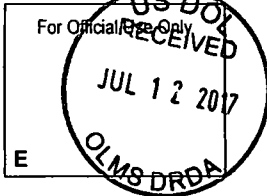


# FORM LM-21

## 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

652803

1. File Number C- 00568	2. Period Covered By This Report From: 01/01/2016 Through: 12/31/2016
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<b>A. Person Filing</b>	
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] President  
(if other title, see instructions)  
Title: President  
On: 06/29/2017 847-337-3480  
Date Telephone Number

18. Signed: [Signature] Treasurer  
(If other title, see instructions)  
Title: Treasurer  
On: 06/29/2017 847-337-3480  
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="Aggreko LLC"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="16748 New Avenue"/>
Attention To <input type="text" value="Matthew"/> <input type="checkbox"/> <input type="text" value="Piedmonte"/>	City <input type="text" value="Lemont"/>
Title <input type="text" value="Regional Operations Manager"/>	State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60434"/>

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 688,114

**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	
Gary <input type="checkbox"/> <input type="text" value="Riseling"/>	21,150	6,271	27,421		136,871
James <input type="checkbox"/> <input type="text" value="A"/> <input type="text" value="Levyne"/>	35,536	16,182	51,718	10. Publicity	0
Noble <input type="checkbox"/> <input type="text" value="Miler"/>	57,732	22,153	79,885	11. Fees for Professional Services	1,200
Timothy <input type="checkbox"/> <input type="text" value="J"/> <input type="text" value="Curtis"/>	8,925	2,396	11,321	12. Loans Made	0
David <input type="checkbox"/> <input type="text" value="J"/> <input type="text" value="Rittrof"/>	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 Disbursements for Reportable Activity** Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p> <input type="text" value="Lance J Matthews"/>	<p>15.b. Trade Name, If any:</p> <input type="text"/>
<p>15.c. To Whom Paid</p> <p>Name <input type="text" value="Lance"/> <input type="checkbox"/> <input type="text" value="J"/> <input type="text" value="Matthews"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text" value="4858 CalderronRd"/></p> <p>City <input type="text" value="Woodland Hills"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="91364"/></p>	<p>15.d. Amount <input type="text" value="24,379"/></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Consulting work on case </div>
<p>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 182,048</p>	

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="John Deere"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="409 E Paton Street"/>	
Attention To: <input type="text" value="James"/> <input type="checkbox"/> <input type="text" value="Lochner"/>		City <input type="text" value="Paton"/>	
Title <input type="text" value="Sr Mgr Labor Relations"/>		State <input type="text" value="Iowa"/> ZIP Code + 4 <input type="text" value="50217"/>	
5.b. Termination Date <input type="text" value="10-31-15"/>		5.c. Amount <input type="text" value="10,627"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="John Deere"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="Seeding Group-Valley City"/>		Street <input type="text" value="1725 7th Street"/>	
Attention To: <input type="text" value="James"/> <input type="checkbox"/> <input type="text" value="Lochner"/>		City <input type="text" value="Valley City"/>	
Title <input type="text" value="Sr Mgr Labor Relations"/>		State <input type="text" value="North Dakota"/> ZIP Code + 4 <input type="text" value="58072"/>	
5.b. Termination Date <input type="text" value="10-31-15"/>		5.c. Amount <input type="text" value="3,970"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="MacAllister Machinery Co."/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="7515 E 30th Street"/>	
Attention To: <input type="text" value="John"/> <input type="checkbox"/> <input type="text" value="Deckard"/>		City <input type="text" value="Indianapolis"/>	
Title <input type="text" value="General Counsel"/>		State <input type="text" value="Indiana"/> ZIP Code + 4 <input type="text" value="46219"/>	
5.b. Termination Date <input type="text" value="10-31-15"/>		5.c. Amount <input type="text" value="28,120"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Orchid Orthopedic Solutions"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="13963 Fir Street"/>	
Attention To: <input type="text" value="Kathleen"/> <input type="checkbox"/> <input type="text" value="Bender"/>		City <input type="text" value="Oregon City"/>	
Title <input type="text" value="H R Advisor"/>		State <input type="text" value="Oregon"/> ZIP Code + 4 <input type="text" value="97045"/>	
5.b. Termination Date <input type="text" value="01-31-16"/>		5.c. Amount <input type="text" value="36,672"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="International Game Technologies"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="10 Memorial Blvd"/>	
Attention To: <input type="text" value="Cindy"/> <input type="checkbox"/> <input type="text" value="Hartmen"/>		City <input type="text" value="Providence"/>	
Title <input type="text" value="H R Services &amp; Employee Relations"/>		State <input type="text" value="Rhode Island"/> ZIP Code + 4 <input type="text" value="02903"/>	
5.b. Termination Date <input type="text" value="02-28-16"/>		5.c. Amount <input type="text" value="44,305"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Troon Golf LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="Indian Wells Golf Resort"/>		Street <input type="text" value="44-500 Indian Wells Lane"/>	
Attention To: <input type="text" value="Steve"/> <input type="checkbox"/> <input type="text" value="Rosen"/>		City <input type="text" value="Indian Wells"/>	
Title <input type="text" value="General Manager"/>		State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92210"/>	
5.b. Termination Date <input type="text" value="March 2 2016"/>		5.c. Amount <input type="text" value="26,039"/>	

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="International Gaming Technologies"/> Trade Name <input type="text" value="IGT New Jersey"/> Attention To: <input type="text" value="Cindy"/> <input type="text" value="Hartman"/> Title <input type="text" value="H R Services &amp; Employee Relations"/>		P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	
5.b. Termination Date <input type="text" value="March 2016"/>		5.c. Amount <input type="text" value="15,999"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="International Gaming Technologies"/> Trade Name <input type="text" value="IGT Rhode Island"/> Attention To: <input type="text" value="Cindy"/> <input type="text" value="Hartman"/> Title <input type="text" value="H R Services &amp; Employee Relations"/>		P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="9295 Prototype Dr"/> City <input type="text" value="Reno"/> State <input type="text" value="Nevada"/> ZIP Code + 4 <input type="text" value="89521"/>	
5.b. Termination Date <input type="text" value="05-06-2016"/>		5.c. Amount <input type="text" value="7,714"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="International Gaming Technologies"/> Trade Name <input type="text" value="IGT Rhode Island"/> Attention To: <input type="text" value="Cindy"/> <input type="text" value="Hartman"/> Title <input type="text" value="H R Services &amp; Employee Relations"/>		P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="9295 Prototype Dr"/> City <input type="text" value="Reno"/> State <input type="text" value="Nevada"/> ZIP Code + 4 <input type="text" value="89521"/>	
5.b. Termination Date <input type="text" value="May &amp; June 2016"/>		5.c. Amount <input type="text" value="9,833"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Logoplaste USA"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Cecilia"/> <input type="text" value="Wagner"/> Title <input type="text" value="Human Resources"/>		P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="14420 N Van Dyke"/> City <input type="text" value="Plainfield"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60544"/>	
5.b. Termination Date <input type="text" value="05-14-16"/>		5.c. Amount <input type="text" value="8,237"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="CHC Management LP"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Theresa"/> <input type="text" value="Creagh"/> Title <input type="text" value="ESQ"/>		P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="209 Sigma Dr"/> City <input type="text" value="Pittsburgh"/> State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="15238"/>	
5.b. Termination Date <input type="text" value="05-31-16"/>		5.c. Amount <input type="text" value="11,552"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="C W Wright Construction Company"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Lee"/> <input type="text" value="Robins"/> Title <input type="text" value="President"/>		P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="11500 IronBridge Rd"/> City <input type="text" value="Chester"/> State <input type="text" value="Virginia"/> ZIP Code + 4 <input type="text" value="23831"/>	
5.b. Termination Date <input type="text" value="Sept. 30 2016"/>		5.c. Amount <input type="text" value="142,012"/>	

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 American Addiction Centers Inc		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 200 Powell Place	
Attention To: Candy Henderson-Grice		City Brentwood	
Title Chief Operating Officer		State Tennessee ZIP Code + 4 37027	
5.b. Termination Date 06-29-16		5.c. Amount 10,325	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Excalibur Hotel & Casino		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3850 Las Vegas Blvd South	
Attention To: Wendy Nutt		City Las Vegas	
Title Senior VP Human Resources		State Nevada ZIP Code + 4 89109	
5.b. Termination Date 07-31-16		5.c. Amount 30,743	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Forged Metals Inc		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 10685 Beech Ave	
Attention To: Scott Dietrich		City Fontana	
Title Council Legal Dept		State California ZIP Code + 4 92337	
5.b. Termination Date 10-31-16		5.c. Amount 7,904	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Portland Speciality Baking		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3423 NE 172nd Place	
Attention To: Joshua Richardson		City Portland	
Title President		State Oregon ZIP Code + 4 97230	
5.b. Termination Date January 2016		5.c. Amount 23,429	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Home Health Care Services of N Y		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 6520 New Utrecht Ave	
Attention To: Agnes Shemia		City Brooklyn	
Title Administrator		State New York ZIP Code + 4 11219	
5.b. Termination Date August 2016		5.c. Amount 249,644	
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	

**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: 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

**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.

<b>15.a. Employer Name:</b> Stay Union Free	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 124,373 <b>15.e. Purpose</b> Consulting work on case

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

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