

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.

713622

1. File Number: C- 00568

Person Filing	
2. Name and mailing address (include ZIP Code): Name Raymond Rosenbach Title Treasurer Organization Govt Resources Consultants of America P.O. Box, Bldg., Room No., if any 106 Street 253 Commerce Dr City Grayslake State Illinois ZIP Code + 4 60030	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 / 19	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 Joseph Szafraniec Organization Materion Trade Name, if any P.O. Box, Bldg., Room No., if any Street 14710 Portage River South Rd City Elmore State Ohio ZIP Code + 4 43416	7. Date entered into: 12 / 15 / 2019 8. Name of person(s) through whom made: Name Joseph Szafraniec 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

12-23-19

Date

847-337-3480

Telephone Number

On

12/23/19

Date

847-337-3480

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.):

To provide professional consulting services as described in Section 11.

Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

11.b. Period during which performed:

December 2019 & January 2020

11.c. Extent performed:

On going

11.d. Name and address through whom performed:

Name David J Rittorf
Organization Govt Resources Consultants of America
P.O. Box, Bldg., Room No., if any 106
Street 253 Commerce Dr
City Grayslake
State Illinois ZIP Code + 4 60030

Additional Name and address through whom performed, if any:

Name Timothy Lewis
Organization Lewis Labor Relations Inc.
P.O. Box, Bldg., Room No., if any
Street 10731 Trailwood Dr.
City Chesterfield
State Virginia ZIP Code + 4 23832

12.a. Identify subject groups of employees:

All full-time and regular part-time production, maintenance and service employees, lead operators, lab, quality control employees and engineering techs employed at the Elmore, Ohio plant.

12.b. Identify subject labor organizations:

United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Allfull-time and regular part time & Industrial Service Workers International Union.