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

FORM LM-21 RECEIPTS AND DISBURSEMENTS 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. the fulfilling Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E CLASDED 62	5735						
1 . File Number C -00568	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) 01/01/2015 Through: 12/31/2015						
A. Person Filing 3. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:						
Name Raymond Rosenbach Title Treasurer	Name Title						
Organization Government Resources Consultants of Am P.O. Box, Building and Room Number, if any 106 Street 253 Commerce Dr City Grayslake State Illinois ZIP Code + 4 60030	Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4						
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 the Section on penalties in the instructions).							
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)						
On 6/13/2016 847-337-3480 Date Telephone Number	On 04/16 /2016 847-337-3490 Date Telephone Number						

Name of Person Filing	Raymond Rosenbac	h	File Number C- 00568						
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.									
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any									
Employer Tay1	lor Motors		7.0.600, 61	unding and Room Number, it any					
Trade Name				Street 38	Street 3820 US Hwy 641 South				
Attention To Gr	reg	elancy		City Mu	City Murray				
Title Hu	ıman Resources			State Ke	ziP Cod	e + 4 42071			
5.b. Termination Date	te 11-06-2014 Pd :	in 2015		5.c. Amount	30,935				
6. TOTAL RECEIPTS	FROM ALL EMPLOYERS	518,039							
L									
C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals						e or services rendered			
David J	Rittof	100,500	4,472	104,972	9. Office and Administrative Expenses	110,785			
Edward D	Young	23,546	1,662	25,208	10. Publicity	0			
Gary	Riseling	17,340	8,860	26,200	11. Fees for Professional Services	1,500			
James A	Levyne	41,932	3,841	45,773	12. Loans Made	0			
Noble	Miller	88,361	13,216	101,577	13. Other Disbursements	8,463			
Total disbursements to officers and employees:					5 14. Total Disbursements (Sum of Items 8-13) 463				
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.									
15.a. Employer Name:				15.b. Trade Name, If any:					
15.c. To Whom Paid					15.d. Amount [20, 322]				
Name Thomas Mains				15.e. Purpose					
Title					Consulting work on case				
Organization									
P.O. Box, Building	g and Room Number, if any								
Street 10 Bayau Trail									
City Medford									
State New Jers		IP Code + 4 080	55	1					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 46,764									
10. TO THE DIODONOLIMENTO FOR ALE INC. ORTHORITY 40, 704									

Form LM-21 (2003)

Name of Person Filing: Raymond Rosenbach	File Number C- 00568					
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:					
Employer Taylor Motors	P.O. Box, Bldg., Room No., if any					
	Street 5440 Airborn St					
Trade Name Attention To: Greg Delancy	City Fort Cambell					
Human Resources	State Kentucky ZIP Code + 4 42071					
5.b. Termination Date 01/15/2015	5.c. Amount 9, 439					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any					
Employer Bellagio						
Trade Name	Street 4886 Frank Sinatra Drive					
Attention To: Christopher Henry	City Las Vegas					
Title VP Talent & Origanizational Devel	State Nevada ZIP Code + 4 85158					
5.b. Termination Date 10/31/2014 paid in 2015	5.c. Amount 52, 839					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:					
	P.O. Box, Blda., Room No., if any					
Employer Bellagio						
Trade Name	Street 3800 Las Vegas Blvd					
Attention To: Mary Kelly	City Las Vegas					
Title VP Human Resources	State Nevada ZIP Code + 4 89109					
5.b. Termination Date February 2015	5.c. Amount 242, 324					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any					
Employer University of Rochester						
Trade Name	Street 601 Elmwood Ave					
Attention To: Jeffery Stevens	City Rochester					
Title Chief HR Officer	State New York ZIP Code + 4 14642					
5.b. Termination Date March 2015	5.c. Amount 76, 095					
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:						
	P.O. Box, Blda., Room No., if any					
Employer Golden Nugget - Las Vegas	P O Box 610					
Trade Name	Street					
Attention To: Susan Stanton	City Las Vegas					
Title VP Human Resources	State Nevada ZIP Code + 4 89125					
5.b. Termination Date May 2015	5.c. Amount 31,785					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any					
Employer International Game Technologies	1. O. DOX, BIOU., NOOTH INC., II dify					
Trade Name	Street 6355 Buffalo Dr					
Attention To: Cindy Hartman	City Las Vegas					
Title HR Services & Employee Relations	State Nevada ZIP Code + 4 89113					
5.b. Termination Date May 2015	5.c. Amount 29, 229					

Name of Person F	ling: Raymond Rose	enbach		File Number C- 00568				
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.								
5.a. Name and Add	5.a. Name and Address of Employer (including trade name, if any). Mailing Address:							
P.O. Box, Bldg., Room No., if any Employer U S Security Associates inc Suite 300								
Trade Name				 Street	795 Ridge L	ake Blvd		
	Michelle	Harkavy			Memphis	ake biva	7	
Title		General Counsel		State	Tennessee		ZIP Code + 4	
		General Counsel	<u> </u>					
5.b. Termination D	ate May 2015		<u> </u>	5.c. Amo	ount 24,688			
	dress of Employer (incli		ny).	P.O. Bo	Mailing Addres x, Bldg., Room N			
Employer Un	ited Rentals In	nc	· · · · · · · · · · · · · · · · · · ·					
Trade Name				Street	4900 Upshur	St		
Attention To:	Peter	M Meany		City	BladensBurg			
Title	Director of La	bor Relations		State	Maryland		ZIP Code + 4 20710	
5.b. Termination D	ate 10/06/2015			5.c. Amo	ount 20,705			
5.a. Name and Ad	dress of Employer (incl	luding trade name, if a	ny).		Mailing Addres			
F				P.O. B	o <u>x, Blda., Room N</u>	lo., if any		
Employer L	·			 Street				
Trade Name Attention To:				City				
Title				State	<u> </u>		ZIP Code + 4	
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5.b. Termination D	ate [,	5.c. Amo	ount [
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:								
				P.O. Bo	ox, Bldg., Room N	lo., if any		
Employer L Trade Name				 Street				
Attention To:				City				
Title				State			ZIP Code + 4	
riue				Jiale			Zir code + 4	
5.b. Termination D	ate]	5.c. Amo	ount		·-···	
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:								
Employer				P.O. B	ox, <u>Bida., Room N</u>	lo., if any		
Trade Name				Street				
Attention To:				City			7	
Title		<u> </u>	 _	State			ZIP Code + 4	
11110				1				
5.b. Termination Date 5.c. Amount								
5.a. Name and Add	dress of Employer (incl	luding trade name, if a	ny).	P.O. Bo	Mailing Addres			
Employer _								
Trade Name				Street				
Attention To:				City			7 ,	
Title				State			ZIP Code + 4	
5.b. Termination D	ate			5.c. Amo	ount			

ment of Disburs rsements to Office (a) Name	ements rs and Employers:	(b) Salary	(c) Expenses	(d) Totals	
	J Curtis	31,428	7,217	38,645	
Timothy	Curcis	31,428	7,217	38,645	
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C. Statem 7. Disbur	eent of Disburseme sements to Officers ar (a) Name	ents	mployers:	(1	b) Salary	(c) Expenses	(d) Totals	
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Name of Person Filing: Raymond Rosenbach	File Number C- 00568
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Lance J Matthews Title Organization P.O. Box, Building and Room Number, if any Street 4958 Calderron Rd. City Woodland Hills State California ZIP Code + 4 91364	15.d. Amount 10,397 15.e. Purpose Consulting work on case
15.a. Employer Name: Rivera Carbone PC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Javier R Carbone Title Organization	15.d. Amount 11,795 15.e. Purpose Consuting work on case
P.O. Box, Building and Room Number, if any Unit 75754 Street 905 Calle Negocio City San Clemente State California ZIP Code + 4 92673	
15.a. Employer Name:	15.b. Trade Name, If any:
Baird Consulting	10.0. Hade Hame, II any.
15.c. To Whom Paid Name John Baird Title Organization P.O. Box, Building and Room Number, if any Suite 3931 Street 57200 E Highway 125 City Afton State Texas ZIP Code + 4 74331	15.d. Amount 4,250 15.e. Purpose Commission