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

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)

VIS DO	· · · · · · · · · · · · · · · · · · ·
For Official Resoul VED READ THE INSTRUCTIONS CAREFUL JUL 1 2 2017 E	LLY BEFORE PREPARING THIS REPORT 652803
1 . File Number C -00568	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy)
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
∫ Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalty information contained in any accompanying documents) has been examined by the correct, and complete. (See the Segtion on penalty's in the instructions). 17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)

Telephone Number

Date

On

Date

Telephone Number

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 Aggreko LLC			P.O. Box, Building and Room Number, if any						
Trade Name			Street 1	5748 New Avenue					
			~ <u>~</u>						
Attention To Matthew Piedmonte				emont					
Title Regional Operations Manager					State I	llinois ZIP Code	+4 60434		
5.b. Termination Date 10/31/15 5.c. Amount 20, 989					j				
				<u> </u>					
6. TOTAL RECEI	PIS	FROM ALL EMPLOYERS	688,114						
C. Statement of	Disb				orting organiz	ation in connection with labor relations advic	e or services rendered		
		· ·	yers listed in P	Part B.					
7. Disbursements t (a) Name	o Offi	cers and Employees:	(b) Salary	(c) Expenses (d)	Totals				
Gary		Riseling	21,150	6,271	27,421	9. Office and Administrative Expenses	136,871		
James	Α	Levyne	35,536	16,182	51,718	10. Publicity	0		
Noble		Miler	57,732	22,153	79,885	11. Fees for Professional Services	1,200		
Timothy	J	Curtis	8,925	2,396	11,321	12. Loans Made	0		
David	J	Rittof	188,945	1,747	190,692	13. Other Disbursements			
8. Total disbursements to officers and employees:			361,037	14. Total Disbursements (Sum of Items 8-13)	499,108				
									
D. Schedule of I	D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the								
15.a. Employer N	lomo			instructions.	15 h Trad	e Name, if any:			
			<u> </u>						
Lance J Matthews					<u> </u>				
15.c. To Whom Paid					15.d. Amo	unt 24,379			
Name Lance J Matthews			15.e. Purpose						
Title			Consul	ting work on case					
Organization			۱۱ -						
		•							
P.O. Box, Bui	lding	and Room Number, if any							
Street 4858	Ca	lderronRd							
City Wood	land	i Hills							
State Cali			IP Code + 4	91364	אן ר				
					18				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 182,048									

File Number C- 00568

Name of Person Filing: Raymond Rosenbach

	ling: Raymond Roser	nbach				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 Jo	hn Deere			P.O. Bo	ox, Bidg., Room N	lo., if any	
	III. beere			 Street	400 E Pater	Stroot	
Trade Name	<u></u>	→			409 E Paton	Street	
	James	Lochner		City	Paton		ZiP Code + 4 50217
Title	Sr Mgr Labor Re	lations		State	Iowa		21F Code + 4 50217
5.b. Termination Da	ate 10-31-15			5.c. Amo	ount 10,627		
	5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any						
Employer Jo	hn Deere				L		
	Seeding Group-V	alley City		Street	1725 7th St	reet	
Attention To:	James	Lochner		City	Valley City	,	
Title	Sr Mgr Labor Re	lations		State	North Dakot	a	ZIP Code + 4 58072
5.b. Termination D	Date 10-31-15			5.c. Amo	ount 3,970		
<u></u>	dress of Employer (include	ling trade name if any)			Mailing Addres	86.	
				P.O. B	ox, Blda., Room N		
Employer Ma	cAllister Machir	nery Co.				*	
Trade Name				Street	7515 E 30th	Street	
Attention To:	John	Deckard		City	Indianapoli	s]
	General Counsel			State	Indiana		ZIP Code + 4 46219
5.b. Termination D				5.c. Amo	ount 28,120		
5.a. Name and Add	dress of Employer (includ	ling trade name, if any).		POB	Mailing Addres ox, Bldg., Room N		
						,,	
Employer Or	chid Orthopedic	Solutions		1			
	chid Orthopedic	Solutions		Street		treet	
Trade Name]		13963 Fir S]
Trade Name Attention To:	Kathleen	Solutions		City	13963 Fir S Oregon City]]ZIP Code + 4[97045
Trade Name Attention To:				City	13963 Fir S		ZIP Code + 4 97045
Trade Name Attention To:	Kathleen H R Advisor			City State	13963 Fir S Oregon City		ZIP Code + 4 97045
Trade Name Attention To: Title 5.b. Termination C	Kathleen H R Advisor	Bender		City State 5.c. Am	13963 Fir S Oregon City Oregon ount 36,672 Mailing Address	SS:	ZIP Code + 4 97045
Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad	Kathleen H R Advisor Date 01-31-16 dress of Employer (include	Bender ding trade name, if any).		City State 5.c. Am	13963 Fir S Oregon City Oregon ount 36,672	SS:	ZIP Code + 4 97045
Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer	Kathleen H R Advisor Date 01-31-16	Bender ding trade name, if any).		State 5.c. Am P.O. B	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox, Bldg, Room N	ss: No if any] ZIP Code + 4 97045
Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer In Trade Name	Kathleen H R Advisor Date 01-31-16 dress of Employer (includent atternational Game	Bender ding trade name, if any). e Techologies		City State 5.c. Am P.O. B	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox. Bldg. Room N	ss: No if any	ZIP Code + 4 97045
Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer	Kathleen H R Advisor Date 01-31-16 dress of Employer (includate representational Games) Cindy	Bender ding trade name, if any). e Techologies Hartmen		City State 5.c. Am P.O. B Street City	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox, Blda. Room N 10 Memorial Providence	ss: No if any	
Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer In Trade Name	Kathleen H R Advisor Date 01-31-16 dress of Employer (includate representational Games) Cindy	Bender ding trade name, if any). e Techologies		City State 5.c. Am P.O. B	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox. Bldg. Room N	ss: No if any	ZIP Code + 4 97045 ZIP Code + 4 02903
Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer In Trade Name Attention To: Title	Kathleen H R Advisor Date 01-31-16 dress of Employer (includate representational Games) Cindy	Bender ding trade name, if any). e Techologies Hartmen		City State 5.c. Am P.O. B Street City State	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox, Blda. Room N 10 Memorial Providence	ss: No if any	
Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer In Trade Name Attention To: Title 5.b. Termination C	Kathleen H R Advisor Date 01-31-16 dress of Employer (includent and includent and in	Bender ding trade name, if any). e Techologies Hartmen Employee Relations		City State 5.c. Am P.O. B Street City State 5.c. Am	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox, Bldg, Room Mailing Addresox, Bldg, Room Mailing Providence Rhode Islan	ss: No. if anv Blvd ad	
Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer In Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad	Kathleen H R Advisor Date 01-31-16 dress of Employer (include ternational Game) Cindy H R Services & Date 02-28-16 dress of Employer (include ternational Game)	Bender ding trade name, if any). e Techologies Hartmen Employee Relations		City State 5.c. Am P.O. B Street City State 5.c. Am	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox, Bldg., Room Mailing Addresox, Bldg., Room Mailing Addresox, Bldg., Room Mailing Addresount 44,305 Mailing Addreson Addreson Mailing Addreson Count 13963 First State Count 13963 First St	ss: No. if anv Blvd ad	
Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer In Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer Tr	Kathleen H R Advisor Date 01-31-16 dress of Employer (includent attenuational Games) Cindy H R Services & Date 02-28-16	Bender ding trade name, if any). e Techologies Hartmen Employee Relations ding trade name, if any).		City State 5.c. Am P.O. B Street City State 5.c. Am P.O. B	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox. Bldg. Room N 10 Memorial Providence Rhode Islan ount 44,305 Mailing Addresox. Bldg. Room N	ss: No. if anv Blvd ad	ZIP Code + 4 02903
Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer In Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Trade Name Attention To: Title	Kathleen H R Advisor Date 01-31-16 dress of Employer (include ternational Games) Cindy H R Services & Date 02-28-16 dress of Employer (include ternational Games) Cindy H R Services & Date 02-16 dress of Employer (include ternational Games) Coon Golf LLC Indian Wells Go	Bender ding trade name, if any). Techologies Hartmen Employee Relations ding trade name, if any).		City State 5.c. Am P.O. B Street City State 5.c. Am P.O. B	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox. Bldg. Room N 10 Memorial Providence Rhode Islan ount 44,305 Mailing Addresox. Bldg. Room N	ss: No. if any Blvd ad ss: No. if any	ZIP Code + 4 02903
Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer In Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer Trade Name Attention To: Trade Name Attention To:	Kathleen H R Advisor Date 01-31-16 dress of Employer (includent atternational Games) Cindy H R Services & Date 02-28-16 dress of Employer (includence) Toon Golf LLC Indian Wells Go	Bender ding trade name, if any). Techologies Hartmen Employee Relations ding trade name, if any).		City State 5.c. Am P.O. B Street City State 5.c. Am P.O. B Street	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox. Bldg. Room N 10 Memorial Providence Rhode Islan ount 44,305 Mailing Addresox. Bldg. Room N 10 Memorial Providence Rhode Islan ount 44,305 Mailing Addresox. Bldg. Room N 10 Memorial Indian Well	ss: No. if any Blvd ad ss: No. if any	ZIP Code + 4 02903
Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer In Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Trade Name Attention To: Trade Name Attention To: Trade Name Attention To: Title	Kathleen H R Advisor Date 01-31-16 dress of Employer (include ternational Games) Cindy H R Services & Date 02-28-16 dress of Employer (include ternational Games) Cindy H R Services & Date 02-16 dress of Employer (include ternational Games) Coon Golf LLC Indian Wells Go	Bender ding trade name, if any). Techologies Hartmen Employee Relations ding trade name, if any).		City State 5.c. Am P.O. B Street City State 5.c. Am P.O. B Street City State	13963 Fir S Oregon City Oregon ount 36,672 Mailing Addresox, Bldg., Room N 10 Memorial Providence Rhode Islan ount 44,305 Mailing Addresox, Bldg., Room N 44,305	ss: No. if any Blvd ad ss: No. if any	ZIP Code + 4 02903

s. .

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 International Gaming Technologies	P.O. Box, Bldg., Room I	No., if any			
Trade Name IGT New Jersey	Street				
Attention To: Cindy Hartman	City				
Title H R Services & Employee Relations	State	ZIP Code + 4			
5.b. Termination Date March 2016	5.c. Amount 15,999				
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:					
Employer International Gaming Technologies	P.O. Box, Bldg., Room I	No., II any			
Trade Name IGT Rhode Island	Street 9295 Protot	type Dr			
Attention To: Cindy Hartman	City Reno				
Title H R Services & Employee Relations	State Nevada	ZIP Code + 4 89521			
5.b. Termination Date 05-06-2016	5.c. Amount 7,714				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre	ess:			
	P.O. Box, Bldg., Room				
Employer International Gaming Technologies	_				
Trade Name IGT Rhode Island	Street 9295 Protot	type Dr			
Attention To: Cindy Hartman	City Rino				
Title H R Services & Employee Relations	State Nevada	ZIP Code + 4 89521			
5.b. Termination Date May & June 2016	5.c. Amount 9,833				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room				
Employer Logoplaste USA					
Trade Name	Street 14420 N Var	ı Dyke			
Attention To: Cecilia Wagner	City Plainfield				
Title Human Resources	State Illinois	ZIP Code + 4 60544			
5.b. Termination Date 05-14-16	5.c. Amount 8, 237				
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:					
	P.O. Box. Blda., Room	No if anv			
Employer CHC Management LP					
Trade Name	Street 209 Sigma I	or			
Attention To: Theresa Creagh	City Pittsburgh				
Title ESQ	State Pennsylvan	ZIP Code + 4 15238			
5.b. Termination Date 05-31-16	5.c. Amount 11,552				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre				
Employer C W Wright Construction Company					
Trade Name	Street 11500 Iron	Bridge Rd			
Attention To: Lee Robins	City Chester				
Title President	State Virginia	ZIP Code + 4 23831			
5.b. Termination Date Sept. 30 2016	5.c. Amount 142,012				

	iling: Raymond Rose	enbach			File	Number C- 00568	
B. Statement of F	Receipts Report all rec		in connection v	vith labor r	elations advice or servic	es regardless of the purposes	of the
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:							
Slava Am	nerican Addictio	on CentersInc		P.O. Bo	ox, Bldg., Room No., if ar	ıy	
Trade Name				ـــا Street	200 Powell Place		\dashv
	Candy	Henderson-G	rice	City	Brentwood		
Title	Chief Operating		71100	State	Tennessee	ZIP Code + 4 3	7027
		9 0111001					
5.b. Termination Da	ate 06-29-16			5.c. Amo	unt 10,325	<u> </u>	
	dress of Employer (inclu	_	y).	P.O. Bo	Mailing Address: px, Bldg., Room No., if ar	ny	
Employer Ex	calibur Hotel &	Casino					
Trade Name				Street	3850 Las Vegas I	31vd South	
	Wendy	Nutt		City	Las Vegas		
Title	Senior VP Human	n Resources		State	Nevada	ZIP Code + 4 89	109
5.b. Termination D	Date 07-31-16			5.c. Amo	ount 30,743		
5.a. Name and Add	dress of Employer (inclu	uding trade name, if an	y).	20.0	Mailing Address:		
Employer Fo	orged Metals Inc	:		P.O. B	ox, Bldg., Room No., if a	ny	
Trade Name				 Street	10685 Beech Ave		7
Attention To:	Scott	Dietrich			Fontana		
Title	Council Legal I			State	California	ZIP Code + 4 92	2337
5.b. Termination D				5.c. Amo	ount 7,904]	
5 a Nama and Add	dress of Employer (inclu	iding trade name, if an	v)		Mailing Address:		
				P.O. B	ox, Bldg., Room No., if a	DY	
	ortland Speciali				ox, Bldg., Room No., if a		
Employer Po				Street	ox, Bldg., Room No., if a	lace	
Employer Po	ortland Speciali	ty Baking		Street	ox, Bldg., Room No., if and 3423 NE 172nd Pl		7230
Employer Po Trade Name Attention To: Title	ortland Speciali	ty Baking Richardson		Street City State	ox, Bldg. Room No., if an 3423 NE 172nd Pl Portland	lace	7230
Employer Trade Name Attention To: Title 5.b. Termination C	Joshua President	Richardson		Street City State	ox, Bldg., Room No., if and all all and all all and all all all and all all and all all and all all and all all all and all all all all all all all all all al	ZIP Code + 4 97	7230
Employer Trade Name Attention To: Title 5.b. Termination C	Joshua President Date January 2016	Richardson Guding trade name, if ar))))	Street City State	ox, Bldg., Room No., if and all all all all all all all all all al	ZIP Code + 4 97	7230
Employer Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer	Joshua President Date January 2016	Richardson Guding trade name, if ar))))	Street City State 5.c. Ame	ox, Bldg., Room No., if and additional and address: ox, Bldg., Room No., if and address: ox, Bldg., Room No., if and address:	ZIP Code + 4 97	7230
Employer Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer HO Trade Name	Joshua President Date January 2016 dress of Employer (includence Health Care	Richardson Richardson Guding trade name, if ar))))	Street City State 5.c. Ame	ox, Bldq., Room No., if and all and al	ZIP Code + 4 97	7230
Employer Po Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer Ho Trade Name Attention To:	Joshua President Date January 2016 dress of Employer (includence Health Care	Richardson Guding trade name, if ar))))	Street City State 5.c. Ame	ox, Bldg., Room No., if and all and al	ZIP Code + 4 97	
Employer Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer Trade Name Attention To: Title	Joshua President Date January 2016 dress of Employer (includence Health Care Agnes Administrator	Richardson Richardson Guding trade name, if ar))))	Street City State 5.c. Ame P.O. Be Street City State	ox, Bldq., Room No., if an additional and address: ox, Bldq., Room No., if an additional address: ox, Bldq., Room No., if an address: ox, Bldq., Room No., if an address: by, Bldq., Room No., if an address: ox,	ZIP Code + 4 97	
Employer Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer Trade Name Attention To: Title 5.b. Termination C	Joshua President Date January 2016 dress of Employer (included) Date Agnes Administrator Date August 2016	Richardson Richardson Guding trade name, if an Services of N Shemia	y). Y	Street City State 5.c. Ame P.O. Be Street City State	ox, Bldq., Room No., if an additional and address: ox, Bldq., Room No., if an address: ox, Bldq., Room	ZIP Code + 4 97	
Employer Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer Trade Name Attention To: Title 5.b. Termination C	Joshua President Date January 2016 dress of Employer (includence Health Care Agnes Administrator	Richardson Richardson Guding trade name, if an Services of N Shemia	y). Y	Street City State 5.c. Ame P.O. Bi Street City State 5.c. Ame	ox, Bldq., Room No., if an additional and address: ox, Bldq., Room No., if an additional address: ox, Bldq., Room No., if an address: ox, Bldq., Room No., if an address: by, Bldq., Room No., if an address: ox,	ZIP Code + 4 97	
Employer Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer Trade Name Attention To: Title 5.b. Termination C	Joshua President Date January 2016 dress of Employer (included) Date Agnes Administrator Date August 2016	Richardson Richardson Guding trade name, if an Services of N Shemia	y). Y	Street City State 5.c. Ame P.O. Bi Street City State 5.c. Ame	ox, Bldq., Room No., if an additional and address: ox, Bldq., Room No., if an address:	ZIP Code + 4 97	
Employer Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer Trade Name Attention To: Title 5.b. Termination C	Joshua President Date January 2016 dress of Employer (included) Date Agnes Administrator Date August 2016	Richardson Richardson Guding trade name, if an Services of N Shemia	y). Y	Street City State 5.c. Ame P.O. Bi Street City State 5.c. Ame	ox, Bldq., Room No., if an additional and address: ox, Bldq., Room No., if an address:	ZIP Code + 4 97	
Employer Trade Name Attention To: Title 5.b. Termination C Trade Name Attention To: Trade Name Attention To: Title 5.b. Termination C	Joshua President Date January 2016 dress of Employer (included) Date Agnes Administrator Date August 2016	Richardson Richardson Guding trade name, if an Services of N Shemia	y). Y	Street City State 5.c. Ame P.O. B Street City State 5.c. Ame	ox, Bldq., Room No., if an additional and address: ox, Bldq., Room No., if an address:	ZIP Code + 4 97	
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Name of Person Filing: Raymond Rosenbach	File Number C- 00568
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: [Larry Higgins]	15.b. Trade Name, If any:
15.c. To Whom Paid Name Larry Higgins Title Organization P.O. Box, Building and Room Number, if any Street 1546 Eltair Trail City Clearwater State Florida ZIP Code + 4 33765	15.d. Amount 14,679 15.e. Purpose Consulting work on case
15.a. Employer Name: McAdoo Employee Relations	15.b. Trade Name, If any:
15.c. To Whom Paid Name Michael C McAdoo Title President Organization P.O. Box, Building and Room Number, if any Street 1501 Shady Lane City PITTSBURGH State Pennsylvania ZIP Code + 4 15217	15.d. Amount 5,700 15.e. Purpose Consulting work on case
15.a. Employer Name: Rivera Carbone PC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Javier R Carbone Title President Organization P.O. Box, Building and Room Number, if any 75754 Street 905 CalleNegocid City San Clements State California ZIP Code + 4 92673	15.d. Amount 12,917 15.e. Purpose Consulting work on case

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
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: Stay Union Free	15.b. Trade Name, If any:
15.c. To Whom Paid Name Caesar Alarton Title Organization P.O. Box, Building and Room Number, if any Street 614 Spring Dale Circle City Palm Spring State Florida ZIP Code + 4 33461	15.d. Amount 124,373 15.e. Purpose Consulting work on case
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount