U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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. 1. File Number: **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Byron j Clay Title Title President Organization BJC Enterprises, Inc. Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 10108 Fehlberg Court City City Saint John State Indiana ZIP Code + 4 46373 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person:]Partnership c X Corporation d. Other (Specify): Dec 31 Individual b. **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2012 Name David Scholhamer 8. Name of person(s) through whom made: Organization NTN-Bower Corporation Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 707 Bower Road

State Illinois	ZIP Code + 4 6	1455	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	(1f	resident other title, see structions)	Title Treasurer (If other title, see instructions)			
on 6/15/12 (219)365-9457) Date Telephone Number		7	On 6/15/12 (219)365-9457 Date Telephone Number			

Name

City

Macomb

Filer Byron Clay BJC Enterprises, 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. I was engaged by Labor Relations, Inc. to talk to employees about all aspects of unionization so that they could make an informed decision to vote for or against a union.					
<u> </u>					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruct	ions):				
a. Nature of activity:					
Held meetings informing employees on all aspects of unionization so they could make an informed decision on whether or not they wanted to join a union.					
11.b. Period during which performed:	11.c. Extent performed:				
Various days beginning 5/14/2012	Completed 6/22,	/2012			
11.d. Name and address through whom performed:		s through whom performed, if any:			
Name Byron J Clay	Name	3			
-1					
Organization BJC Enterprises, Inc.	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				

Street

City

State

12.b. Identify subject labor organizations:

Energy Workers

Steelworkers, Paper, Rubber, Manufacturing and

ZIP Code + 4 46373

City

Street 10108 Fehlberg Court

12.a. Identify subject groups of employees:

Production and Maintenance

Saint John

State Indiana

ZIP Code + 4