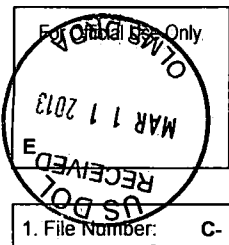


FORM LM-20

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.

514461

1. File Number:

c- 694

Person Filing

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

Name Russell Brown

Title President

Organization RoadWarrior Productions LLC

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

Street 108 S Indian Circle

City Cocoa

State Florida

ZIP Code + 4 32922

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 / 13

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 Todd Cornett

Organization Jan-Care Ambulance

Trade Name, if any

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

Street 117 S Fayette Street

City Beckley

State West Virginia

ZIP Code + 4 25801

7. Date entered into:

2 / 13 / 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

Title President

President
(If other title, see
instructions)

14. Signed

Title Other (Specify)

n/a

Treasurer
(If other title, see
instructions)

On 3/2/2013

Date

3215078997

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.):

\$100 per hour plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Provide employees with educational information on union representation

11.b. Period during which performed:

2/13/2013 to 2/27/2013

11.c. Extent performed:

undetermined

11.d. Name and address through whom performed:

Name Russell Brown

Organization Russ Brown and Associates

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

Street

City Los Angeles

State California ZIP Code + 4

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:

CEVO, EMT, and Paramedics

12.b. Identify subject labor organizations:

NEMSA