

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

For Official Use Only

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.

1. File Number:

C-

696

### Person Filing

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

Name Rebecca M Smith

Title Owner

Organization Taltos Consulting, Inc

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

Street 1474 Lodgepole Dr

City Henderson

State NV

ZIP Code + 4 89014

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 / 2010

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 Dennis Kequom

Organization Saginaw Chippewa Tribe

Trade Name, if any Soaring Eagle Casino

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

Street 7070 East Broadway

City Mt. Pleasant

State MI

ZIP Code + 4 48858

7. Date entered into:

5 / 3 / 2010

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

*Rebecca M Smith*

President  
(If other title, see instructions)

Title President

14. Signed

Treasurer  
(If other title, see instructions)

Title Treasurer

On 8-4-2010 702-494-8416

Date

Telephone Number

On

Date

Telephone Number

Filer: Rebecca M. Smith

File Number C-

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: BRD Party persuader  
Focus meetings  
Supervisor meetings

11.b. Period during which performed:

5-3-10 to 6-26-10

11.c. Extent performed:

conducted mtgs w/ employees

11.d. Name and address through whom performed:

Name Phil Wilson  
Organization Labor Relations Institute  
P.O. Box, Bldg., Room No., if any 1529  
Street 7850 South Elm Place  
City Broken Arrow  
State 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:

Security Guards

12.b. Identify subject labor organizations:

SPFPA