

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):

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. ☐ 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 Samantha Ros
Organization WellStar Atlanta Medical Center
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 1170 Cleveland Ave
City Eastpoint
State Georgia ZIP Code + 4 30344

7. Date entered into:

5 / 23 / 2018

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

Name Samantha Ros
Name
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:

President
(If other title, see instructions)

14. Signed:

Treasurer
(If other title, see instructions)

Title President

Title Treasurer

On 05/23/2018

Date

847-337-3480

Telephone Number

On 05/23/2018

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:

May and June 2018

11.c. Extent performed:

On Going

11.d. Name and address through whom performed:

Name James A Levyne
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 Dawn Chapman
Organization CREATIVE SOLUTIONS, & VISIONS
P.O. Box, Bldg., Room No., if any
Street 8 CARLTON CT
City STATEN ISLAND
State New York ZIP Code + 4 10312

12.a. Identify subject groups of employees:

All full-time and regular part-time employees in the following combined unit: 1) technical employees 2) skilled maintenance employees; and 3) service and maintenance employees

12.b. Identify subject labor organizations:

SEIU 364.