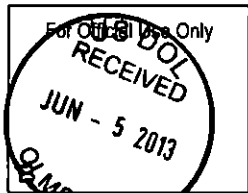


FORM LM-21

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

529767

1. File Number C- 00568	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2012		12 / 31 / 2012

A. Person Filing

3. Name and mailing address (include ZIP Code):

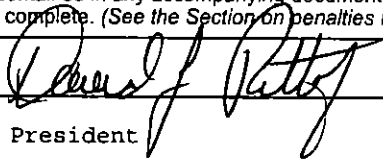
Name Raymond Rosenbach
Title Treasurer
Organization Government Resources Consultants of Am
P.O. Box, Building and Room Number, if any
106
Street 253 Commerce Dr
City Grayslake
State Illinois ZIP Code + 4 60030

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  President
(if other title, see instructions)

18. Signed  Treasurer
(If other title, see instructions)

On 05 / 30 / 2013 847-337-3480
Date Telephone Number

On 05 / 30 / 2013 847-337-3480
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 Innovative Life Solutions

Suite 760

Trade Name

Street 6475 Hampshire

Attention To Shinavia McKinney

City Hyattsville

Title Human Resources Manager

State Maryland

ZIP Code + 4 20783

5.b. Termination Date June 2011 (pmts rcvd 12)

5.c. Amount 27,674

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 315,870

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		
Gary Riseling	32,902	12,260	45,162	9. Office and Administrative Expenses	84,290
Timothy Curtis	11,569	0	11,569	10. Publicity	0
Edward D Young	31,824	714	32,538	11. Fees for Professional Services	15,413
Noble Miller	9,450	2,174	11,624	12. Loans Made	0
James A Levyne	26,375	17,174	43,549	13. Other Disbursements	24,130
8. Total disbursements to officers and employees:			190,601	14. Total Disbursements (Sum of Items 8-13)	314,434

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:

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. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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 Windsor Foods		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2 Industrial Dr	
Attention To: Pam Cox		City Piedmont	
Title General Manager		State Missouri ZIP Code + 4 63357	
5.b. Termination Date Dec 2011 (amt pd in 12)		5.c. Amount 27,696	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer John Deere Seedling Group Valley City		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1725 7th Street	
Attention To: Steve Wohlend		City Valley City	
Title V P Labor Relations		State North Dakota ZIP Code + 4 58072	
5.b. Termination Date Dec 2011 ((amt pd in 12)		5.c. Amount 36,647	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Republic Services Inc		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3358 South Carolina Hwy 51	
Attention To: Bruce Keefer		City Fort Mills	
Title Operations Manager		State South Carolina ZIP Code + 4 29715	
5.b. Termination Date January 2012		5.c. Amount 53,222	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Allied Waste Services of MA LLC		P.O. Box, Bldg., Room No., if any	
Trade Name Allied Waste Services of Fall Rvr		Street Airport Road	
Attention To: Genevieve Dombrowski		City Fall River	
Title Area Human Resources Manager		State Massachusetts ZIP Code + 4 02720	
5.b. Termination Date June 2012		5.c. Amount 23,092	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Lancaster of Madison LLC		P.O. Box, Bldg., Room No., if any	
Trade Name Jon Lancaster Toyota		Street 3501 Lancaster Dr	
Attention To: Joseph St Marie		City Madison	
Title Vice Pres & General Manager		State Wisconsin ZIP Code + 4 53717	
5.b. Termination Date June 2012		5.c. Amount 24,483	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Atlantic Aviation ServicesKin		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1131 Standiford	
Attention To: Kimberly Deman		City Louisville	
Title General Manager		State Kentucky ZIP Code + 4 40213	
5.b. Termination Date April 2012		5.c. Amount 22,139	

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 Culpepper & Associates Security Services		P.O. Box, Bldg., Room No., if any Suite 180	
Trade Name		Street 1810 Water Place	
Attention To: Veda G Culpepper		City Atlanta	
Title Executive V P		State Georgia ZIP Code + 4 30339	
5.b. Termination Date May 2012		5.c. Amount 2,578	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Senior Care Centers of America Inc		P.O. Box, Bldg., Room No., if any	
Trade Name Active Day Care Inc		Street One Medical Center Blvd	
Attention To: Susan Beauchamp		City Upland Chester	
Title Director of Human Resources		State Pennsylvania ZIP Code + 4 19013	
5.b. Termination Date May / June 2012		5.c. Amount 10,140	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Pyramid Healthcare		P.O. Box, Bldg., Room No., if any P O BOX 967	
Trade Name		Street 1894 Old Route 220	
Attention To: Rick Knab		City North Duncansville	
Title VP Human Resources		State Pennsylvania ZIP Code + 4 16635	
5.b. Termination Date May 2012		5.c. Amount 63,269	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Strategia Resources Inc		P.O. Box, Bldg., Room No., if any Suite 600 West	
Trade Name		Street 7927 Jones Branch Dr	
Attention To: Anita Lawson		City McLean	
Title Manager		State Virginia ZIP Code + 4 22102	
5.b. Termination Date July 2012		5.c. Amount 6,176	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer MGM Grand		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3799 Las Vegas Boulevard South	
Attention To: Ann Krutchik		City Las Vegas	
Title VP Human Resources		State Nevada ZIP Code + 4 89109	
5.b. Termination Date October 2012		5.c. Amount 12,058	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Beau Rivage / Gold Strike Resort		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1010 Casino Center Drive	
Attention To: Rogena Barnes		City Tunica	
Title Human Resources		State Mississippi ZIP Code + 4 28664	
5.b. Termination Date October 2012		5.c. Amount 5,677	

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 Monte Carlo		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3770 Las Vegas Blvd	
Attention To: Sherri Ohanian		City Las Vegas	
Title VP Human Resources		State Nevada ZIP Code + 4 89109	
5.b. Termination Date October 2012		5.c. Amount 1,019	

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	

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:

7. Disbursements to Officers and Employers:

(b) Salary

(c) Expenses

(d) Totals

DAVID

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