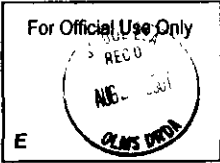


# FORM LM-20

## 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.

1. File Number: C- **583** **332948**

### Person Filing

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

Name Lamar Edwards

Title Individual

Organization

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

Street 247 Yorkshire Place

City Newnan

State Georgia ZIP Code + 4 30265-1959

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 Dean Kim

Organization Bridgestone Americas Holding, Inc.

Trade Name, if any

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

Street 535 Marriott Drive

City Nashville

State Tennessee ZIP Code + 4 37214

7. Date entered into:

7 / 31 / 2007

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

Name Tim Neville

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 Other (Specify)  
Individual

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)

Title Treasurer

On 8/29/07 770-328-9664  
Date Telephone Number

On \_\_\_\_\_  
Date 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.):

Beginning July 31, 2007, I engaged in several informal discussions about unions with employees at Bridgestone's Anoka, Minnesota facility. Additionally, I participated in video meetings with employees and helped explain the nature of union authorization cards.

This arrangement was not memorialized in a written agreement.

#### Specific Activities to be Performed

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

a. Nature of activity:

Beginning on July 31, 2007, I provided education about unions in general to employees and shared experiences about working at a union facility.

Additionally, I participated in educational captive audience meetings with employees in order to explain union authorization cards.

11.b. Period during which performed:

7/31/07 through 8/15/07

11.c. Extent performed:

The activity has been completed

11.d. Name and address through whom performed:

Name Lamar Edwards

Organization

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

Street 247 Yorkshire Place

City Newnan

State Georgia

ZIP Code + 4 30265-1959

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:

Employees at Bridgestone's Anoka, Minnesota Production Facility located at 1001 Lund Blvd., Anoka, Minnesota 55303-1089

12.b. Identify subject labor organizations: