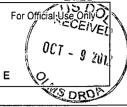
U.S. Sartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 12-31-2010



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.	
504196	
I. File Number: C- 00568	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Raymond Rosenbach	Name
Title Treasurer	Title
Organization Govt Resources Consultants of America	Organization
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bldg., Room No., if any
Street 253 Commerce Drive	Street
City Grayslake	City
State Illinois ZIP Code + 4 60030	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 12 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):	7. Date entered into: 9 / 16 / 2012
Name Ann Krutchik	
Organization MGM Grand	8, Name of person(s) through whom made:
Trade Name, if any	Name Ann Krutchik
P.O. Box, Bldg., Room No., if any	Name
Street 3799 Las Vegas Boulevard South	Name
City Las Vegas	Name
State Nevada ZIP Code + 4 89109	Name
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying dodurgents) has been examined true, correct, and complete. (See Section/VII on penalties in the instructions.) 13. Signed Title President President Instructions	te penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions)
on 9/29/1V 847-337-3480	On 09-28-12 847-337-3480

Date

Date

Telephone Number

Telephone Number

Filer Yaymond Rosenbach Govt Resources Consultants	of America File Number C- 00568	
9. Check the appropriate how to indicate whether an object of the activities under	taken is directly or indirectly:	
 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.		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
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 bargining representation, collective barganing procedures, unfair labor practices and union rules and finances.		
11.b. Period during which performed:	11.c. Extent performed:	
September and October 2012	On going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Gary Riseling	Name	
Organization Government Resources Consultants of Amer	Organization	
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bldg., Room No., if any	
Street 253 Commerce Dr	Street	
City Grayslake	City	
State Illinois ZIP Code + 4 60030	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Stagehands at the Hollywood Theater	IATSE Local 720	
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