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

eport 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. church 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) CEIVED Use Only 3 0 2015 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT Ε Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00568 (mm/dd/yyyy) (mm/dd/yyyy) By This Report From: 01 / 01 / 2014 Through: A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Raymond Rosenbach Title Title Treasurer Organization Government Resources Consultants of Am Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any 106 Street 253 Commerce Dr Street City Grayslake City Illinois ZIP Code + 4 60030 State 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 penalty's infine instructions). 17. Signed President 18. Signed Treasurer

(if other title, see

instructions)

847337 3480

Telephone Number

Treasurer

Form LM-21 (2003)

On

Title President

(If other title, see

instructions)

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 Addr	ess (of Employer (including trade na	me, if any).			lailing Address: uilding and Room	Number, if any			
Employer Cali Carting]			
Trade Name	Trade Name Street						Street 450 BERGAN AVENUE			
Attention To	tention To JOHN F CALI City KERNEY						NEY			
Title PRESIDENT State New Jersey ZIP Code + 4 07032							32			
5.b. Termination Date OCTOBER 2013PAID 01-02-14 5.c. Amount 51,301										
6. TOTAL RECEIF	rts	FROM ALL EMPLOYERS	455,851							-
										
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										
(a) Name TIMOTHY	1	CURTIS	7,898	(0, 240,000 (0,	7,898	9. Office and A	dministrative Exc	enses	-	87,500
JAMES	ī	LEVYNE	5,375	7,910	13,285	10. Publicity				
NOBLE	ī	MILLER	56,483	19,973	76,456	· · · · · · · · · · · · · · · · · · ·		<u></u>	1,000	
DAVID	Ī	RITTOF	117,750	34,303	152,053					
GARY	ΪĒ	RISELING	9,000	425	9,425	25 13. Other Disbursements		6,153		
8. Total disburser	ent	s to officers and employees			294,305	14. Total Disbursements (Sum of Items 8-13)			388,958	
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:										
10.a. Employer Name.										
45 a To Whom Daild										
15.c. To Whom Paid 15.d. Amount 3,800										
{						15.e. Purpose				
Title COMMISSION										
Organization										
P.O. Box, Building and Room Number, if any										
Street 7406 MASON HILL RD										
City MCHENRY										
State Illinois ZIP Code + 4 60050										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 64,025										

Form LM-21 (2003)

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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, Bldg., Room No., if any Employer J D REMAN (SPRINGFIELD)						
Trade Name	Street 4500 E MUSTARD WAY					
Attention To: CHELSEA HAFSO	City SPRINGFILED					
Title EMPLOYEE RELATIONS MANAGER	State Missouri ZIP Code + 4 65803					
5.b. Termination Date SEPT. 2013 PAID 01-02-14 5.c. Amount 12,688						
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any						
Employer DR. PEPPER SNAPPLE GROUP						
Trade Name	Street 5301 LEGACY DR					
Attention To: ELIZABETH RAMIREZ-WASHKA	City PLANO					
Title CORPORATE COUNSEL	State Texas ZIP Code + 4 75024					
5.b. Termination Date NOV. 2013 PAID01-24-14	5.c. Amount 41, 950					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:P.O. Box, Bldg, Room No, if any					
Employer GOLDEN HILL NURSING & REHAB						
Trade Name QUALITY LIFE SERVICES	Street 612 NORTH MAIN STREET					
Attention To: SUSIE BEARDSLEY	City BUTLER					
Title CHIEF ADMINISTRATIVE OFFICER	State Pennsylvania ZIP Code + 4 16001					
5.b. Termination Date MARCH 2014	5.c. Amount 46, 232					
5.b. Termination Date MARCH 2014 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York ZIP Code + 4 10003					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York 5.c. Amount 43,220 Mailing Address:					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York 5.c. Amount 43,220					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York State New York 5.c. Amount 43, 220 Mailing Address: P.O. Box, Bldg., Room No., if any					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York State New York TIP Code + 4 10003 5.c. Amount 43,220 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1894 OLD RTE 220					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC Trade Name Attention To: RICK KNAB	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York State New York 5.c. Amount 43,220 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1894 OLD RTE 220 City NORTH DUCANSVILLE					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC Trade Name Attention To: RICK KNAB Title V P HUMAN RESOURSES	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York State New York 5.c. Amount 43,220 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1894 OLD RTE 220 City NORTH DUCANSVILLE State Pennsylvania ZIP Code + 4 16635					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC Trade Name Attention To: RICK KNAB	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York State New York 5.c. Amount 43,220 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1894 OLD RTE 220 City NORTH DUCANSVILLE					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC Trade Name Attention To: RICK KNAB Title V P HUMAN RESOURSES 5.b. Termination Date JUNE 2014 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York State New York 5.c. Amount 43,220 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1894 OLD RTE 220 City NORTH DUCANSVILLE State Pennsylvania ZIP Code + 4 16635					
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5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC Trade Name Attention To: RICK KNAB Title V P HUMAN RESOURSES 5.b. Termination Date JUNE 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC PITTSBURGH Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York ZIP Code + 4 10003 5.c. Amount 43, 220 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1894 OLD RTE 220 City NORTH DUCANSVILLE State Pennsylvania ZIP Code + 4 16635 5.c. Amount 25, 532 Mailing Address: P.O. Box, Bldg., Room No., if any Street 300 PENN AVE					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC Trade Name Attention To: RICK KNAB Title V P HUMAN RESOURSES 5.b. Termination Date JUNE 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC PITTSBURGH Trade Name Attention To: RICK KNAB Attention To: RICK KNAB	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York ZIP Code + 4 10003 5.c. Amount 43,220 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1894 OLD RTE 220 City NORTH DUCANSVILLE State Pennsylvania ZIP Code + 4 16635 5.c. Amount 25,532 Mailing Address: P.O. Box, Bldg., Room No., if any Street 300 PENN AVE City WILKINSBURG					
5.a. Name and Address of Employer (including trade name, if any). Employer EATALY Trade Name Attention To: ADAM SAPER Title PRINCIPLE 5.b. Termination Date APRIL 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC Trade Name Attention To: RICK KNAB Title V P HUMAN RESOURSES 5.b. Termination Date JUNE 2014 5.a. Name and Address of Employer (including trade name, if any). Employer PYRAMID HEALTHCARE INC PITTSBURGH Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any 9TH FLOOR Street 45 E 20TH STREET City NEW YORK State New York ZIP Code + 4 10003 5.c. Amount 43, 220 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1894 OLD RTE 220 City NORTH DUCANSVILLE State Pennsylvania ZIP Code + 4 16635 5.c. Amount 25, 532 Mailing Address: P.O. Box, Bldg., Room No., if any Street 300 PENN AVE					

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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).	5.a. Name and Address of Employer (including trade name, if any). Mailing Address:						
P.O. Box, Bldg., Room No., if any SUITE 100 SUITE 100							
Trade Name BLOCK BY BLOCK Attention To: BILL STEJSKAL	City NASHVILLE						
Title SR VP SMS HOLDING CORP	State Tennessee ZIP Code + 4 37209						
5.b. Termination Date MAY 2014	5.c. Amount 18,608						
5.b. Termination Date PAT 2014 5.c. Anothi [18, 608] 5.a. Name and Address of Employer (including trade name, if any). Mailing Address:							
	P.O. Box, Bldg., Room No., if any						
Employer BOYS CLUB OF NEW YORK							
Trade Name	Street 287 E 10TH STREET						
Attention To: NANA ANNAN	City NEW YORK						
Title CHIEF OPERATING OFFICER	State New York ZIP Code + 4 10009						
5.b. Termination Date JUNE 2014	5.c. Amount 18,198						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:						
SONOCO	P.O. Box, Bldg., Room No., if any PO BOX 160						
Employer	Street						
Trade Name Attention To: RICHARD W MALONEY	City HARTSVILLE						
Title STAFF VICE PRES EMPLOYEE RELATIONS	State South Carolina ZIP Code + 4 29550						
5.b. Termination Date JUNE 2014	5.c. Amount 101, 277						
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:							
Employer CASE WESTERN RESERVE UNIVERSITY	P.O. Box, Bldg., Room No., if any						
	Street 10900 EUCLID AVE						
Trade Name							
Attention To: JOHN WHEELER Title SR VP ADMINISTRATION	710 0 4 4						
INTE SR VP ADMINISTRATION	State Ohio ZIP Code + 4 44106						
5.b. Termination Date AUGUST 2014 5.c. Amount 18,252							
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:							
F	P.O. Box, Bidg, 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: P.O. Box, Blda Room No if any							
Employer							
Employer L							
Trade Name	Street						
	Street City						
Trade Name							

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Name of Person Filing: Raymond	Rosenbach			File Number C- 00568			
D. Schedule of Disbursements fo	or Reportable Activity Use this Scinstructions	hedul	e to report only disbursement	s 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			15.d. Amount 6, 900				
Name GERALD	R OBRIEN		15.e. Purpose				
Title INDEPENDENT	CONSULTANT		CONSULTING WORK ON	CASE			
Organization		\neg					
P.O. Box, Building and Room N	lumber, if any						
Street 23 SUMMIT HEIGHTS	S			į			
City NORTH OAKS							
State Minnesota	ZIP Code + 4 55127						
15.a. Employer Name:			15.b. Trade Name, If any:				
SANTANA INTERNATION	VAL.	٦	10.5. Hade Name, it any.				
45 a Ta Mhan Baid			45 d Amount 52, 205				
15.c. To Whom Paid Name ARMED	SNATANA		15.d. Amount 53,325				
			15.e. Purpose				
Title			CONSULTING ON CASE				
Organization				·			
D.O. Day Duilding and Dager N	lumban if and						
P.O. Box, Building and Room N	number, ir any						
Street 5908 Via Cuesta I	Dr.						
City ELPASO							
State Texas	ZiP Code + 4 79912						
15.a. Employer Name:		_	15.b. Trade Name, If any:				
15.c. To Whom Paid			15.d. Amount				
Name		15.e. Purpose	· · · · · · -				
Title							
Organization							
P.O. Box, Building and Room N	lumber, if any						
Street							
City							
State	ZIP Code + 4						