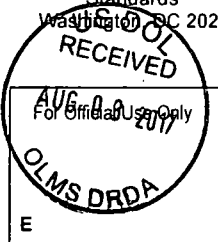


FORM LM-20

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.

653616

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 / 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 Robert Manners

Organization Production Resource Group LLC

Trade Name, if any

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

Street 1245 Aviation PL

City Ssn Fernando

State California

ZIP Code + 4 91340

7. Date entered into:

5 / 12 / 2017

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

Name Robert Manners

Name Brian Edwards

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 document(s)) 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]
President
(If other title, see instructions)

Title President

14. Signed

[Signature]
Treasurer
(If other title, see instructions)

Title Treasurer

On

07/27/17

Date

847-337-3480

Telephone Number

On

7-27-17

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:

May & June 2017

11.c. Extent performed:

complete

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 Mike Indivero
Organization
P.O. Box, Bldg., Room No., if any
Street 16216 32nd Ave SE
City Mill Creek
State Washington ZIP Code + 4 98012

12.a. Identify subject groups of employees:

Drivers

12.b. Identify subject labor organizations:

Studio Transportation Drivers Local 399