

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-

694

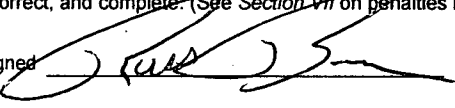
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Person Filing	
2. Name and mailing address (include ZIP Code): Name Russell Brown Title President Organization RoadWarrior Productions P.O. Box, Bldg., Room No., if any Street 108 S Indian Circle City Cocoa State Florida ZIP Code + 4 32922	3. Any other 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 / 11	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 Michael Johnson Organization Augustana Healthcare Center Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1007 East 14th Street City Minneapolis State Minnesota ZIP Code + 4 55404	7. Date entered into: 9 / 30 / 2011 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  President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Other (Specify)
n/a

On 11/07/2011 321 507 8997
Date Telephone Number

On _____
Date Telephone Number

Filer: Russell Brown RoadWarrior Productions	File Number C-
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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.):

Terms are verbal \$37,500 payable only election results in union losing election.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Train managers and educate employees at company on unionization.</p>	
<p>11.b. Period during which performed:</p> <p>Oct 6, 2011 through November 4, 201</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Phillip Wilson</p> <p>Organization LRI</p> <p>P.O. Box, Bldg., Room No., if any PO Box 1529</p> <p>Street 7850 South Elm Place</p> <p>City Broken Arrow</p> <p>State Oklahoma ZIP Code + 4 74013</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Nurses</p>	<p>12.b. Identify subject labor organizations:</p> <p>SEIU Healthcare MN</p>