

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



**C**- 00568

1. File Number:

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.

Person Filing		
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	
4. Date fiscal year ends: 5. Type of person:		
Dec / 9 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: 9 / 23 / 2009	
Name Elizabeth S Hays	,	
Organization Mars Home for Youth	8. Name of person(s) through whom made:	
Trade Name, if any	Name Elizabeth S Hays	
P.O. Box, Bldg., Room No., if any	Name	
Street 521 Route 228	Name	
City Mars	Name	
State Pennsylvania ZIP Code + 4 16046	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 VI on penalties in the instructions.)  13. Signed  President  (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including	
On 09/28/2009 847-337-3480 Telephone Number	On 09/28/2009 847-337-3480  Date Telephone Number	
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:			
<ul> <li>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.</li> <li>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.</li> </ul>			
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:  Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the Natoinal Labor Relations Board procedures and National Labor Relations Act, and collective bargaining procedures on Fair Labor Practices and union rules and finances.			
11.b. Period during which performed:	11.c. Extent performed:		
September 23, to November 01, 2009	On going	the second of th	
11.d. Name and address through whom performed:		s through whom performed, if any:	
Name Noble Miller	Name		
Organization Government Resources Consultants of Amer.	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	
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	organizations:	
All full time and regular part time Residential Advisors and Assistant Supervisors.	Pennsylvania Socia	al Services Union , Local 668	