

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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- 568

### Person Filing

2. Name and mailing address (include ZIP Code):

Name Raymond Rosenbach  
Title Treasurer  
Organization Government Resources Consulting  
OF AMERICA INC  
P.O. Box, Bldg., Room No., If any #106  
Street 253 Commence Dr  
City Grayslake  
State IL 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:

12/06

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 KATIE BANZHAF  
Organization STAR INC  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 182 WOLF PIT AVENUE  
City NORWALK  
State CT ZIP Code + 4 06851

7. Date entered into:

6/30/06

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

Name KATIE BANZHAF  
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

[Signature]  
Title President

President  
(If other title, see  
instructions)

14. Signed

[Signature]  
Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

8/9/06

Date

847-337-3480

Telephone Number

On

8/9/06

Date

847337-3480

Telephone Number

Filer: **Government Resources CONSULTANTS OF AMERICA INC**

File Number C- **568**

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 & 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 AND Collective Bargaining Procedures, UNFAIR Labor Practices AND Union rules AND FINANCES**

11.b. Period during which performed:

**6/06 Through 8/31/06**

11.c. Extent performed:

11.d. Name and address through whom performed:

Name **EDWARDS, YOUNG**  
Organization **Government Resources CONSULTANTS OF AMERICA INC**  
P.O. Box, Bldg., Room No., if any **106**  
Street **253 Commerce Dr**  
City **GRAYS LAKE**  
State **IL** ZIP Code + 4 **60030**

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

12.a. Identify subject groups of employees:

**Job Coaches, dietary ASST.  
Resident INSTRUCTORS  
ASST. Nurse managers  
DRIVERS**

12.b. Identify subject labor organizations:

**1199 SEIU**