

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20201

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FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultant and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number: C- 00525

343427

Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 S Elm Place, Suite E

City Broken Arrow

State OK ZIP Code + 4 74011

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 / 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

Organization Saginaw - Chippewa Tribe

Trade Name, if any Soaring Eagle Casino

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

Street 7500 Soaring Eagle Blvd

City Mt. Pleasant

State MI ZIP Code + 4 48858

7. Date entered into:

10 / 15 / 2007

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

Name Sean

Reed

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 in accordance with the instructions in the instructions.)

13. Signed

Title President

Signature

President
(If other title, see instructions)

14. Signed

Title Treasurer

Signature

Treasurer
(If other title, see instructions)

Stamp

Delete

On 2/15/08

918-455-9995

Date

Telephone Number

Clear Signatures

On 2/15/08

918-455-9995

Date

Telephone Number

Filer:	File Number C-
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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):

Agreement to provide consultation, to give speeches to employees about exercising their right to organize and bargain collectively.

Specific Activities to be Performed

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

a. Nature of activity:

TEST PG CNT

Employed to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various dates 10/17/07 - 12/21/07

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Joseph Brock

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State ZIP Code + 4 08075

Additional Name and address through whom performed, if any:

Name Gerald O'Brien

Organization

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

Street 23 Summit Heights

City North Oaks

State ZIP Code + 4 55127

12.a. Identify subject groups of employees:

Housekeeping

12.b. Identify subject labor organizations:

Teamsters

<p>11.d. Name and address through whom performed:</p> <p>Name Peter Quist</p> <p>Organization Grubb Quist + Associates, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 12 South Main Street</p> <p>City Waterbury</p> <p>State VT ZIP Code + 4 05676</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Byron Clay</p> <p>Organization BJC and Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 10108 Fehlberg Ct.</p> <p>City St. John</p> <p>State IN ZIP Code + 4 46373</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Terry Cuba</p> <p>Organization Grubb Quist + Associates, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 12 South Main Street</p> <p>City Waterbury</p> <p>State VT ZIP Code + 4 05676</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Rebecca Smith</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street Box 355, 10620 Southern Highlands Parkway, Suite 110</p> <p>City Las Vegas</p> <p>State NV ZIP Code + 4 89141</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Frank Barbera</p> <p>Organization Frank Barbera + Associates</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3308 Aziba Street</p> <p>City Las Vegas</p> <p>State NV ZIP Code + 4 89129</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Housekeeping</p>	<p>12.b. Identify subject labor organizations:</p> <p>Teamsters</p>

AGREEMENT FOR CONSULTING SERVICES

TO: Fred Cantu, Jr.
Saginaw-Chippewa Tribe
7070 East Broadway
Mt. Pleasant, MI 48858

DATE: October 15, 2007

PROPOSED INTERVENTION:

LRI Consulting Services, Inc. will provide consulting services to assist Saginaw-Chippewa Tribe in communicating factual and legally accurate information to eligible voters in NLRB-conducted election to enable voters to make fully informed choices in voting.

TIMING:

The project will begin on or about October 17, 2007 and conclude on or about December 21, 2007.

TERMS AND CONDITIONS:

Fees: The fee for this project is 706,500.00 plus travel expenses.

Payment Terms: A deposit is required upon acceptance of this proposal with payments due as agreed upon or prior to the date of your election, whichever is first. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of the consultant(s) and a penalty of 1.5% per week until all outstanding invoices are paid in full.

Expenses: Expenses will be billed as actually incurred and are due on presentation of the invoice. Reasonable business expenses include, but are not limited to, transportation (air, rental car, taxi, etc.), lodging, food, and costs for campaign communication materials.

You further acknowledge that no representation by LRICS or its representatives were relied on by you or any member of your company in entering this agreement, and that this document represents the full understanding of the parties. Your deposit, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein.

ACCEPTANCE:

We accept the Agreement and terms described above:

For LRI Consulting Services, Inc.

For Saginaw-Chippewa Tribe



Phillip B. Wilson
Vice President – General Counsel

Name:
Title:

DATE: October 15, 2007

DATE: