

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019

RECEIVED  
DEC 16 2018  
For Official Use Only

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)

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

685714

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 / 18

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 Rudy Pulido  
Organization MGM Springfield MA  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 1259 E Columbus Ave  
City Springfield  
State Massachusetts ZIP Code + 4 01105

7. Date entered into:

11 / 2 / 2018

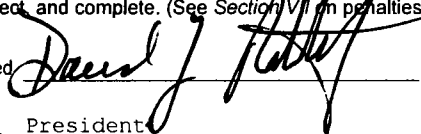
8. Name of person(s) through whom made:

Name Rudy Pulido  
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 President

14. Signed



Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 11/05/2018

Date

847-337-3480

Telephone Number

On 11/05/2018

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:

November, 2018

11.c. Extent performed:

complete

11.d. Name and address through whom performed:

Name James A Levyne  
 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 Gregg Peraino  
 Organization CSV360  
 P.O. Box, Bldg., Room No., if any PO Box 422812  
 Street  
 City Kissimme  
 State Florida ZIP Code + 4 34742

12.a. Identify subject groups of employees:

Security Officers

12.b. Identify subject labor organizations:

Law Enforcement Officers Security & Police  
 Benevolent Association (LEOS-PBA)  
 Security Police and Fire Professionals of America

**Specific Activities to be Performed (Continuation Page)**

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:

November 2018

11.c. Extent performed:

complete

11.d. Name and address through whom performed:

Name Javier Rivera-Carbóne

Organization Rivera Carbóne PC

P.O. Box, Bldg., Room No., if any Unit 75754

Street 905 Calle Negocio

City San Clemente

State California ZIP Code + 4 92673

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

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

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:

Security Officers

12.b. Identify subject labor organizations:

Law Enforcement Officers Security & Police  
Benevolent Association (LEOS-PBA)  
Security Police and Fire Professionals of America