U.S. Repartment 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 cenalties 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.				
1. File Number:				
Person Filing				
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 / 15	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: 10 / 21 / 2015		
Name Dawn Haugen Organization John Deere Seeding Group-Valley City		8. Name of person(s) through whom made:		
Trade Name, if any		Name James J Lochner		
P.O. Box, Bldg., Room No., if any		Name Dawn Haugen		
Street 1725 7th Street		Name		
City Valley City		Name		
State North Dakota	ZIP Code + 4 58072	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  President  14. Signed  Treasurer				
Title President	(If other title, see instructions)	Title Treasurer (If other title, see instructions)		
On 10-26-15 84	7-337-3480 Telephone Number	On		

File Raymond Rosenbach Govt Resources Consultants	of America	File Number C- 00568		
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 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 Natoinal Labor Relations Board procedures and National Labor Relations Act, and collective bargaining procedures on Fair Labor Practices and union rules and finances.				
44 b Davied during which professorie	11.c. Extent performed:			
11.b. Period during which performed:  10-21-15 and on going	on going			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Timothy Curtis	Name			
Organization Government Resources Consultants of AM I	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:		
Production & Maintence employees	International Ass	ociation of Machinists		
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