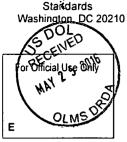
U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filling 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 State ZIP Code + 5 Type of person: a Individual b Partnership Fartnership Atture of Agreement or Arrangement Full name and address of employer with whom made (include ZIP Code): Name Cindy Hartman Organization 7. Date entered into: 5 / 4 / 8. Name of person(s) through whom made: Name Cindy Hartman Trade Name, if any IGT Rhode Island			
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 State ZIP Code + 4 60030 State ZIP Code + 5 Type of person: Dec 16 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 Cindy Hartman Organization International Gaming Technologies Name Cindy Hartman			
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Organization International Gaming Technologies Name of person(s) through whom made: Name Cindy Hartman			
Organization International Gaming Technologies Name Cindy Hartman	2016		
Trade Name, if any IGT Rhode Island Name Cindy Hartman			
P.O. Box, Bldg., Room No., if any HR Services & ER			
Street 9295 Prototype Dr Name			
City Reno Name			
State Nevada ZIP Code + 4 89521 Name			
Signatures			
Each of the undersigned declares, under genalty 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 VIII on penalties in the instructions.) President On On On On On On On On Date Title President On On On On On Date Telephone Number			

Filer: Raymond Rosenbach Govt Resources Consul	tants of America File Number C- 00568	
9. Check the appropriate box to indicate whether an object of the activities	ies undertaken, is directly or indirectly:	
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	suade employees as to the manner of exercising, the right to organize and bargain	
	ties of employees or a labor organization in connection with a labor dispute involvin on with an administrative or arbitral proceeding or a criminal or civil judicial proceed	
10. Terms and conditions (Explain in detail; see instructions. Written agre	eements must be attached.):	
To provide professional consulting services as	s described in Section 11.	
·		 .
Specific Activities to be Performed		·
11. For each activity, separately list in detail the information required (Sec	e instructions):	
a. Nature of activity:		
duties, and responsibilities as they pertain	ngs to inform and educate participants about their rig to the National Labor Relations Act and National Labo lot elections, collective bargaining representation, or practices, and union rules and finances.	hts, r
11.b. Period during which performed: May 4th 2016	11.c. Extent performed: Complete	
· · · · · · · · · · · · · · · · · · ·		·
11.d. Name and address through whom performed: Name James Levyne	Additional Name and address through whom performed, if any: Name	
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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 Commercee 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:	 -
Spoke to Lottery Techs at various locations in Twin River, West Greenwich and Newport RI.	No union identified	
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