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- 707				
	<u> </u>			
Person Filing	T			
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name byron j clay	Name			
Title President	Title			
Organization	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any			
Street 10108 fehlberg court	Street			
City saint john	City			
State Indiana ZIP Code + 4 46373	State ZIP Code + 4			
4. Date fiscal year ends: 5. Type of person:				
Dec 🔽 / 0 a. Individual b. Partnership	o c. X Corporation d. Other (Specify):			
Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code):  Name Lorna Kahgegab	7. Date entered into: 5 / 12 / 2010			
Market and the contract of the	8. Name of person(s) through whom made:			
Organization Saginaw Chippawa Tribe of Michgan	para management and a contract and a			
Trade Name, if any Soaring Eagle	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				
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	14. Signed			
Title President instructions)	(If other title, see instructions)			
FILE to the second for any companion of the recognition of the second se	Title (170000101)			
:	A SECTION OF THE SECT			
On 9/23/2015 219-577-7420	On 9/12/2015 219-577-7420			
Date Telephone Number	Date Telephone Number			

Filer: byron clay		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.			
A Company of the Comp			
10. Terms and conditions (Explain in detail; see instructions. Writte	en agreements must be attached.):		
No written agreement. We were engaged by LRI to educate employees regarding their decision on whether or not to vote for a union.			
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Specific Activities to be Performed			
11. For each activity, separately list in detail the information require	d (See instructions):		
a. Nature of activity:  Held meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to vote for a union			
		And the second s	
11.b. Period during which performed:	11.c. Extent performed:		
Various days beginning 5/15 2015	Completed		
11.d. Name and address through whom performed:	Additional Name and add	dress through whom performed, if any:	
Name byron j clay	Name Name	WHEN THE	
Organization BJC & Associates, Inc	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room N	o., if any	
Street 10108 fehlberg court	Street		
City saint john	City Programme Control		
State Indiana ZIP Code + 4 463	73 State	ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject lab	or organizations:	
Hotel and Casono Outside Service employees	Steelworkers		
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	The state of the s	CORPORATION	

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b. To supply an employer with information concerning the activities of er such employer, except information for use solely in conjunction with a	nployees or a labor organization in connection with a labor dispute involving an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
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12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
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