

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.

659118

1. File Number: C 710

Person Filing	
2. Name and mailing address (include ZIP Code): Name Scott Michel Title Organization P.O. Box, Bldg., Room No., if any Street 819 Herman RD City Horsham State Pennsylvania ZIP Code + 4	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 / 17	5. Type of person: a. <input checked="" type="checkbox"/> 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 Organization Trade Name, if any General Electric P.O. Box, Bldg., Room No., if any Street 2400 Innovation DR City Auburn State Alabama ZIP Code + 4 36832	7. Date entered into: 3 / 28 / 2017 8. Name of person(s) through whom made: Name Thomas LaValle 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 <u>Scott Michel</u> Title _____ On 12/19/17 Date 2153597155 Telephone Number	14. Signed _____ Title d On _____ Date _____ Telephone Number	Treasurer (If other title, see instructions)
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Filer: <u>Scott Michel</u>	File Number <u>C-</u>
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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.):

Consult with employees in-groups and one on one at \$1500.00 per day plus expenses.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions): <p>a. Nature of activity: <u>Educating employees in the bargaining unit of their right under the NLRA.</u></p>	
11.b. Period during which performed: <u>3/28/17 to 4/10/17</u>	11.c. Extent performed: <u>fully</u>
11.d. Name and address through whom performed: Name <u>Russell M Brown</u> Organization <u>RoadWarrior Production, LLC</u> P.O. Box, Bldg., Room No., if any <u>372636</u> Street _____ City <u>Satellite Beach</u> State <u>Florida</u> ZIP Code + 4 <u>32937-2636</u>	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: <u>Hourly production and maintenance employees</u>	12.b. Identify subject labor organizations: <u>IUE-CWA</u>