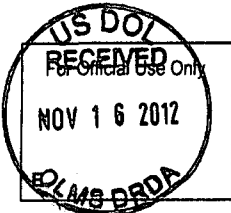


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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

L 8071631

## Person Filing

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

Name Russell Brown

Title President

Organization RoadWarrior Productions LLC

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 / 12

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 Sharon Kiefsaas

Organization Presbyterian Homes and Services

Trade Name, if any

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

Street 20 E Exchange Street

City St Paul

State Minnesota

ZIP Code + 4 55101

7. Date entered into:

9 / 4 / 2012

8. Name of person(s) through whom made:

Name na na

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

Treasurer  
(If other title, see  
instructions)

On 11/1/2012

Date

3215078997

Telephone Number

On 11/1/2012

Date

3215078997

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.):

No written agreement, \$18,750 plus expenses

#### Specific Activities to be Performed

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

a. Nature of activity:

Educate Managers and Employees on Labor Relations as it applies exercising their rights to join or refrain from collective bargaining.

11.b. Period during which performed:

9/6/2012 through 10/11/2012

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Phillip Wilson

Organization LRICS

P.O. Box, Bldg., Room No., if any PO Box 1529

Street 7850 S Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

Resident Assitants and Housekeeper

12.b. Identify subject labor organizations:

SEIU Healthcare MN (local 113)