

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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.

1. File Number: C- 406 326793

### Person Filing

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

Name Gregory J. Kamer

Title President

Organization Gregory J. Kamer, Ltd.

P.O. Box, Bldg., Room No., if any Suite 3

Street 3000 West Charleston Boulevard

City Las Vegas

State Nevada

ZIP Code + 4 89102-1990

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

Name N/A

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

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 Cynthia Cameron

Organization Hooters Casino Hotel Las Vegas

Trade Name, if any

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

Street 115 East Tropicana Avenue

City Las Vegas

State Nevada

ZIP Code + 4 89109-7304

7. Date entered into:

3 / 9 / 2007

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

Name Cynthia Cameron

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 3/29/2007

Date

(702) 259-8640

Telephone Number

On 3/29/2007

Date

(702) 259-8640

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.):

This firm was orally engaged to present a program to security guards and surveillance personnel regarding union organization and the company's solicitation and distribution rules.

## Specific Activities to be Performed

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

## a. Nature of activity:

This firm was engaged to: 1) train security guards and surveillance personnel in the enforcement of the company's solicitation and distribution policy; 2) review the company's union free philosophy policy with the security guards and surveillance personnel; and 3) provide general information to security guards and surveillance personnel regarding union organizing techniques, such as union authorization cards.

## 11.b. Period during which performed:

3/29/2007

## 11.c. Extent performed:

Completed

## 11.d. Name and address through whom performed:

Name Cynthia Cameron

Organization Hooters Casino Hotel Las Vegas

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

Street 115 East Tropicana Avenue

City Las Vegas

State Nevada

ZIP Code + 4 89109-7304

## Additional Name and address through whom performed, if any:

Name N/A

Organization

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

Street

City

State

ZIP Code + 4

## 12.a. Identify subject groups of employees:

Security guards and surveillance personnel.

## 12.b. Identify subject labor organizations:

INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 501, AFL-CIO;  
PROFESSIONAL, CLERICAL AND MISCELLANEOUS  
EMPLOYEES, TEAMSTERS LOCAL 995.