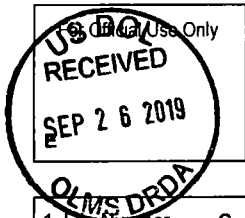


FORM LM-20

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

710465

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 ☐ 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 John Pesa

Organization Bear Down Logistics, Inc

Trade Name if any

P O Box Bldg Room No, if any

Street N53W24700 S Corporate Circle

City Sussex

State Wisconsin ZIP Code + 4 53089

7 Date entered into

8 / 29 / 2019

8 Name of person(s) through whom made

Name John Pesa

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 VI 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

09-19-2019

Date

847-337-3480

Telephone Number

On

9-18-19

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
September 2019

11 c Extent performed
on going

11 d Name and address through whom performed

Name James 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 Kelly Woods
Organization CSAV 360
P O Box, Bldg, Room No, if any P O Box 422812
Street
City Kissimme
State Florida ZIP Code + 4 34742

12 a Identify subject groups of employees

Full time and regular part time drivers

12 b Identify subject labor organizations

Teamsters Local 344