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, 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	<del></del>	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Raymond Rosenbach	Name	
Title 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	
Date fiscal year ends:     5. Type of person:		
Dec / 13 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):	7. Date entered into: 6 / 17 / 2013	
Name Michael Nickolich	· · · · · · · · · · · · · · · · · · ·	
Organization Bally Gaming, Inc.	8. Name of person(s) through whom made:	
Trade Name, if any See Section 12	Name Michael Nickolich	
P.O. Box, Bldg., Room No., if any Suite 603	Name	
Street 37 Elkay Dr	Name	
City Chester	Name	
State New York ZIP Code + 4 10918	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President  On President  On Date  847-337-3480  Telephone Number	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed  Treasurer (If other title, see instructions)  On  Date  B47-337-3480  Telephone Number	

<u> </u>			
Filer Paymond Rosenbach Govt Resources Consultants	of America	File Number C- 00568	
O Charlette appropriate have to indicate subother on abject of the potential undertaken in dispaths or indicately			
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.			
To supply an employer with information concerning the activities of em	nlovees or a labor organization	in connection with a labor dispute involving	
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.			
<del></del>			
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):			
To provide professional consulting services as desc	ribed in Section 11.		
Specific Activities to be Performed	<del></del>	<del></del>	
	<del></del> -	· · · · · · · · · · · · · · · · · · ·	
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:		
June 17, 2013 and on going	On Going		
11.d. Name and address through whom performed:	Additional Name and address	s through whom performed, if any:	
Name Byron Clay	Name	,	
Name Byron Cray	Name		
Organization Govt Resources Consultants of America	Organization		
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bldg., Room No., it	fany	
Street 253 Commerce Drive	Street		
City Grayslake	City		
State Illinois ZIP Code + 4 60030	State	ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	ganizations:	
All full time & regular part time Technicians and lead Technicians at Empire City Casino, Yonkers NY	CWA Local 1105		
All full time & regular part time Technicians and lead Technicians at Resorts World New York, Queens, NY			
All full time & regular part time Technicians and lead Technicians at Empire Resorts and Monticello Casino and Raceway Monticello, NY			