

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016

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- 703

538117

## 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 Fehlborg 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:

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 Chris Bouvier

Organization ABM

Trade Name, if any

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

Street 1111 Fanin Street, Suite 1500

City Houston

State Texas

ZIP Code + 4 77002

7. Date entered into:

3 / 4 / 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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 11/29/2013

Date

219-577-7420

Telephone Number

On 11/29/2013

Date

219-577-7420

Telephone Number

|  |                |
|--|----------------|
| Filer: Byron Clay      BJC Enterproses, Inc. | File Number C- |
|--|----------------|

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. O was emgaged by LRI, Inc. to perform for ABM as an Independent Contractor working for LRI.

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|---|---|
| <b>Specific Activities to be Performed</b>  |   |
| 11. For each activity, separately list in detail the information required (See instructions):   |   |
| a. Nature of activity:  |   |
| I held meetings to educate employees about all aspects of unionization so that they could make an informed decision on whether to join a union. |   |
| 11.b. Period during which performed:<br>various days beginning 3/8/2013   | 11.c. Extent performed:<br>Completed  |
| 11.d. Name and address through whom performed:  | Additional Name and address through whom performed, if any:                     |
| Name    Byron                      J Clay   | Name  |
| Organization    BJC Enterproses, Inc.   | Organization  |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Bldg., Room No., if any   |
| Street    10108 Fehlberg Court  | Street  |
| City    Saint John  | City  |
| State    Indiana                      ZIP Code + 4    46373   | State                                      ZIP Code + 4                         |
| 12.a. Identify subject groups of employees:<br>Security Officers  | 12.b. Identify subject labor organizations:<br>Security Officer. Police & Guard |