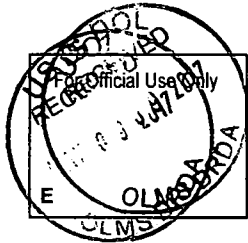


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

648494

1. File Number: c- 694

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Russell M Brown</u> Title <u>CEO</u> Organization <u>RoadWarrior Productions, LLC</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 372636</u> Street _____ City <u>Satellite Beach</u> State <u>Florida</u> ZIP Code + 4 <u>32937-2636</u>	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: <u>Dec</u> / <u>17</u>	5. Type of person: 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 <u>Thomas LaValle</u> Organization <u>General Electric</u> Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street <u>2400 Innovation Drive</u> City <u>Auburn</u> State <u>Alabama</u> ZIP Code + 4 <u>36832</u>	7. Date entered into: <u>3</u> / <u>28</u> / <u>2017</u> 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 <u>[Signature]</u> President (If other title, see instructions) Title <u>President</u> On <u>May 1, 2017</u> <u>321 507 8997</u> Date Telephone Number	14. Signed _____ Treasurer (If other title, see instructions) Title <u>Other (Specify)</u> <u>N/A</u> On _____ Date Telephone Number
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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.):

Consulting employees in groups and one on one at \$2,200 per day plus expenses.

Recorded educational information on flashdrive and website at project price of \$6,800

Specific Activities to be Performed

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

a. Nature of activity:

Educating employees in the Bargaining Unit of their rights under the NLRA live and electronically.

<p>11.b. Period during which performed:</p> <p>March 28, 2017 to April 10, 2017</p>	<p>11.c. Extent performed:</p> <p>Fully</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Scott Michel</p> <p>Organization self</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 819 Herman RD</p> <p>City Horsham</p> <p>State Pennsylvania ZIP Code +4 19045</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Rebecca Smith</p> <p>Organization Rock Creek Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 554 Mahard Drive</p> <p>City Twin Falls</p> <p>State Idaho ZIP Code +4 83301</p>

<p>12.a. Identify subject groups of employees:</p> <p>Hourly Production and Maintenance</p>	<p>12.b. Identify subject labor organizations:</p> <p>IUE-CWA</p>
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