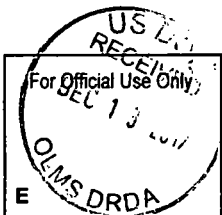


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 07-31-2019



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.

658615

1. File Number: C- 694

### Person Filing

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

Name Russell Brown

Title CEO

Organization RoadWarrior Pro, LLC

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

Street

City Satellite Beach

State Florida

ZIP Code + 4 32937-2636

3. Any other address where records necessary to verify this report are kept:

Name N/a

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. ☐ 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 Dom Myrand

Organization ITS ConGlobal

Trade Name, if any

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

Street 8205 South Cass Ave Suite 115

City Darien

State Illinois

ZIP Code + 4 60561

7. Date entered into:

10 / 8 / 2017

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 Other (Specify)

CEO

On 12/4/2017 2027808005

Date

Telephone Number

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)

Title Other (Specify)

n/a

On \_\_\_\_\_

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.):

\$3000 per Consultant per day 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 in the Bargaining Unit of the their rights under the NLRA

11.b. Period during which performed:

11/30/2017

11.c. Extent performed:

fully

11.d. Name and address through whom performed:

Name Joseph Brock  
Organization East Coast Labor Relations, LLC  
P.O. Box, Bldg., Room No., if any  
Street 515 S. Gull Lake Drive  
City Richland  
State Michigan ZIP Code + 4 49083

Additional Name and address through whom performed, if any:

Name James Venable  
Organization  
P.O. Box, Bldg., Room No., if any  
Street 5480 Xanthia St  
City Denver  
State Colorado ZIP Code + 4 80238

12.a. Identify subject groups of employees:

Techncal Operators

12.b. Identify subject labor organizations:

IBT Local 710