

## 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)

E OLMS DADY	471252	LLY BEFORE PREPARING THIS REPORT.	
I. File Number: <b>C-</b> 00568	-11100		
Person Filing			
Name and mailing address (include ZIP Code):		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	<b>ZIP Code + 4</b> 60030	State    ▼ ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:		
Dec 🔻 / 11	a. Individual b. Partnership	c. X Corporation d. Other (Specify):	
Nature of Agreement or Arrangeme	ent		
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 12 / 15 / 2011	
Name Bruce Keefer			
Organization Republic Services Inc		8. Name of person(s) through whom made:	
Trade Name, if any		Name Bruce Keefer	
P.O. Box, Bldg., Room No., if any		Name	
Street 3358 South Carolina Highway 51		Name	
City Fort Mills		Name	
State South Carolina	▼ ZIP Code + 4 29715	Name	
Signatures			
the information contained in any accor		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 [17/17/2011 84 Date	7-337-3480 Telephone Number	On   12/17/2011   847-337-3480	

*	
9. Check the appropriate box to indicate whether an object of the activities under	rtaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of emsuch employer, except information for use solely in conjunction with a	nployees or a labor organization in connection with a labor dispute involving 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 by
To provide professional consulting services as described	
1	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:	tions):
Conduct employee and supervisory group meetings to rights, duties, and responsibilities as they pertain and National Labor Relations Act, and collective be union rules and finances.	in to the Natoinal Labor Relations Board procedures
11.b. Period during which performed:	11.c. Extent performed:
December 2011 & January 2012	On Going
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Noble Miller	Name
Organization Government Resources Consultants of Am. Ir	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   ▼ ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Truck Drivers	International Brotherhood of Teamsters Local 71

Govt Resources Consultants of America

File Number C- 00568

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