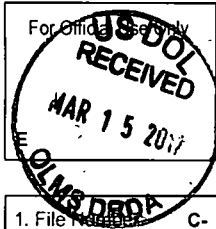


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

636615

1. File Number c- 67436

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name William G Monroe	3. Any other address where records necessary to verify this report are kept:
Title	Name
Organization	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 412 Stonebridge Blvd	P.O. Box, Bldg., Room No., if any
City New Castle	Street
State Delaware	City
ZIP Code + 4 19720	State
	ZIP Code + 4
4. Date fiscal year ends:	
Dec / 31	5. Type of person:
	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 Wendy Selzer	7. Date entered into: 11 / 11 / 2016
Organization KapStone Paper and Packing Corporation	8. Name of person(s) through whom made:
Trade Name, if any	Name N/A
P.O. Box, Bldg., Room No., if any	Name
Street 1 Skokie Blvd #300	Name
City Northbrook	Name
State Illinois	Name
ZIP Code + 4 60062	

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>William G. Monroe</u>	President	14. Signed _____	Treasurer
Title <u>President</u>	(If other title, see instructions)	Title <u>Treasurer</u>	(If other title, see instructions)
On <u>12/09/2016</u>	<u>864-380-9437</u>	On _____	_____
Date	Telephone Number	Date	Telephone Number

Filer: William Monroe

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.):

Consulting rate 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 of their rights under the NLRA

11.b. Period during which performed:

11/14/16 to 11/30/16

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Russ

Brown

Organization RoadWarrior Productions, LLC

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

Street

City Satellite Beach

State Florida

ZIP Code + 4 32937

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:

Production and maintenance employees

12.b. Identify subject labor organizations:

United Steel Workers (USW)