

### Person Filing

2. Name and mailing address (include ZIP Code):

Name DAVID NYSTROM

Title CEO

Organization LABOR CONSULTING GROUP, INC.

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

Street 535 BRISWOLD SUITE 111-237

City DETROIT

State Michigan ZIP Code + 4 8221

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:

12/31/13

5. Type of person:

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 RABAN Ventures, INC.

Organization

Trade Name, if any SAUC-A-LOT

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

Street 13750 Fenkell Street

City DETROIT

State Michigan ZIP Code + 4 8227

7. Date entered into:

8/30/13

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

Title President

President  
(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see instructions)

On

Date

8-30-13 877-890-8782

On

Date

8-30-13 877-890-8782

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.):

Met employees in SMALL groups To persuade  
TO VOTE NO Union

Client SAVE-A-LOT paid \$5,000.00 TOTAL  
for consulting services

#### Specific Activities to be Performed

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

a. Nature of activity:

ONE ON ONE meetings + Employer  
meetings. SMALL group

11.b. Period during which performed:

July 2013

11.c. Extent performed:

Union withdrew from election

11.d. Name and address through whom performed:

Name David Mystrom  
Organization LABOR CONSULTING GROUP LLC  
P.O. Box, Bldg., Room No., if any  
Street 535 Griswold, Suite 111-237  
City Detroit  
State Mich ZIP Code + 4 8026

Additional Name and address through whom performed, if any:

Name LABBAN VENTURES, INC.  
Organization SAVE-A-LOT  
P.O. Box, Bldg., Room No., if any  
Street 13750 Pentek St.  
City Detroit  
State Michigan ZIP Code + 4 8227

12.a. Identify subject groups of employees:

20 employees  
Cashiers  
Meat Dept.  
Stock Checks.

12.b. Identify subject labor organizations:

UFCW