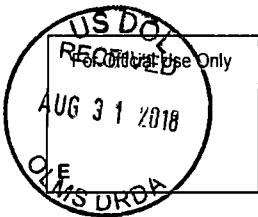


FORM LM-20

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.

682059

1. File Number: C- 00568

Person Filing	
2. Name and mailing address (include ZIP Code): Name Raymond Rosenbach Title Treasurer Organization Govt Resources Consultants of America P.O. Box, Bldg., Room No., if any 106 Street 253 Commerce Dr City Grayslake State Illinois ZIP Code + 4 60030	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec / 18	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Allan Spooner Organization Franciscan Alliance Inc. Trade Name, if any P.O. Box, Bldg., Room No., if any Street 20201 South Crawford Avenue City Olympia Fields State Illinois ZIP Code + 4 60461	7. Date entered into: 8 / 13 / 2018 8. Name of person(s) through whom made: Name Allan Spooner Name Name 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 Title President On 08/16/2018 847-337-3480 Date Telephone Number	14. Signed Title Treasurer On 08/16/2018 847-337-3480 Date Telephone Number
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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.

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:

August September

11.c. Extent performed:

On Going

11.d. Name and address through whom performed:

Name Gary Riseling
Organization Govt Resources Consultants of America
P.O. Box, Bldg., Room No., if any 106
Street 253 Commerce Dr
City Grayslake
State Illinois ZIP Code + 4 60030

Additional Name and address through whom performed, if any:

Name Hilary McClain
Organization McClain Resources
P.O. Box, Bldg., Room No., if any Suite 110-368
Street 10620 Southern Highland PKWY
City Las Vegas
State Nevada ZIP Code + 4 89141

12.a. Identify subject groups of employees:

Non-Professional

12.b. Identify subject labor organizations:

SEIU

Specific Activities to be Performed (Continuation Page)

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:

August September

11.c. Extent performed:

On Going

11.d. Name and address through whom performed:

Name Caesar Alarcon

Organization Stay Union Free

P.O. Box, Bldg., Room No., if any

Street 614 Springdale Circle

City Palm Spring

State Florida

ZIP Code + 4 33461

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

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12.a. Identify subject groups of employees:

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