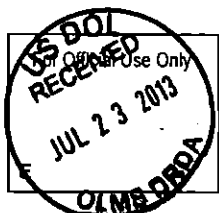


FORM LM-20

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.

532520

1. File Number:

c-


703

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Byron J Clay
Title	President
Organization	BJC Enterprises, Inc
P.O. Box, Bldg., Room No., if any	
Street	10108 Fehlberg Court
City	Saint John
State	Indiana
ZIP Code + 4	46373
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:	5. Type of person:
Dec / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Kelly Thran
Organization	Bethesda Lutheran Communities
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	831 SW 17th Avenue
City	Portland
State	Oregon
ZIP Code + 4	97205
7. Date entered into:	
5 / 2 / 2013	
8. Name of person(s) through whom made:	
Name	
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 07/14/2013
Date
219-577-7420
Telephone Number

On 07/14/2013
Date
219-577-7420
Telephone Number

Filer: Byron Clay BJC Enterprises, Inc

File Number C-

703

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.):

No written agreement. I was engaged by Government Resources Consultants of America to perform for Bethesda as an Independent Consultant working for Government Resources Consultants of America (GRCA).

Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections and collective bargaining representation, procedures, unfair practices, and union rules and finances.

11.b. Period during which performed:

May 2, 2013

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Byron J Clay

Organization BJC Enterprises, Inc

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

Street 10108 Fehlberg Court

City Saint John

State Indiana ZIP Code + 4 46373

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:

All full and part time DSP's and lead DSP's

12.b. Identify subject labor organizations:

SEIU Local 503