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 07-31-2019



This report is mandatory under P.L. 88-257, 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 CAREFUL	LY BEFORE PREPARING THIS REPORT.	
1. File Number: C- 690	ΨΣΙΨΨ	
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Russell M Brown	Name n/a	
Title CEO	Title	
Organization RoadWarrior Productions, LLC	Organization	
P.O. Box, Bldg., Room No., if any 372636	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Satellite Beach	City	
State Florida ZIP Code + 4 32937-2636	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 17 a. Individual b. Partnership	c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement		
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 9 / 20 / 2017	
Name Jaesung Ahn	8. Name of person(s) through whom made:	
Organization Kumho Tire Georgia		
Trade Name, if any	Name	
P.O. Box, Bldg., Room No., if any	Name	
Street 3051 Kumho Parkway	Name	
City Macon	Name	
State Georgia ZIP Code + 4 31216	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 encompanying 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	14. Signed Treasurer	
(If other title, see instructions)	(If other title, see instructions)	
CEO	n/a	
On 10/22/2017 2027808005	On	
Date Telephone Number	Date Telephone Number	

PNer: Russell Brown RoadWarrior Productions, LLC	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.):		
\$3000.00 per day, per consultant plus expenses		
Specific Activities to be Performed		
	t	
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
Educating the employees in the Bargaining Unit of their rights under the NLRA.		
11.b. Period during which performed:	11.c. Extent performed:	
October 13, 2017	Fully	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Bill Monroe	Name Rebecca Smith	
Organization	Organization Rock Creek Consulting, LLC	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 412 Stonebridge Blvd	Street 554 Mahard Drive	
City New Castle	City Twin Falls	
State Delaware ZIP Code + 4 19720	State Idaho ZIP Code + 4 83301	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production Employees	United Steel Workers	
	SHEET BUILDING B	

Roadwarrior Productions, LLC	File Number C-	
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11.b. Period during which performed:	11.c. Extent performed:	
October 13, 2017	Fully	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name James A Gray	Name Scott Michel	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 503 River Walk Drive	Street 819 Herman Rd	
City Simpsonville	City Horsham	
State South Carolina ZIP Code + 4 29681-4741	State Pennsylvania ZIP Code + 4 19044	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production Employees	United Steel Workers	
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