

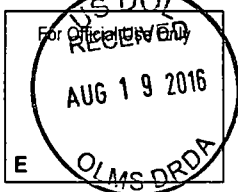
FORM LM-21

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.

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

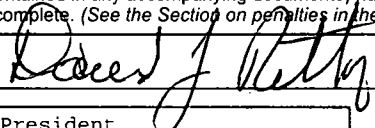
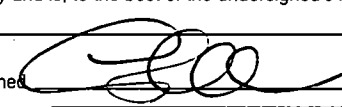
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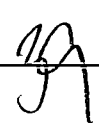
1. File Number C- <input type="text" value="00568"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2015"/> Through: <input type="text" value="12/31/2015"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name <input type="text" value="Raymond"/> <input type="text" value="Rosenbach"/>	Name <input type="text"/>
Title <input type="text" value="Treasurer"/>	Title <input type="text"/>
Organization <input type="text" value="Government Resources Consultants of Am"/>	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text" value="106"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text" value="253 Commerce Dr"/>	Street <input type="text"/>
City <input type="text" value="Grayslake"/>	City <input type="text"/>
State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60030"/>	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 	18. Signed 
Title <input type="text" value="President"/>	Title <input type="text" value="Treasurer"/>
On <input type="text" value="6/13/2016"/> <input type="text" value="847-337-3480"/>	On <input type="text" value="06/13/2016"/> <input type="text" value="847-337-3490"/>
Date Telephone Number	Date Telephone Number



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="Taylor Motors"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="3820 US Hwy 641 South"/>
Attention To <input type="text" value="Greg"/> <input type="checkbox"/> <input type="text" value="Delancy"/>	City <input type="text" value="Murray"/>
Title <input type="text" value="Human Resources"/>	State <input type="text" value="Kentucky"/> ZIP Code + 4 <input type="text" value="42071"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 518,039

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		
David <input type="checkbox"/> J <input type="checkbox"/> Rittof	100,500	4,472	104,972	9. Office and Administrative Expenses	110,785
Edward <input type="checkbox"/> D <input type="checkbox"/> Young	23,546	1,662	25,208	10. Publicity	0
Gary <input type="checkbox"/> <input type="checkbox"/> Riseling	17,340	8,860	26,200	11. Fees for Professional Services	1,500
James <input type="checkbox"/> A <input type="checkbox"/> Levyne	41,932	3,841	45,773	12. Loans Made	0
Noble <input type="checkbox"/> <input type="checkbox"/> Miller	88,361	13,216	101,577	13. Other Disbursements	8,463
8. Total disbursements to officers and employees:			342,375	14. Total Disbursements (Sum of Items 8-13)	463,123

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="20,322"/>
Name <input type="text" value="Thomas"/> <input type="checkbox"/> <input type="text" value="Mains"/> 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="10 Bayau Trail"/> City <input type="text" value="Medford"/> State <input type="text" value="New Jersey"/> ZIP Code + 4 <input type="text" value="08055"/>	15.e. Purpose <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Consulting work on case</div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 46,764

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="Taylor Motors"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Greg"/> <input type="text" value="Delancy"/> Title <input type="text" value="Human Resources"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="5440 Airborn St"/> City <input type="text" value="Fort Cambell"/> State <input type="text" value="Kentucky"/> ZIP Code + 4 <input type="text" value="42071"/>		
5.b. Termination Date <input type="text" value="01/15/2015"/>	5.c. Amount <input type="text" value="9,439"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Bellagio"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Christopher"/> <input type="text" value="Henry"/> Title <input type="text" value="VP Talent & Origanizational Devel"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="4886 Frank Sinatra Drive"/> City <input type="text" value="Las Vegas"/> State <input type="text" value="Nevada"/> ZIP Code + 4 <input type="text" value="85158"/>		
5.b. Termination Date <input type="text" value="10/31/2014 paid in 2015"/>	5.c. Amount <input type="text" value="52,839"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Bellagio"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Mary"/> <input type="text" value="Kelly"/> Title <input type="text" value="VP Human Resources"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="3800 Las Vegas Blvd"/> City <input type="text" value="Las Vegas"/> State <input type="text" value="Nevada"/> ZIP Code + 4 <input type="text" value="89109"/>		
5.b. Termination Date <input type="text" value="February 2015"/>	5.c. Amount <input type="text" value="242,324"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="University of Rochester"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Jeffery"/> <input type="text" value="Stevens"/> Title <input type="text" value="Chief HR Officer"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="601 Elmwood Ave"/> City <input type="text" value="Rochester"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="14642"/>		
5.b. Termination Date <input type="text" value="March 2015"/>	5.c. Amount <input type="text" value="76,095"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Golden Nugget - Las Vegas"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Susan"/> <input type="text" value="Stanton"/> Title <input type="text" value="VP Human Resources"/>	P.O. Box, Bldg., Room No., if any <input type="text" value="P O Box 610"/> Street <input type="text"/> City <input type="text" value="Las Vegas"/> State <input type="text" value="Nevada"/> ZIP Code + 4 <input type="text" value="89125"/>		
5.b. Termination Date <input type="text" value="May 2015"/>	5.c. Amount <input type="text" value="31,785"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="International Game Technologies"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Cindy"/> <input type="text" value="Hartman"/> Title <input type="text" value="HR Services & Employee Relations"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="6355 Buffalo Dr"/> City <input type="text" value="Las Vegas"/> State <input type="text" value="Nevada"/> ZIP Code + 4 <input type="text" value="89113"/>		
5.b. Termination Date <input type="text" value="May 2015"/>	5.c. Amount <input type="text" value="29,229"/>		

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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 U S Security Associates inc	P.O. Box, Bldg., Room No., if any Suite 300		
Trade Name	Street 795 Ridge Lake Blvd		
Attention To: Michelle <input type="checkbox"/> Harkavy	City Memphis		
Title VP Associate General Counsel	State Tennessee	ZIP Code + 4	
5.b. Termination Date May 2015		5.c. Amount 24,688	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer United Rentals Inc	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 4900 Upshur St		
Attention To: Peter <input type="checkbox"/> M Meany	City Bladensburg		
Title Director of Labor Relations	State Maryland	ZIP Code + 4	20710
5.b. Termination Date 10/06/2015		5.c. Amount 20,705	

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	

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:

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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"/> Lance <input type="checkbox"/> J <input type="checkbox"/> Matthews <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"/> 4958 Calderron Rd. City <input type="text"/> Woodland Hills State <input type="text"/> California ZIP Code + 4 <input type="text"/> 91364	15.d. Amount <input type="text"/> 10,397 15.e. Purpose <input type="text"/> Consulting work on case

15.a. Employer Name: <input type="text"/> Rivera Carbone PC	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> Javier <input type="checkbox"/> R <input type="checkbox"/> Carbone <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Unit 75754 Street <input type="text"/> 905 Calle Negocio City <input type="text"/> San Clemente State <input type="text"/> California ZIP Code + 4 <input type="text"/> 92673	15.d. Amount <input type="text"/> 11,795 15.e. Purpose <input type="text"/> Consuting work on case

15.a. Employer Name: <input type="text"/> Baird Consulting	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> John <input type="checkbox"/> <input type="checkbox"/> Baird <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Suite 3931 Street <input type="text"/> 57200 E Highway 125 City <input type="text"/> Afton State <input type="text"/> Texas ZIP Code + 4 <input type="text"/> 74331	15.d. Amount <input type="text"/> 4,250 15.e. Purpose <input type="text"/> Commission