

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.

559234

1. File Number: C- 00525

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 7350 South Elm Place, Suite E

City Broken Arrow

State Oklahoma

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 of Michigan

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:

6 / 5 / 2014

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

Name Loena Kahgegab Call

Name

Name

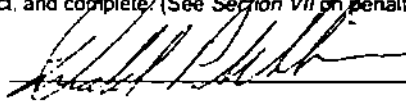
Name

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



President
(If other title, see
instructions)

Title CEO

14. Signed



Treasurer
(If other title, see
instructions)

Title President

On 7/2/2014

Date

918-455-9995

Telephone Number

On 7/2/2014

Date

918-455-9995

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.):

See Attached

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 6/9/14

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Byron Clay

Organization BJC and Associates Inc

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

Street 10109 Fehlborg Court

City St John

State IN ZIP Code + 4 46379

Additional Name and address through whom performed, if any:

Name John Cevallos

Organization Cevallos Consulting Services

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

Street 8553 San Clemente Drive

City Rancho Cucamonga

State California ZIP Code + 4 91730

12.a. Identify subject groups of employees:

Security Guards and various other employees

12.b. Identify subject labor organizations:

Security, Police & Fire Professionals
and pre-petition

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Gerald O'Brien

Organization

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

Street 23 Summit Heights

City North Oaks

State MI ZIP Code + 4 55127

Additional Name and address through whom performed, if any:

Name Mark Lema

Organization Lema & Associates

P.O. Box, Bldg., Room No., if any Po Box 129

Street

City Burlington

State New Jersey ZIP Code + 4 08016

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

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

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