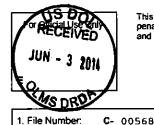
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 12-31-2010



Person Filing

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

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.

3. Any other address where records necessary to verify this report are kept:

Name Raymond	Rosenbach	Name			
Tite Treasurer		Title			
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 Grayslake		City			
State Illinois	ZIP Code + 4 60030	State	ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:				
Dec / 14	a. Individual b. Partnership	c. Corporation d. Other (Specif	ýy):		
Nature of Agreement or Arrangement	ent	· · · · · · · · · · · · · · · · · · ·			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:			
Name Mike Henderson		5 / 20 / 2014			
Organization Sonoco Protective Solutions		Name of person(s) through whom made:			
Trade Name, if any		Name Mike Henderson			
P.O. Box, Bldg., Room No., if any		Name			
Street 161 Corporate Dr		Name			
City Montgomeryville		Name			
State Pennsylvania	ZIP Code + 4 18936	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. (Signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (Signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete.					
13. Signed Nave	President (If other title, see	14. Signed	Treasurer (If other title, see		
Title President	(instructions)	Title Treasurer	instructions)		
On $\frac{5/19/14}{\text{Date}}$ 8	47-337-3480 Telephone Number	On <u>05-29-74</u>	17-337-3480 Telephone Number		
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Filer Raymond Rosenbach Govt Resources Consultants	of America	File Number C- 00568		
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.				
<del></del>				
Specific Activitles 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:	11.c. Extent performed:			
11.d. Name and address through whom performed:	Additional Name and address	through whom performed, if any:		
Name	Name Amed	Santana		
Organization Govt Resources Consultants of America	Organization Santana In	ternational Inc.		
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bldg., Room No., if any			
Street 253 Commerce Drive	Street 5908 Via Cuesta Dr.			
City Grayslake	City El Paso			
State Illinois ZIP Code + 4 60030	State Texas	ZIP Code + 4 79912		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All Full time and Part Time Laborers, Maintenance and Janitorial Employees.	LIUNA Local 332			