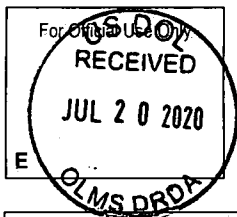


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

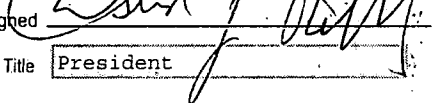
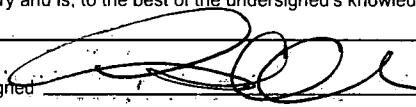
732343

1. File Number C- 00568	2. Period Covered By This Report: From: 01/01/2019 Through: 12/31/2019	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Raymond Rosenbach
Title	Treasurer
Organization	Government Resources Consultants of Amer
P.O. Box, Building and Room Number, if any	106
Street	253 Commerce Dr
City	Grayslake
State	Illinois ZIP Code + 4 60030
4. Any other address where records necessary to verify this report are kept:	
Name	
Title	
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)
Title	President		Title	Treasurer	
On	7/13/2020	847-337-3480	On	07/13/2020	847-209-0256
Date		Telephone Number	Date		Telephone Number

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:

P.O. Box, Building and Room Number, if any

Employer Franciscan Alliance Inc

Trade Name

Street 20201 South Crawford Ave

Attention To Allen

Spooner

City Olympia Fields

Title President

State Illinois

ZIP Code + 4 60461

5.b. Termination Date

5.c. Amount 168,150

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2,221,442

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

Amy	E	Helland	11,606	0	11,606	9. Office and Administrative Expenses	68,025
David		Moon	24,600	0	24,600	10. Publicity	7,000
Gary		Riseling	8,700	0	8,700	11. Fees for Professional Services	89,359
James	A	Levyne	10,635	789	11,424	12. Loans Made	0
Noble		Miller	86,400	19,704	106,104	13. Other Disbursements	1,534
8. Total disbursements to officers and employees:					983,527	14. Total Disbursements (Sum of Items 8-13)	1,149,445

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:

Rivera Carbone P C

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Javier

R

Carbone

Title

Consultant

Organization

15.d. Amount 13,224

15.e. Purpose

Consulting work on case

P.O. Box, Building and Room Number, if any

Unit 75754

Street

905 Calle Negocio

City

San Clementte

State

California

ZIP Code + 4 92673-1327

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 796,240

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 Ascensus Specialties		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 4800 State Route 12	
Attention To: Mario Sandoval		City Ek=1ma	
Title V P Operations		State Washington	ZIP Code + 4 98541
5.b. Termination Date		5.c. Amount 41,316	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Windstream Communications		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 401 Rodney Parham Rd	
Attention To: Bruce Hurlbut		City Little Rock	
Title Director of Human Relations		State Arkansas	ZIP Code + 4 72212
5.b. Termination Date		5.c. Amount 148,399	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Johns Hopkins Hospital		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1800 Orleans Street	
Attention To: Kristena Lukish		City Baltimore	
Title VP Human Resiurces		State Maryland	ZIP Code + 4 21287
5.b. Termination Date 10312018		5.c. Amount 57,339	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Parker Hannifin Corporation		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 100 River Ridge Circle	
Attention To: Pamela Kile		City Jefferson	
Title Area HR Manager-IFG		State Indiana	ZIP Code + 4 47130
5.b. Termination Date 11/30/2018		5.c. Amount 659,747	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer MGM Springfield MA		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1259 E Columbus Ave	
Attention To: Rudy PULIDO		City Springfield	
Title VP Labor Strategy		State Massachusetts	ZIP Code + 4 01105
5.b. Termination Date 11/30/2018		5.c. Amount 81,869	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Hydrochem LLC		P.O. Box, Bldg., Room No., if any 1-C-A	
Trade Name		Street 3200 Sheffield	
Attention To: Tim Gaudet		City Hammond	
Title Corp Director H R & Labor Relations		State Indiana	ZIP Code + 4 46320
5.b. Termination Date 12/31/2018		5.c. Amount 20,397	

Name of Person Filing: Raymond Rosenbach		File Number C-00568	
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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: Fields Auto Group Trade Name: Attention To: Ryan Fields Title: President	P.O. Box, Bldg., Room No., if any: Street: 504 East Badger Rd City: Madison State: Wisconsin ZIP Code + 4: 53712		
5.b. Termination Date: 12/31/2018	5.c. Amount: 10,773		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: PPC Flexible Packagibg LLC Trade Name: Attention To: Lyle Meshberger Title: CFO	P.O. Box, Bldg., Room No., if any: Street: 1111 Busch Parkway City: Buffalo Grove State: Illinois ZIP Code + 4: 60089		
5.b. Termination Date: 12/31/2018	5.c. Amount: 18,096		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: North Star Seafood LLC Trade Name: Attention To: Josh Burman Title: President	P.O. Box, Bldg., Room No., if any: 7A Street: 2213 N. W. 30th Place City: Pompano Beach State: Florida ZIP Code + 4: 33069-1026		
5.b. Termination Date: 02/28/2019	5.c. Amount: 151,833		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Case Western Reserve University Trade Name: Attention To: Peter M Poulos Title: Deputy General Counsel/Chief Risk M	P.O. Box, Bldg., Room No., if any: Street: 10900 Euclid Avenue City: Cleveland State: Ohio ZIP Code + 4: 44106-7020		
5.b. Termination Date: 01/31/2019	5.c. Amount: 19,767		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Sysco Foods of South Florida Trade Name: Attention To: John Abrue Title: President	P.O. Box, Bldg., Room No., if any: Street: 12500 N. W. 112th Avenue City: Medley State: Florida ZIP Code + 4: 33178-1055		
5.b. Termination Date: 04/30/2019	5.c. Amount: 327,289		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Sysco Central Alabama Trade Name: Attention To: Chip Frazier Title: VP Finance & CEO	P.O. Box, Bldg., Room No., if any: Street: 1000 Sysco Drive City: Calera State: Alabama ZIP Code + 4: 35040		
5.b. Termination Date: 05/31/2019	5.c. Amount: 152,998		

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	Bob Loquercio Auto Group	P.O. Box, Bldg., Room No., if any	
Trade Name	Chicago Northside Toyota	Street	6042 N Western Avenue
Attention To:	Jim Gallagher	City	Chicago
Title	General Manager	State	Illinois
		ZIP Code + 4	60659
5.b. Termination Date		5.c. Amount	
02/28/2019		6,892	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer	Domino's Pizza	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	815 Onderdonk Ave
Attention To:	Robert Machin	City	Ridgewood
Title	Legal Representative	State	New York
		ZIP Code + 4	11385
5.b. Termination Date		5.c. Amount	
04/30/2019		76,006	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer	Quest Diagnostics Inc	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1 Malcom Avenue
Attention To:	William Catogge	City	Teterboro
Title		State	New Jersey
		ZIP Code + 4	07608
5.b. Termination Date		5.c. Amount	
09/07/2019		108,592	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer	Dupre Logistics LLC	P.O. Box, Bldg., Room No., if any	Suite 500
Trade Name		Street	201 Energy Parkway
Attention To:	Brent Herbert	City	Lafayette
Title	CPO	State	Louisiana
		ZIP Code + 4	70508
5.b. Termination Date		5.c. Amount	
06/30/2019		52,279	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer	A-Gas Americas	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1100 Haskins Rd
Attention To:	Kerry Wolff	City	Bowling Green
Title	VP People & Culture	State	Ohio
		ZIP Code + 4	43402
5.b. Termination Date		5.c. Amount	
07/17/2019		19,188	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer	Reino Linen Services of Michigan LLC	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	119 South Main Street
Attention To:	Judy Reino	City	Gibsonburg
Title	President	State	Ohio
		ZIP Code + 4	43431
5.b. Termination Date		5.c. Amount	
05/20/2019		25,840	

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	JSW Steel USA Ohio Inc	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1500 Commercial Ave
Attention To:	Karen Renz	City	Mingo Junction
Title	General Counsel	State	Ohio ZIP Code + 4 49938
5.b. Termination Date 08/23/2019		5.c. Amount 35,701	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer	Bear Down Logistics Inc	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	N53W24700 S Corporate Circle
Attention To:	John Pesa	City	Sussex
Title	Chief Operating Officer	State	Wisconsin ZIP Code + 4 53089
5.b. Termination Date 09/05/2019		5.c. Amount 11,427	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer	Ferro Corporation	P.O. Box, Bldg., Room No., if any	This payment rcvd January 2019
Trade Name	Originally reported on 2018 LM 21	Street	251 W Wylie Avenue
Attention To:	Sarah Mackay	City	Washington
Title	Human Resources Manager	State	Pennsylvania ZIP Code + 4 15301
5.b. Termination Date 08/31/2018		5.c. Amount 27,544	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	

7. Disbursements to Officers and Employers:

Page 7 of 11

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
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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: CRS Labor Solutions LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Charles <input type="checkbox"/> Stephenson Title Consultant Organization P.O. Box, Building and Room Number, if any Suite M Street 1500 E Katella Avenue City Orange State California ZIP Code + 4 92867	15.d. Amount 10,972 15.e. Purpose Consulting work on case

15.a. Employer Name: Brigitte Daniela Munoz Sanchez	15.b. Trade Name, If any:
15.c. To Whom Paid Name Brigitte <input type="checkbox"/> D Muniz Sanchez Title Consultant Organization CSAV360 P.O. Box, Building and Room Number, if any 2nd Floor Street 31-08 82nd Streeet City East Elmhurst State New York ZIP Code + 4 11370	15.d. Amount 65,551 15.e. Purpose Consulting work on case

15.a. Employer Name: Lewis Labor Relations	15.b. Trade Name, If any:
15.c. To Whom Paid Name Timothy <input type="checkbox"/> Lewis Title Consultant Organization P.O. Box, Building and Room Number, if any Street 10731 Trailwood Dr City Chesterfield State Virginia ZIP Code + 4 23832	15.d. Amount 163,820 15.e. Purpose Consulting work on case

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
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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: Michael Indivero	15.b. Trade Name, If any:
15.c. To Whom Paid Name Michael Indivero Title Consultant Organization P.O. Box, Building and Room Number, if any Street 16216 32nd Street City Mill Creek State Washington ZIP Code + 4 98012	15.d. Amount 14,663 15.e. Purpose Consulting work on case

15.a. Employer Name: CSAV 360	15.b. Trade Name, If any:
15.c. To Whom Paid Name Keith Peraino Title Consultant Organization CSAV 360 P.O. Box, Building and Room Number, if any P O Box 422812 Street City Kissimme State Florida ZIP Code + 4 34742	15.d. Amount 233,523 15.e. Purpose Consulting work on case

15.a. Employer Name: D & G Creative Solutions LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Dawn Chapman Title Consultant Organization P.O. Box, Building and Room Number, if any 20213 Street 315 Grand Magnolia Ave City Celebration State Florida ZIP Code + 4 34747	15.d. Amount 78,185 15.e. Purpose Consulting work on case

Name of Person Filing: Raymond Rosenbach	File Number C-00568
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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: SSS Consulting LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Juan R Santana Title Consultant Organization P.O. Box, Building and Room Number, if any Street 206 Waker Street City Staten Island State New York ZIP Code + 4 10303	15.d. Amount 153,570 15.e. Purpose Consulting work on case

15.a. Employer Name: Joelle Joseph	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joelle Joseph Title Consultant Organization CSAV360 P.O. Box, Building and Room Number, if any Street 143 Thornbush Pkwy City Davenport State Florida ZIP Code + 4 33937	15.d. Amount 3,814 15.e. Purpose Consulting work on case

15.a. Employer Name: L & L Management Inc	15.b. Trade Name, If any:
15.c. To Whom Paid Name Roody Lespinasse Title Consultant Organization P.O. Box, Building and Room Number, if any Street 31 Fortin Drive City Brockton State Massachusetts ZIP Code + 4 29201	15.d. Amount 29,708 15.e. Purpose Consulting work on case

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
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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: <div style="border: 1px solid black; padding: 2px;">Proficient Labor Solutions LLC</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Greco</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Romero</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; height: 20px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div> Street <div style="border: 1px solid black; padding: 2px;">16192 Coastall Highway</div> City <div style="border: 1px solid black; padding: 2px;">Lewis</div> State <div style="border: 1px solid black; padding: 2px;">Delaware</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">19958</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">29,210</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px; min-height: 150px;">Consulting work on case</div>

15.a. Employer Name: <div style="border: 1px solid black; height: 20px;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 20px;"></div> Organization <div style="border: 1px solid black; height: 20px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div> Street <div style="border: 1px solid black; height: 20px;"></div> City <div style="border: 1px solid black; height: 20px;"></div> State <div style="border: 1px solid black; height: 20px;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 20px;"></div>	15.d. Amount <div style="border: 1px solid black; height: 20px;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>

15.a. Employer Name: <div style="border: 1px solid black; height: 20px;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 20px;"></div> Organization <div style="border: 1px solid black; height: 20px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div> Street <div style="border: 1px solid black; height: 20px;"></div> City <div style="border: 1px solid black; height: 20px;"></div> State <div style="border: 1px solid black; height: 20px;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 20px;"></div>	15.d. Amount <div style="border: 1px solid black; height: 20px;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>