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. 1245-0003
Expires 03-31-2019



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.

6	7	7	51	ナ
( )				

1. File Number: <b>C-</b> 00568				
D. Citt				
Person Filing  2. Name and mailing address (include ZIP Code):		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 Dr		Street		
City Grayslake		City		
State Illinois ZIP C	code + 4 60030	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:				
Dec / 18 a. 1	ndividual 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 Mark Obradovich		7. Date entered into: 5 / 14 / 2018		
Organization Ingeteam Group		8. Name of person(s) through whom made:		
Trade Name, if any		Name Mark Obradovich		
P.O. Box, Bldg., Room No., if any		Name		
Street 3550 W Canal Street		Name		
City Milwaukee		Name .		
State Wisconsin ZIP C	Code + 4 53208	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 Segtion All'onypenalties in the instructions.)  13. Signed  President  (If other title, see instructions)  Treasurer  (If other title, see instructions)				
	e e e e e e e e e e e e e e e e e e e	25/45/2020		
On 05/16/2018 847-337-3	<del></del>	On 05/16/2018 847-337-3480		
Date Telephor	ne Number	Date Telephone Number		

Filer: Raymond Rosenbach Govt Resources Consultants	s of America File Number C- 00568				
9. Check the appropriate box to indicate whether an object of the activities under	rtaken, 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 desc	cribed in Section 11.				
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruc	tions):				
a. Nature of activity:					
duties, and responsibilities as they pertain to the Relations Board procedures such as secret ballot e collective bargaining procedures, unfair labor prace	lections, collective bargaining representation,				
11.b. Period during which performed:	11.c. Extent performed:				
May & June 2018	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 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 and Maintenance	IBEW				