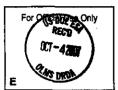
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

This report is mandatory under P.L. 86-257, as amended. Fallure 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-Man; gement Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

55710212					
1 . File Number C- 568	2. Period Covered By This Report From: UT / UT / 2006 Through: Month/Day/Year (mr/ddyyyr) Month/Day/Year (mr/ddyyyr) Through: 12/B1/2006				
A. Person Filing					
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:				
Name Ray Rosenbach	Name				
Title Treasurer	Title				
Organization Government Resources Consultants	Organization				
of America, Inc. P.O. Box, Building and Room Number, if any Street 253 Commerce Drive, #106 City Grayslake State IL ZIP Code +4 60030	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 penalt information contained in any accompanying documents) has been examined by the correct, and complete. See the Section on penalties in the instructions). 17. Signed Title President On Date Telephone Number					
	Date Cooping Control				

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Name of Person Filing: Raymond Rosenbach	File Number C - 568	1 of 4			
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 Floom Number, if any				
Employer National Children's Center					
Trade Name	Street 6200 Second Street NW				
Attention To Arthur M Ginsberg	City Washington				
Title Chief Executive Officer	State D.C. ZIP Code +	4 20011			
5.b. Termination Date 12-28-05	5.c. Amount 65,500.00				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	161,16	1.95			
	-				
C. Statement of Disbursements Report all disbursements made by the re	porting organization in connection with labor relations advice of	or services rendered			
to the employers listed in Part B.					
Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (c)	f) Totals				
Edward D Yound 54,500	9. Office and Administrative Expenses	6,611.00			
Patricia A Nowak 35,000	10. Publici:y	506.00			
David J Rittof 9,825	11. Fees for Professional Services	11.558.00			
Tangenike Edwards 17,888	12. Loans Made	0,00			
	13. Other Disbursements	‡7:621:00			
8. Total disbursements to officers and employees:	7.213.00 14. Total D sbursements (Sum of Items 8-13)	153,509.00			
	dule to report only disbursements made for the purposes descr	ibed in Part D of the			
instructions.					
15.a. Employer Name:	15.b. Trade Name, If a ny:	٦			
Persuasive Communications, Inc.					
15.c. To Whom Paid	15.d. Amount 17,720.76				
Name Same	15.e. Purpose	· · · · · · · · · · · · · · · · · · ·			
Title	Development and implementatio	n of an			
Organization Persuasive Communications, Inc. employee relations communications					
program.					
P.O. Box, Building and Room Number, if any					
])				
Street 1424 West Price Road Suite 599					
City Brownsville					
State WASHYNGESK TX ZIP Code + 4 78520					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Form LM-21 (2003)

Name of Person Filing: Raymond Rose	nbach		File Number	c - 568	2 of 4
		141- 1-1			N
B. Statement of Receipts Report all receipts from or services.	m employers in connectio	n with labor relati	ions advice or services regardles	s of the purposes of	tne advice
5.a. Name and Address of Employer (including trade name, if any).		P.O. Box	Mailing Address: P.O. Box, Building and R∋om Number, if any		
Employer Star, Inc.	THE PROPERTY OF THE PROPERTY O	4111	CONTRACTOR OF THE PROPERTY OF	The second of the second of the second	
Trade Name		Street	182 Wolf Pit Aver	ue	
Attention To Katie	Banzhaf	City	Norwalk		
Title Executive Direct	Lor	State	CI	ZIP Code + 4	6851
5.b. Termination Date 8-31-06		5.c. Amou	unt 42,311.95		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
<u></u>					
	sbursements made by the eyers listed in Part B.	e reporting organ	ization in connection with labor re	elations advice or se	vices rendered
Disbursements to Officers and Employees:	yers used urr arcb.				
(a) Name	(b) Salary (c) Expense	es (d) Totals			
			9. Office and Administrative I	xpenses	
			10. Publicky		
			11. Fees for Professional Ser	vices	
			12. Loans Made		
			13. Other Disbursements		
8. Total disbursements to officers and employees			14. Total D sbursements (Sum o	of Items 8-13)	
	$\overline{}$				
D. Schedule of Disbursements for Reportable	Activity Use this So instructions	chedule to report	only disbursements made for the	purposes described	in Part D of the
15.a. Employer Name:		. 15 b. Tra	de Name, If any:		
	e grapphet telegressen in Lago in telegraphic Lagorithm and Lagorithm an	\mathbb{K}			
15.c. To Whom Paid	/	15.d. Am	ount	2 333 104 37 39 23 30	
the second of			bearing services on the services of	No. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	-, -,
Name [15.e. Pur	pose		
Title];			
Organization	According to the control of the control of				
P.O. Box, Building and Room Number, if any	and and the same of				:
Street	A CONTRACTOR OF THE PROPERTY O				1
City					<u> </u>
	P Code + 4				
16. TO AL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVITY	Annual Control of the	And the second s	Approximately provided the second of the sec	
	-				

Name of Person Filing: Raymond Rosenbach	File Number c - 568 3 of 4			
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 New York New York Hotel & Casino	P.O. BOX, Building and room number, it any			
Trade Name	Street 3790 Las Vegas Boulevard South			
Attention To Bill Boasberg	properties and the second of t			
Attention To Bill Boasberg City Las Veças Title Vice Pres, Finance & CFO State NV ZIP Code + 4 89109				
5.b. Termination Date 8-31-06	5.c. Amount 49,750.00			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers fisted in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals				
	9. Office and Administrative Expenses			
	. 10. Publicity			
	11. Fees for Professional Services			
	12. Loans Made			
	13. Other Disbursements			
Total disbursements to officers and employees.	14. Total D sbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity Dise 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			
Name	15.e. Purpose			
Title				
Organization				
P.O. Box, Building and Room Number, if any				
Street				
City				
State Washington ZIP Code + 4	De Lancacion de Contraction de la contraction de			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

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Name of Person Filing: Raymond Rosenbach	File Number C- 568 4 of 4				
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 Hadco Metal Trading Co.	The state of the s				
Trade Name	Street 104-20 Merrick Boulevard				
Attention To Gilad Fishman	City Jamaics				
Title Chief Executive Officer	State NY ZIP Code + 4 11433				
5.b. Termination Date 11-30-06	5.c. Amount 3,60(1,00				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
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					
	9. Office and Administrative Expenses				
	10. Publicity				
	11. Fees for Professional Services				
	12. Loans Vade				
	13. Other Disbursements				
Total disbursements to officers and employees.	14. Total D sbursements (Sum of Items 8-13)				
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
	1 100 to 000 000 000 000 000 000 000 000 00				
15.c. To Whom Paid	15.d. Amount				
Name	15.e. Purpose				
Title					
Organization					
P.O. Box, Building and Room Number, if any					
Street					
City					
State Washington ZIP Code + 4					
16. TOPAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					