

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.

572902

1. File Number:

c-66151

Person Filing

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

Name John P Cevallos

Title Managing Partner

Organization Cevallos Consulting Group, LLC

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

Street 8553 San Clemente Dr.

City Rancho Cucamonga

State California

ZIP Code + 4 91730

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:

Dec / 14

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 Steve Pego

Organization Saginaw Chippewa Tribe of Michigan

Trade Name, if any Soaring Eagle Casino and Resort

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

Street 7500 Soaring Eagle Blvd.

City Mt. Pleasant

State Michigan

ZIP Code + 4 48858

7. Date entered into:

5 / 21 / 2014

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

Name Steve Pego

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

Darwin F. Cevallos

President
(If other title, see
instructions)

Title President

14. Signed

John P. Cevallos

Treasurer
(If other title, see
instructions)

Title Other (Specify)

Managing Partner

On 6/20/2014

Date

760-220-2929

Telephone Number

On 6/20/2014

Date

909-561-3850

Telephone Number

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:

11.b. Period during which performed: *

5/22/2014

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Phil Wilson

Organization LRI

P.O. Box, Bldg., Room No., if any P.O. Box 1529

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma 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:

Various Employees
Pre-Petition

12.b. Identify subject labor organizations: