U.S. Department 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)

518390

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00568					
Person Filing					report are kent:
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:			
Name Raymond Rosenb	ach	Name			j
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 / 15 a.	Individual b. Partnership	c.XCorpo	ration d. Other (	Specify):	
	· · · · · · · · · · · · · · · · · · ·				
Nature of Agreement or Arrangement					
Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 2 / 19 / 2015			
Name Jeffery Stevens		8. Name of person(s) through whom made:			
Organization University of Rochester		Name Jeffery Stevens			
Trade Name, if any		-			
P.O. Box, Bldg., Room No., if any		Name			
Street 601 Elmwood Ave		Name			
City Rochester		Name			
State New York ZIP Code + 4 14642		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 VI documents)  13. Signed  President (If other title, see instructions)  Title  Treasurer (If other title, see instructions)					
On 02/23/2015 847-337-  Date Telepho	3480 one Number	On	02/23/2015 Date	847-337-3480 Telephone Number	
Form LM 20 /2003)					

Filer: Raymond Rosenbach Govt Resources Consultants	of America File Number C- 00568				
بر المراجعة					
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.					
· ·	<u> </u>				
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruction)	ons):				
a. Nature of activity:					
Conduct employee and supervisory group meetings to duties, and responsibilities as they pertain to the Relations Board procedures such as secret ballot el collective bargaining procedures, unfair labor pracedures.	ections, collective bargaining representation,				
11.b. Period during which performed:	11.c. Extent performed:				
February & March 2015	on going				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Noble Miller	Name				
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				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
All full time and regular part-time hourly employees working as parking attendants for the University of Rochester based at 601 Elmwood Ave, Rochester NY 14642	International Brotherhood of Teamsters Local 118 130 Metro Park Rochester, NY 14623				