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 amerided. 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)

	REC	cia CE	ıV.	Only ED	
$\ $	SEP	1	0	2019	
È	ري.	75	الا	ROX	

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

<u><b>È</b></u>			,	709134	
1 . File Number C- 00568	2. Period Covered Mo	onth/Day/Year rnm/dd/yyyy)		Month/Day/Year ( mm/dd/yyyy )	
	From: 01 /	01 / 2018	Through:	12 / 31 / 2018	
A. Person Filing					
Name and mailing address (include ZIP Code):	4. Any other address where	records necessa	ary to verify t	this report are kept:	
Name Raymond Rosenbach	Name			and the same of th	
Title Treasurer	Title			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Organization Government Resources Consultants of Amer	Organization	- · · · -			
P.O. Box, Building and Room Number, if any	P.O. Box, Building and R	loom Number, if	any		
Street 253 Commerce Dr	Street				
City Grayslake	City	· · · · · ·			
State Illinois ZIP Code + 4 60030	State	-	ZIP Cod	e + 4	
Signa	tures				
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete (See the Section of penalties of instinctions).	es of law, that all of the informations and is, to the best	tion submitted in the of the undersigne	his report (inc ed's knowledo )	cluding the ge and belief, true,	
17. Signed President (if other title, see instructions)	18. Signed		2_	Treasurer (If other title, see instructions)	
On 09/03/2019 847-337-3480 Telephone Number	On <u>8/30/19</u>			•	
	······································				

Name of Person Filing: Raymond Rosenbach	:		File Num	ber <b>C</b> - 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:	if any	
Employer V T Hackney Inc	in a state of the constraint o				
Trade Name		Street 9	11 West 5th Street		
Attention To Mary Dunn		City W	ashington		
Title Corporate Director of H R		State N	orth Carolina	ZIP Code	+4 27889
'					
5.b. Termination Date 06/30/2018		5.c. Amoun	137,243		,
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,058,032					
	• • • • • • • • • • • • • • • • • • • •				
C. Statement of Disbursements Report all disbursements mad		porting organiz	ation in connection with lab	or relations advice	or services rendered
to the employers listed in Part  7. Disbursements to Officers and Employees:	В.				
	Expenses (d)	) Totals			•
Amy E Helland 18,277	0	18,277	9. Office and Administrati	ive Expenses	44,499
David L Moon 56,100	24,445	80,545	10. Publicity		
Gary Riseling 24,600	458	25,058	11. Fees for Professional	Services	1,612
George Hartnett 30,266	2,279	32,545	12. Loans Made		0
Linda S Daffenberg 3,900	0	3,900	13. Other Disbursements		71,795
8. Total disbursements to officers and employees:	331,861	14. Total Disbursements (S	um of Items 8-13)	449,767	
	this Sched	ule to report or	ly disbursements made for	the purposes des	cribed in Part D of the
15.a. Employer Name:	15.b. Trade	Name, If any:			
Creative Solutions & Visions LLC					
15.c. To Whom Paid		15.d. Amou	nt 25,354		
Name Monica Mejia		15.e. Purpo	SP.		
Title CONSULTANT	***************************************	CONSULTING_WORK_ON_CASE			
Organization	- water and a second				-
	i				
P.O. Box, Building and Room Number, if any					
				фиранстинеско	
Street 8 CARLTON CT					
City STATEN ISLAND					*
State New York ZIP Code + 4 103	12		n-Nigouillous July Marion and a chologo and challenge and demonstrates acceptant to the demonstration (Anni So	oor o recognisional requiritor vigasing consistence (	iko kortok ki a dilanun armatilan akusuatkin da artikan akusuatkin kina artikan kala selah neganjayan gunus
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 575,956					

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 LANXESS SOLUTIONS U S INC	P.O. Box, Bldg., Room No., if any			
Trade Name	Street 215 Merry Lane			
Attention To: Cindy Arthur	City East Hannover			
Title H R Director	State New Jersey ZIP Code + 4 07936			
5.b. Termination Date 10/31/2017	5.c. Amount 31,891			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any			
Employer C W Wright Construction Company Inc				
Trade Name	Street 11500 Iron Bridge Road			
Attention To: Michael Walker	City Chester			
Title President	State Virginia ZIP Code + 4 23831			
5.b. Termination Date 10/31/2017	5.c. Amount 68, 567			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer System Freight Inc	P.O. Box. Blda Room No if anv			
Trade Name	Street 4E Treadeasy Avenue			
Attention To: Michael Pagliuca	City Batavia			
Title President	State New York ZIP Code + 4 14020			
5.b. Termination Date 01/31/2018	5.c. Amount 73,324			
5.a. Name and Address of Employer (including trade name, if any):  Mailing Address:				
Daniel Blacker Company	P.O. Box, Bldg., Room No., if any			
Employer Beauregard Electric Cooperative Inc	Street 1010 East First Street			
Trade Name Attention To: Keyin Turner	City DeRidder			
A CONTROL OF THE CONT	State Louisiana ZIP Code + 4 79634			
	An exercise and exercise an exercise an exercise an exercise and exerc			
5.b. Termination Date 01/31/2018	5.c. Amount 84 , 798			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer United Rentals Inc	P.O. Box, Blda Room No if anv			
Trade Name	Street 100First Stamford Place			
Attention To: Peter M Meany	City Stamford			
Title Director of Labor Relations	State Connecticut ZIP Code + 4 06902			
5.b. Termination Date 09/30/2017	5.c. Amount 51, 361			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
	P.O. Box, Blda. Room No., if any			
Employer General Dynamics Information Technology				
Trade Name	Street 3211 Jermantown Rd			
Attention To: Valerie F Custer				
	City Fairfax			
Title V P & Assistant General Counsel	State Virginia ZIP Code + 4 22030			

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).  Employer MSA Security  Trade Name Street 9 Murry Street  Attention To: Peter Deegan City New York  Title Sr Director H R State New York  ZIP Code + 4 10007				
P.O. Box, Bldg, Room No., if any  Employer MSA Security Street  Trade Name Street 9 Murry Street  Attention To: Peter Deegan City New York				
Employer MSA Security  Trade Name Street 9 Murry Street  Attention To: Peter Deegan City New York				
Trade Name         Street         9 Murry Street           Attention To:         Peter         Deegan         City         New York				
Attention To: Peter Deegan City New York				
SI DITECTOR R				
you consider the same of the s				
5.b. Termination Date 04/12/2017 5.c. Amount 9,485				
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Bldg., Room No., if any				
Employer ICCO P O Box 824				
Trade Name Street				
Attention To: William Clendenen City Springfield				
Title CEO State Oregon ZIP Code + 4 97477				
5.b. Termination Date 01/31/2018 5.c. Amount 99,158				
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:  P.O. Box, Bldg., Room No., if any				
Employer FEDCAP				
Trade Name Easter Seals of New York Street 633 Third Avenue				
Attention To: Ken Brezenoff City New York				
Title Inside Counsel State New York ZIP Code + 4 10017				
5.b. Termination Date 01/31/2018 5.c. Amount 49,841				
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:				
P.O. Box, Bldg., Room No., if any  Employer Cedar Fair Entertainment Company				
Trade Name Street One Cedar Point Drive  Attention To: Duffield Milkie City Sandusky				
THE COLD AS THE CO				
Section 1 Sectio				
5.b. Termination Date 01/31/2018 5.c. Amount 20,723				
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:				
P.O. Box, Bldq., Room No., if anv				
Out and Add Makanti Mari				
Trade Name Attention To: Lonnie Streitberger City Longview				
Title Plant Manager State Washington ZIP Code + 4 98632				
5.b. Termination Date 02/28/2018 5.c. Amount 37,891				
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:				
P.O. Box, Bldq., Room No., if anv  Employer Brookhaven Memorial Hospital Med Ctr				
Trade Name Street 101 Hospital Rd				
Attention To: Richard Margulis City Patchogue				
Title CEO State New York ZIP Code +4 11772				
5 h Tormination Date 02/28/2018 5 c Amount 56, 298				

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 Commonwealth Hospitality LLC	P.O. Box, Bldg., Room No., if any Suite 1050			
Trade Name DBA ALOFT Hotel Phoenix Airport	Street 100 E Riverside Blvd			
Attention To: Kimberly A Jennings	City Covengton			
Title V P of Human Reasources	State Kentucky ZIP Code + 4 41011			
	**************************************			
5.b. Termination Date 04/27/2018	5.c. Amount 21,021			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any			
Employer Ingeteam Group				
Trade Name	Street 3550 W Canal Street			
Attention To: Mark Obradovich	City Milwaukee			
Title EVP General Manager	State Wisconsin ZIP Code + 4 53208			
5.b. Termination Date 05/31/2018	5.c. Amount 25, 833			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer Wellstar Atlanta Medical Center	P.O. Box. Blda., Room No., if any			
	Street 1170 Cleveland Ave			
Trade Name Attention To: Samantha Ros	City Eastpoint			
	State Georgia ZIP Code + 4 30344			
	have been a second and the second an			
5.b. Termination Date 06/30/2018	5.c. Amount 44,911			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer Ferro Corporation	P.O. Box, Bldq., Room No., if any			
Trade Name	Street 251 West Wylie Avenue			
Attention To: Sarah Mackay	City Washington			
Title Human Resource Manager	State Pennsylvania ZIP Code + 4 15301			
5.b. Termination Date 08/31/2018	5.c. Amount 58,842			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box. Bldg., Room No., if any			
Employer Johns Hopkins Hospital	F.O. DOA, BIDG., ROUTH NO., II ally			
Trade Name	Street 1800 Orleans Street			
Attention To: Kristena Lukish	City Baltimore			
Title VP Human Resources	State Maryland ZIP Code + 4 21287			
5.b. Termination Date 01/31/2018	5.c. Amount 148,032			
	Mailing Address:			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box. Bldg., Room.No., if any			
Employer Cascadia Behavioral Health				
Trade Name	Street 847 NE 19th Ave			
Attention To: Alana J Silverman	City Portland			
Title Sr Director of Human Resources	State Oregon ZIP Code + 4 97232			
5.b. Termination Date 08/31/2018	5.c. Amount 14,391			

(a) Name			(b) Salary	(c) Expenses	(d) Totals		
Noble		Miller	112,770	25,036	137,806		
Patricia		Nowak	7,453	0	7,453		
Timothy	***************************************	Curtis	15,225	0	15,225		
DAVID	J	RITTOF	0	11,052	11,052		
			<b>****</b>	0	0		
		The state of the s					
2			Marie Committee	Committee on the same of			
Supplied and addressed another supplied to the state of t	==  =	ergy processor and the second of the second	*	And the second s			
	╼┪┝╼╎┝	au d'imperation (200-200-20) au 1 million - marrondonne ma marronne de grande de la companya de					
	<del>    -</del>						
	_  -  -						
	_						
			months of the control				
							,
					-		
					,		
						•	
inacija kara inacija popuje popuje in prima in p							
		от при					
		COLUMN CO	Processing Commence of the Com	***************************************			
all accounting with the allowing regions of the section of the sec		relative control contr		Terror concernment and a real effect of			
	러누뉴	augha menantan (giranga ya nagagi agina antanan antanan antanan antanan antanan antanan da nagari antanan anta Baragan a mangariyan ya menengan antanan antanan antanan antanan antanan antanan antanan antanan antanan antan		***************************************			
			A MARIAN TORONTO AND THE STATE OF THE STATE	100 mark (200 mark)			
	═╣╞═╣┝						
	<u> </u>			Per-2000000000000000000000000000000000000	<del></del>		
	_  _				<u> </u>		
	<b>    </b> -				<u> </u>		
	_				<u> </u>		
			<u>L</u>				•
		# (COLUMN 1 - 100) (COL					
		A CONTRACTOR OF					
Xy., 1931. 1	Timir	ngang gang pagi, antona pa antona ng apina na mahinishina an iki kidaman kemban iki at iki iki meri na gangangan yang ang ang ang ang ang ang ang ang ang					
	<b></b>			<u> </u>			

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:  CRS LABOR RELATIONS SOLUTIONS	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 69,712
Name CHARLES STEPHENSON Title CONSULTANT	15.e. Purpose  CONSULTING WORK ON CASE
Organization	
P.O. Box, Building and Room Number, if any  Street 1500 E KATELLA AVE  City ORANGE  State California ZIP Code + 4 42867	
15.a. Employer Name:	15.b. Trade Name, If any:
STAY UNION FREE CORP	
15.c. To Whom Paid	15.d. Amount 32,991
Name CAESAR ALARCON	15.e. Purpose
Title CONSULTANT Organization	CONSULTING WORK ON CASE
P.O. Box, Building and Room Number, if any  Street 614 SPRINGDALE CIRCLE  City PALM SPRING  State Florida ZIP Code + 4 33461	
	15.b. Trade Name, If any:
15.a. Employer Name:	TO.D. Trade Name, It dity.
15.c. To Whom Paid	15.d. Amount 97, 974
Name MICHAEL INDIVERO	15.e. Purpose
Title CONSULTANT	CONSULTING WORK ON CASE
Organization	
P.O. Box, Building and Room Number, if any	
Street 16216 32ND AVE	
City MILL CREEK	
State Washington ZIP Code + 4 98012	

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:  CREATIVE SOLUTIONS & VISIONS LLC	15.b. Trade Name, If any:
15.c. To Whom Paid  Name JOHN LOVETT  Title  Organization	15.d. Amount 13,829  15.e. Purpose
P.O. Box, Building and Room Number, if any  Street 8 CARLTON CT  City STATEN ISLAND  State New York ZIP Code + 4 10312	
15.a. Employer Name: CSAV 360	15.b. Trade Name, If any:
15.c. To Whom Paid  Name BRIGITTR MUNOZ  Title CONSULTANT  Organization	15.d. Amount 46,431  15.e. Purpose  CONSULTING WORK ON CASE
P.O. Box, Building and Room Number, if any P O BOX 422812  Street  City KISSIMME  State Florida ZIP Code + 4 34742	
15.a. Employer Name: CASV360	15.b. Trade Name, If any:
15.c. To Whom Paid  Name KEITH PERAINO  Title CONSULTANT  Organization  P.O. Box, Building and Room Number, if any  P O BOX 422812	15.d. Amount 110,050  15.e. Purpose  ONSULTING WORK ON CASE
Street  City KISSIMME  State Florida ZIP Code + 4 34742	

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:  D & G CREATIVE CONSULTING	15.b. Trade Name, If any:
15.c. To Whom Paid Name DAWN CHAPMAN	15.d. Amount [18,199]
Traille Summan and the summan and th	15.e. Purpose  CONSULTING WORK ON CASE
Title CONSULTANT Organization	CONSULTING WORK ON CASE
Organization	
P.O. Box, Building and Room Number, if any	
Street 315 Grand Magnolia Ave#20213	
City CELEBRATION	
State Florida ZIP Code + 4 34747	
45 a Familiana Nama	15.b. Trade Name, If any:
15.a. Employer Name:  J & H LABOR CONSULTANTS LLC	15.b. Trade Name, Ir any.
15.c. To Whom Paid	15.d. Amount 12,296
Name JON BURESS	15.e. Purpose
Title CONSULTANT	CONSULTING WORK ON CASE
Organization	
P.O. Box, Building and Room Number, if any	
Street 4810 TURNPOST LANE	
City SAN ANTIONIO	
State Texas ZIP Code + 4 78247	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 3, 149
Name KELLY I WOODS	15.e. Purpose
Title CONSULTANT	CONSULTING WORK ON CASE
Organization	
P.O. Box, Building and Room Number, if any	
Street 7349 CANTON AVE	
City ST LOUIS	
State Missouri ZIP Code + 4 63130	
Sections and constraint and an experimental and an experiment of the section of t	

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:  LEWIS LABOR RELATIONS	15.b. Trade Name, If any:
15.c. To Whom Paid  Name  Title	15.d. Amount 47,716  15.e. Purpose  CONSULTING WORK ON CASE
Organization P.O. Box, Building and Room Number, if any	
Street 10731 TRAILWOOD DR  City CHESTERFIELD  State Virginia ZIP Code + 4 23832	
15.a. Employer Name:  MCCLAIN RESOURCES	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 28,027
Name HILARY MCCLAIN  Title CONSULTANT  Organization  P.O. Box, Building and Room Number, if any SUITE 110-368  Street 10620 Southern Highlands PKWY	15.e. Purpose
City LAS VEGAS  State Nevada ZIP Code + 4 89141	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid  Name STEPHANIE PATIGA  Title CONSULTANT  Organization	15.d. Amount 9,335  15.e. Purpose  CONSULTING WORK ON CASE
P.O. Box, Building and Room Number, if any  Street 3500 Crazy Hourse Rd  City RENO  State Nevada ZIP Code + 4 89510	

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
D. Schedule of Disbursements for Reportable Activity. Use this Schedul instructions:	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	. 15.b. Trade Name, If any:
RIVERA CARBONE P C	
15.c. To Whom Paid	15.d. Amount 11,576
Name JAVIER CARBONE	15.e. Purpose
Title CONSULTANT	CONSULTING WORK ON CASE
Organization	
P.O. Box, <u>Building and Room Number, if any</u> UNIT 75754	
Street 905 Calle Negocio	
City San Clemente,	To the second se
State California ZIP Code + 4 92673	
15.a. Employer Name:	15.b. Trade Name, If any:
SSS CONSULTING LLC	
15.c:To Whom Paid	15.d. Amount 49,317
Name JUAN SANTANA	15.e. Purpose
Title CONSULTANT	CONSULTING WORK ON CASE
Organization	
P.O. Box, Building and Room Number, if any	
Street 206 Walker Street	
City STATEN ISLAND	
State New York ZIP Code + 4 10303	
15.a. Employer Name:	15.b. Trade Name, If any:
	The second section of the contract of the cont
15.c. To Whom Paid	15.d. Amount 0
Name .	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	