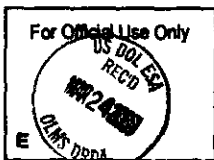


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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.

355474

1. File Number: C- 568

Person Filing

2. Name and mailing address (Include ZIP Code):

Name Raymond Rosenbach

Title Treasurer

Organization Government Resources Consultants
of America Inc

P.O. Box, Bldg., Room No., if any #106

Street 253 Commerce Dr

City GRAYS LAKE

State IL

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:

12/08

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 Stanley Associates Inc

Organization GREG SIESEL

Trade Name, if any

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

Street 24000 AVILA Rd

City LAGUNA NIGUEL

State CA

ZIP Code + 4 92677

7. Date entered into:

02/24/08

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

Name GREG SIESEL

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 VII on penalties in the instructions.)

13. Signed

[Signature]

President
(If other title, see
instructions)

Title President

On

03-17-08

Date

847-337-3480

Telephone Number

14. Signed

[Signature]

Treasurer
(If other title, see
instructions)

Title Treasurer

On

3/17/08

Date

847-337-3480

Telephone Number

Filer: <u>Government Resources Consultants of America, Inc.</u>	File Number C- <u>568</u>
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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 & EDUCATE PARTICIPANTS ABOUT THEIR RIGHTS & DUTIES & RESPONSIBILITIES AS THEY PERTAIN TO THE NATIONAL LABOR RELATIONS BOARD PROCEDURES & NATIONAL LABOR RELATIONS ACT AND COLLECTIVE BARGAINING PROCEDURES ON FAIR LABOR PRACTICES AND UNION RULES AND FINANCES

11.b. Period during which performed:

02-24-00 Through 03-04-00

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name GARY RIZELING
 Organization GOVERNMENT RESOURCES CONSULTANTS OF AMERICA, INC.
 P.O. Box, Bldg., Room No., if any 106
 Street 253 Commerce St
 City GRAYS LAKE
 State IL ZIP Code + 4 60030

Additional Name and address through whom performed, if any:

Name _____
 Organization _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

12.a. Identify subject groups of employees:

ALL FULL TIME AND REGULAR PARTTIME ADJUDICATION SUPPORT ASSOCIATES CLASS 1 (ASA1)
 ADJUDICATION SUPPORT ASSOCIATES CLASS 2 (ASA2)
 ADJUDICATION SUPPORT ASSOCIATES CLASS 3 (ASA3)

12.b. Identify subject labor organizations:

UNITED ELECTRICAL, RADIO & MACHINE WORKERS OF AMERICA