

# 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. 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.

663449

1. File Number: C- 67859

## Person Filing

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

Name James E Venable Jr  
Title Owner  
Organization Venn Employee Relations Solutions, Inc.  
P.O. Box, Bldg., Room No., if any 172513  
Street 7550 E. 53rd Place  
City Denver  
State Colorado ZIP Code + 4 80238

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 Dom Myrand  
Organization ITS ConGlobal  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 8205 South Cass Ave Suite 115  
City Darian  
State Illinois ZIP Code + 4 60561

7. Date entered into:

10 / 8 / 2017

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 Treasurer  
(If other title, see instructions)

On 12/30/17 720-773-0520  
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.):

Fee \$1500 per day plus expenses

#### Specific Activities to be Performed

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

a. Nature of activity:

To educate employees in the Baraining Unit of their rights under the NLRA.

11.b. Period during which performed:

11/30/17

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Russell Brown

Organization RoadWarrior Pro. LLC

P.O. Box, Bldg., Room No., if any 372636

Street

City Satellite Beach

State Florida ZIP Code + 4 32937-2636

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:

Technical Operators

12.b. Identify subject labor organizations:

IBT Local 710