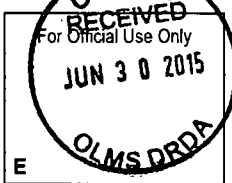


# FORM LM-21

## 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

594951

1. File Number C-00568	2. Period Covered By This Report From: 01/01/2014 Through: 12/31/2014
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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 Am 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: [Signature] Title: President On: 6/27/2015 Telephone Number: 847-337-3480	18. Signed: [Signature] Title: Treasurer On: 6/23/2015 Telephone Number: 847-337-3480
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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 <input type="text" value="Cali Carting"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="450 BERGAN AVENUE"/>
Attention To <input type="text" value="JOHN"/> <input type="text" value="F"/> <input type="text" value="CALI"/>	City <input type="text" value="KERNEY"/>
Title <input type="text" value="PRESIDENT"/>	State <input type="text" value="New Jersey"/> ZIP Code + 4 <input type="text" value="07032"/>

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS 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	
TIMOTHY <input type="checkbox"/> CURTIS <input type="checkbox"/>	7,898	0	7,898	9. Office and Administrative Expenses <input type="text" value="87,500"/>
JAMES <input type="checkbox"/> LEVYNE <input type="checkbox"/>	5,375	7,910	13,285	10. Publicity <input type="text"/>
NOBLE <input type="checkbox"/> MILLER <input type="checkbox"/>	56,483	19,973	76,456	11. Fees for Professional Services <input type="text" value="1,000"/>
DAVID <input type="checkbox"/> RITTOF <input type="checkbox"/>	117,750	34,303	152,053	12. Loans Made <input type="text"/>
GARY <input type="checkbox"/> RISELING <input type="checkbox"/>	9,000	425	9,425	13. Other Disbursements <input type="text" value="6,153"/>
8. Total disbursements to officers and employees:			294,305	14. Total Disbursements (Sum of Items 8-13) <input type="text" value="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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text" value="3,800"/>
Name <input type="text" value="THOMAS"/> <input type="text" value="B"/> <input type="text" value="CROSBIE"/>	15.e. Purpose <input type="text" value="COMMISSION"/>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text" value="7406 MASON HILL RD"/>	
City <input type="text" value="MCHENRY"/>	
State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60050"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 64,025	

Name of Person Filing: Raymond Rosenbach		File Number C- 00568	
<b>B. Statement of Receipts</b> 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	J D REMAN (SPRINGFIELD)	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	4500 E MUSTARD WAY
Attention To:	CHELSEA <input type="checkbox"/> HAFSO	City	SPRINGFIELD
Title	EMPLOYEE RELATIONS MANAGER	State	Missouri
		ZIP Code + 4	65803
5.b. Termination Date		5.c. Amount	
SEPT. 2013 PAID 01-02-14		12,688	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	DR. PEPPER SNAPPLE GROUP	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	5301 LEGACY DR
Attention To:	ELIZABETH <input type="checkbox"/> RAMIREZ-WASHKA	City	PLANO
Title	CORPORATE COUNSEL	State	Texas
		ZIP Code + 4	75024
5.b. Termination Date		5.c. Amount	
NOV. 2013 PAID 01-24-14		41,950	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	GOLDEN HILL NURSING & REHAB	P.O. Box, Bldg., Room No., if any	
Trade Name	QUALITY LIFE SERVICES	Street	612 NORTH MAIN STREET
Attention To:	SUSIE <input type="checkbox"/> BEARDSLEY	City	BUTLER
Title	CHIEF ADMINISTRATIVE OFFICER	State	Pennsylvania
		ZIP Code + 4	16001
5.b. Termination Date		5.c. Amount	
MARCH 2014		46,232	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	EATALY	P.O. Box, Bldg., Room No., if any	9TH FLOOR
Trade Name		Street	45 E 20TH STREET
Attention To:	ADAM <input type="checkbox"/> SAPER	City	NEW YORK
Title	PRINCIPLE	State	New York
		ZIP Code + 4	10003
5.b. Termination Date		5.c. Amount	
APRIL 2014		43,220	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	PYRAMID HEALTHCARE INC	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1894 OLD RTE 220
Attention To:	RICK <input type="checkbox"/> KNAB	City	NORTH DUCANSVILLE
Title	V P HUMAN RESOURCES	State	Pennsylvania
		ZIP Code + 4	16635
5.b. Termination Date		5.c. Amount	
JUNE 2014		25,532	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	PYRAMID HEALTHCARE INC PITTSBURGH	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	300 PENN AVE
Attention To:	RICK <input type="checkbox"/> KNAB	City	WILKINSBURG
Title	V P HUMAN RESOURCES	State	Pennsylvania
		ZIP Code + 4	15221
5.b. Termination Date		5.c. Amount	
AUGUST 2014		78,593	

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 MYDATT SERVICES INC	P.O. Box, Bldg., Room No., if any SUITE 100
Trade Name BLOCK BY BLOCK	Street 7135 CHARLOTTE PIKE ST
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.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer BOYS CLUB OF NEW YORK	P.O. Box, Bldg., Room No., if any
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:

Employer SONOCO	P.O. Box, Bldg., Room No., if any P O BOX 160
Trade Name	Street
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
Trade Name	Street 10900 EUCLID AVE
Attention To: JOHN WHEELER	City CLEVELAND
Title 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:

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:

Form LM-21 (2003)

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="checkbox"/> <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/>  15.e. Purpose <input type="text"/>

15.a. Employer Name: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/>  15.e. Purpose <input type="text"/>

15.a. Employer Name: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/>  15.e. Purpose <input type="text"/>