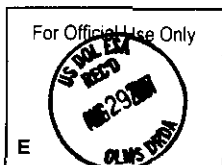


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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- **629** **332950**

Person Filing	
2. Name and mailing address (include ZIP Code): Name Mark Negus Title (Individual) Organization P.O. Box, Bldg., Room No., if any Street 2819 Biltmore Street City Joliet State Illinois ZIP Code + 4 60435	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 / 31	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 Dean Kim Organization Bridgestone Americas Holding, Inc. Trade Name, if any P.O. Box, Bldg., Room No., if any Law Dept. Street 535 Marriott Drive City Nashville State Tennessee ZIP Code + 4 37214	7. Date entered into: 7 / 26 / 2007 8. Name of person(s) through whom made: Name Tim Neville 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 [Signature]
Title President

President
(If other title, see
instructions)

14. Signed _____
Title Treasurer

Treasurer
(If other title, see
instructions)

On 8-20-07 630-364-0142
Date Telephone Number

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.):

On July 31, I spoke to a group of employees at Bridgestone's Roanoke, Texas distribution center about my experience working in a unionized distribution center. While I was not paid for the presentation, Bridgestone reimbursed my travel expenses.

This arrangement was not memorialized in a written instrument.

Specific Activities to be Performed

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

a. Nature of activity:

The object of the my activity on July 31, 2007 was to provide insight to employees at Bridgestone's Roanoke, Texas distribution center about working with a union in a similar facility.

I spoke for approximately 15 minutes to assembled employees on the morning of July 31, 2007 at the distribution center. Additionally, I spoke with a few employees about my union experience as I walked through the distribution center on July 31, 2007.

11.b. Period during which performed:

July 31, 2007

11.c. Extent performed:

The activity has been completed

11.d. Name and address through whom performed:

Name Mark Negus

Organization (Individual)

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

Street 2819 Biltmore Street

City Joliet

State Illinois

ZIP Code + 4 60435

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:

Employees at Bridgestone's DFW Distribution Center located at 600 Gateway Parkway in Roanoke, Texas.

12.b. Identify subject labor organizations: