U.S. Department of Labor
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 10-31-2013

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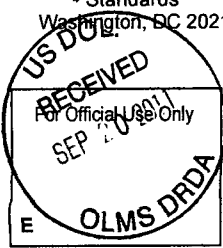
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 694   466216

Person Filing

2. 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
Title President	Title
Organization Roadwarrior Productions LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 108 S. Indian Circle	Street
City Cocoa	City
State Florida ZIP Code + 4 32922	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 11	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):	7. Date entered into: 8 / 4 / 2011
Name Phil Wilson	8. Name of person(s) through whom made:
Organization LRI Consulting Services	Name
Trade Name, if any Labor Relations Institute	Name
P.O. Box, Bldg., Room No., if any	Name
Street 7850 South Elm Place	Name
City Broken Arrow	Name
State Oklahoma ZIP Code + 4 74013	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 [signature]	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title President		Title Other (Specify) n/a	
On 09/11/2011 3215048997		On 09/11/2011 n/a	
Date Telephone Number		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.):

n/a

Specific Activities to be Performed

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

a. Nature of activity:

Train Management
Educate Employees

11.b. Period during which performed:	11.c. Extent performed:
08/04/2011 through 09/06/2011	

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Rick Ellis	Name
Organization ARAMARK	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 2010 Main Street Suite 1200	Street
City Irvine	City
State California ZIP Code + 4 92614	State ZIP Code + 4

12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Lead Technicians, Floor Technichians,Housekeepers, Waste Technicians, Store Room Clerks,	AFSCME