

# 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.

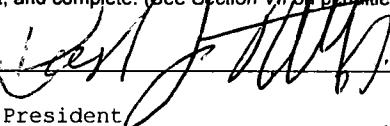

701970

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 Robert Machin  Organization DOMINO'S PIZZA  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 815 Onderdonk Ave  City Ridgewood  State New York ZIP Code + 4 11385	7. Date entered into: 3 / 29 / 2019  8. Name of person(s) through whom made:  Name Robert Machin  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 of penalties in the instructions.)			
13. Signed 	President (If other title, see instructions)	14. Signed 	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On 04-02-19	847-337-3480	On 4-2-19	847-337-3480
Date	Telephone Number	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.):

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:

March and April 2019

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 Brigitte Munoz  
Organization CSV 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:

All employees at the Onderdonk Ave Location, including customer service representatives and delivery experts but excluding all other employees including guards and supervisors as defined in the act.

12.b. Identify subject labor organizations:

Union: Local 91, United crafts and Industrial Workers Union