

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.

537829

1. File Number: C- 00574

Person Filing

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

Name John C Cashen

Title Member

Organization Bodman PLC

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

Street 201 W Big Beaver Road, Suite 500

City Troy

State Michigan

ZIP Code + 4 48084

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 Roma Café

Organization

Trade Name, if any

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

Street 3401 Riopelle Street

City Detroit

State Michigan

ZIP Code + 4 48207

7. Date entered into:

9 / 25 / 2013

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

Name Janet S Belcoure

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

John C. Cashen

President
(If other title, see
instructions)

Title

Owner (Specify)

Member

14. Signed

David C. Stone

Treasurer
(If other title, see
instructions)

Title

Other (Specify)

Member

On 11/25/2013

Date

(248) 743-6077

Telephone Number

On 11/25/2013

Date

(248) 743-6045

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.):

Hourly rate of \$400.00 for John C. Cashen, attorney. No written agreement.

Specific Activities to be Performed

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

a. Nature of activity:

Meet with bargaining unit employees, with union business agent participating, to explain Roma Café's financial circumstances and position with respect to substantive proposals in the labor negotiations.

11.b. Period during which performed:

9/25/2013

11.c. Extent performed:

completed on 9/25/2013

11.d. Name and address through whom performed:

Name John C Cashen

Organization Bodman PLC

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

Street 201 W Big Beaver Road, Suite 500

City Troy

State Michigan

ZIP Code + 4 48084

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:

Bargaining unit employees of Roma Café

12.b. Identify subject labor organizations:

Unite Here, Local 24