

# 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.

653993

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 Drive  
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 / 17

#### 5. Type of person:

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):

Name William Clendenen  
Organization ICCO, LLC  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any P.O. Box 824  
Street  
City Springfield  
State Oregon ZIP Code + 4 97477

#### 7. Date entered into:

7 / 25 / 2017

#### 8. Name of person(s) through whom made:

Name Richard Abraham, MD  
Name Mitch Boriskin, FNP  
Name Alex Morley, MD  
Name Marc Schnapper, MD  
Name Howard Stein, MD

### 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

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

8-4-17

Date

847-337-3480

Telephone Number

On

8-4-17

Date

847-337-3480

Telephone Number

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:

July & August 2017

11.c. Extent performed:

on going

11.d. Name and address through whom performed:

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

Additional Name and address through whom performed, if any:

Name Javier Rivera-Carbone  
 Organization Rivera Carbone, P C  
 P.O. Box, Bldg., Room No., if any 200  
 Street 9891 Irvine Ctr Dr.  
 City Irvine  
 State California ZIP Code + 4 92618-4320

12.a. Identify subject groups of employees:

All employees

12.b. Identify subject labor organizations:

SEIU Local 49

**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:

July &amp; August 2017

11.c. Extent performed:

on going

11.d. Name and address through whom performed:

Name Ann Williams

Organization McClain Resources

P.O. Box, Bldg., Room No., if any 110-368

Street 10620 Southern Highlands Parkway

City Las Vegas

State Nevada ZIP Code + 4 89141

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

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