

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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.

551389

1. File Number: C-00272

Person Filing

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

Name **Philip Craft**
Title **President**
Organization **CBC Consulting, LTD**
P.O. Box, Bldg., Room No., if any
Street **3001 W. Big Beaver Road**
City **Troy**
State **Michigan** ZIP Code + 4 **48048-3105**

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

Name **Debbie O'Kelley**
Title **Administrative Assistant**
Organization **CBC Consulting, LTD**
P.O. Box, Bldg., Room No., if any
Street **17235 Lechlade Lane**
City **Dallas**
State **Texas** ZIP Code + 4 **75252**

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 **Jim Cole**
Organization **Covenant Community Care**
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street **559 West Grand Blvd**
City **Detroit**
State **Michigan** ZIP Code + 4 **48216**

7. Date entered into:

6 / **1** / **2013**

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

Name **Jim Cole**
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 **Philip Craft**
Title **President**

President
(If other title, see instructions)

14. Signed **Debbie O'Kelley**
Title **Chairman**

Treasurer
(If other title, see instructions)

On **3/26/2014** **248 760 4558**
Date Telephone Number

On **3/26/2014** **248-922-0141**
Date Telephone Number

Filed:

Philip Craft

File Number C-

00272

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.):

Oral agreement for services rendered to answer questions of management and employees concerning the law so as not to violate the employees' rights or the rights of the union.

Specific Activities to be Performed

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

a. Nature of activity:

To answer questions of management and employees concerning the law so as not to violate the employee's rights or the rights of the union. Included would be group meetings with employees.

11.b. Period during which performed:

6/1/2013-8/30/2013

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name

Organization CBC Consulting, LTD

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

Street 3001 W. Big Beaver Road

City Troy

State Michigan

ZIP Code + 4 48048-3105

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:

Medical and Dental technicians

12.b. Identify subject labor organizations:

Michigan Council 25, AFSCME