DS. 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. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 28 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-Managament Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

539005	
1. File Number: C- 00568	
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
Tdlo Treasurer	Title
Organization Govt Resources Consultants of America	Organization
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bidg., Room No., if any
Street 253 Commerce Drive	Street
City Grayslake	City
State Illinois Z!P Code + 4 60030	State ZIP Code + 4
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: 5 · / 20 / 2013
Name Chelsea Hafso	
Organization John Deere Reman (Springfield)	8. Name of person(s) through whom made:
Trade Name, if any	Name Chelsea Hafso
P.O. Box, Bldg., Room No., if any	Name
Street 4500 E Mustard Way	Name
City Springfield	Name
State Missouri ZIP Code + 4 65803	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 penaltiles in the instructions.) President (If other title, see 14. Signed Treasurer (If other title, see	
Title President U Instructions)	Title Treasurer instructions)
· · · · · · · · · · · · · · · · · · ·	
On 05/31/2013 847-337-3480	On 05/31/2013 847-337-3480
Date Telephone Number	Date Telephone Number

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.		
to provide processional constituing services as according to sociation in		
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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 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,		
Relations Board procedures such as secret ballot elective bargaining procedures, unfair labor pracedures.	lections, collective bargaining representation, ctices, and union rules and finances.	
control sanguanting procedures, consumer position		
11.b. Period during which performed:	11.c. Extent performed:	
Beginning May 20, 2013	On Going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Gerald R O'Brien	Name	
Organization Govt Resources Consultants of America	Organization	
P.O. Sox, Bidg., Room No., if any 106	P.O. Box, Bidg., 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 organizations:	
Production & Maintenance	UAW	

Govt Resources Consultants of America

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Filer. Raymond Rosenbach