

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



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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.

438 420

1. File Number: C- 703

Person Filing

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

Name [REDACTED]
Title [REDACTED]
Organization BJC and Associates, Inc.
P.O. Box, Bldg., Room No., if any [REDACTED]
Street 10108 Fehlberg Court
City St John
State Indiana ZIP Code + 4 46373

3. Any other address where records necessary to verify this report are kept:

Name [REDACTED]
Title [REDACTED]
Organization [REDACTED]
P.O. Box, Bldg., Room No., if any [REDACTED]
Street [REDACTED]
City [REDACTED]
State [REDACTED] ZIP Code + 4 [REDACTED]

4. Date fiscal year ends:

12 / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify): [REDACTED]

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name [REDACTED]
Organization Saginaw Chippewa Tribe
Trade Name, if any Soaring Eagle Casino
P.O. Box, Bldg., Room No., if any [REDACTED]
Street 7500 Soaring Eagle Blvd
City Mt Pleasant
State Michigan ZIP Code + 4 48858

7. Date entered into:

10 / 15 / 2007

8. Name of person(s) through whom made:

Name Sean Reed
Name [REDACTED]
Name [REDACTED]
Name [REDACTED]
Name [REDACTED]

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

President
(If other title, see
instructions)

Title

President

14. Signed

Treasurer
(If other title, see
instructions)

Title

Treasurer

On

10/11/07
Date

(219) 365-9457
Telephone Number

On

10/11/07
Date

(219) 365-9457
Telephone Number

Filer: BJC and Associates, Inc.

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.):

Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various days 10/17 thru 12/21/07

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Okla ZIP Code + 4 74011

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:

Housekeeping

12.b. Identify subject labor organizations:

Teamsters