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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: C- 00568 Person Filling 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Raymond Rosenbach Title Title Treasurer Organization Organization Govt Resources Consultants of America P.O. Box, Bldg., Room No., if any 106 P.O. Box, Bldg., Room No., if any Street 253 Commerce Drive Street City City Grayslake State Illinois ZIP Code + 4 60030 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify): Dec **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 20 / 2014 Name Bill Stejskal 8. Name of person(s) through whom made: Organization Mydatt Services Inc. Name Bill Stejskal Trade Name, if any Block By Block Name Derreck Hughes P.O. Box, Bldg., Room No., if any Ste 100 Name Street 7135 Charlotte Pike City Nashville Name ZIP Code + 4 37209 State Tennessee 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 or behalties in the instructions.)						
13. Signed Acceles A Manual President	President (If other title, see instructions)	14. Signed	<u></u>		Treasurer (If other title, see instructions)	
Title Fresident	*	Title	Treasurer		,	
On 5/27/14 847-337-3480		On	05-27-14	847-337-3480		
Date Telephone Number	er		Date	Telephone Number		

Filer Raymond Rosenbach Govt Resources Consultants	of America File Number C- 00568				
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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:	11.c. Extent performed:				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Edward D Young Jr.	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:				
Service unit Ambassador employees	Federation of Federal Employees FL-1 Int'l Association of Machinist & Aerospace Workers, AFL-CIO				