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. 1215-0188 Expires 12-31-2010



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fires, 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** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Raymond Rosenbach Title Title Treasurer 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 Drive Street City City Grayslake State Illinois ZIP Code + 4 60030 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: c. X Corporation d. Dec Individual Partnership Other (Specify): 13 Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 20. 2013 Name Kenneth ALLEN 8: Name of person(s) through whom made: Organization Gabriel Performance Products Name Trade Name, if any-Name · P.O. Box, Bldg., Room No., if any Name Street 600 State Road 2nd Floor City Ashtabula Name ZIP Code + 4 44004 State Ohio 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 VIII on penalties in the instructions.)					
13. Signed President	President (If other title, see instructions)	14. Signed	<u> 20 </u>	Treasurer (If other title, see instructions)	
Title- President		Title Treasurer	 ,	* * * * * * * * * * * * * * * * * * * *	
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on 04-23-2013	847-337-3480	On 04/22/2013	847-337-3480		
Date	Telephone Number	Date	Telephone Number		
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Filer Raymond Rosenbach Govt Resources Consultants	of America File Number C- 00568			
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9. Check the appropriate box to indicate whether an object of the activities under	taken, 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.				
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Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruct	ions):			
a. Nature of activity:				
duties and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargining representation, collective barganing procedures, unfair labor practices and union rules and finances.				
11.b. Period during which performed:	11.c. Extent performed:			
April & May 2013	oh going			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Timothy Curtis	Name			
Organization Government Resources Consultants of Am	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 ZJP Code + 4			
12:a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Production & Maintenance	Steelworkers			