

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. 1. File Number: C- 00568 **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Raymond Rosenbach Title Title Treasurer Organization Govt Resources Consultants of America Organization P.O. Box, Bldg., Room No., if any 106P.O. Box, Bldg., Room No., if any Street 253 Commerce Dr Street City Grayslake City State Illinois ZIP Code + 4 60030 ZIP Code + 4 State 5. Type of person: 4. Date fiscal year ends: Other (Specify): c. X Corporation d. Dec 18 Individual b. Partnership **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 18 / 2018 Name Kristena Lukish 8. Name of person(s) through whom made: Organization Johns Hopkins Hospital Name Kristena Lukish Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 1800 Orleans Street City Baltimore Name ZIP Code + 4 State Maryland 21287 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 generalities in the instructions.) true, correct, and complete. (See Section VII or 13. Signed President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title

07/06/2018

Date

847-337-3480

Telephone Number

On

07/06/2018

Date

847-337-3480

Telephone Number

12 =	:		•	•	
Filer: Raymond	Rosenbach	Govt Resources Consulta	ants 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 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				
such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding	g.			

10. Terms and conditions (Explain in de	erms and conditions (Explain in detail; see instructions. Written agreements must be attached.):				
To provide professional	consulting services	as described in	n Section	11.	•
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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:			
June July August 2018	On Going			
. 11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name David Moon	Name Stephanie Patiga			
Organization Govt Resources Consultants of America	Organization Govt Resources Consultants of America			
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bldg., Room No., if any 106			
Street 253 Commerce Dr	Street 253 Commerce Dr			
City Grayslake	City Grayslake			
State Illinois ZIP Code + 4 60030	State Illinois ZIP Code + 4 60030			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Nursing	NNOC/NNU			