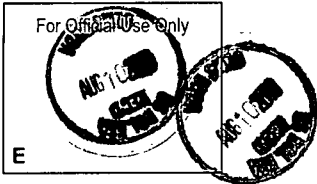


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

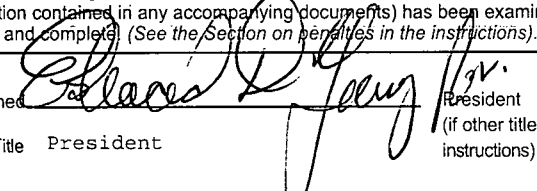
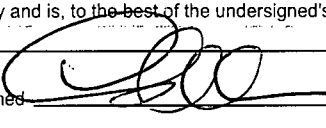
433638

1. File Number C- 00568	2. Period Covered By This Report From: 01 / 01 / 2009 Through: 12 / 31 / 2009
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Raymond Rosenbach  Title Treasurer  Organization GOVT. RESOURCES CONSULTANTS OF AMERICA  P.O. Box, Building and Room Number, if any  Street 253 COMMERCE DR SUITE 106  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  Title President On 07 / 30 / 2010 847-337-3480 Date Telephone Number	18. Signed  Title Treasurer On 08 / 04 / 2010 847-337-3480 Date Telephone Number
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Name of Person Filing: Raymond Rosenbach	File Number C- 00568
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<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	P.O. Box, Building and Room Number, if any
Trade Name COMMUNITY SURGICAL SUPPLY INC	P O BOX 4686
Attention To MICHAEL FRIED	Street 1390 ROUTE 37 WEST
Title CEO	City TOMS RIVER
	State New Jersey ZIP Code + 4 08755-4686
5.b. Termination Date JULY 2009	5.c. Amount 49,646
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 252,369	

<b>C. Statement of Disbursements</b> 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		
EDWARD D YOUNG JR	48,676	14,186	62,862	9. Office and Administrative Expenses	37,713
NOBLE MILLER	30,120	31,535	61,655	10. Publicity	0
DAVID J RITTOF	9,638	0	9,638	11. Fees for Professional Services	5,720
TIMOTHY J CURTIS	1,575	0	1,575	12. Loans Made	0
GEORGE HARTNETT	353	0	353	13. Other Disbursements	28,947
8. Total disbursements to officers and employees:			208,733	14. Total Disbursements (Sum of Items 8-13)	281,113

<b>D. Schedule of Disbursements for Reportable Activity</b>		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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer BROOKHAVEN MEMORIAL HOSPITAL &amp; MED CTR</p> <p>Trade Name</p> <p>Attention To: VIRGINIA RAFFALE</p> <p>Title VICE PRESIDENT, HUMAN RESOURCES</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 101 HOSPITAL ROAD</p> <p>City PATCHOGUE</p> <p>State New York</p> <p>ZIP Code + 4 11772</p>
5.b. Termination Date JANUARY 2009	5.c. Amount 76,116

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer PLANET HOLLYWOOD</p> <p>Trade Name</p> <p>Attention To: RITA PALMER</p> <p>Title VICE PRESIDENT, HUMAN RESOURCES</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3667 LAS VEGAS BLVD</p> <p>City LAS VEGAS</p> <p>State Nevada</p> <p>ZIP Code + 4 89109</p>
5.b. Termination Date JANUARY 2009	5.c. Amount 42,945

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer PLANET HOLLYWOOD AND CASINO</p> <p>Trade Name</p> <p>Attention To: TRACY E GNIEWEK</p> <p>Title VICE PRESIDENT, HUMAN SERVICES</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3667 LAS VEGAS BLVD</p> <p>City LAS VEGAS</p> <p>State Nevada</p> <p>ZIP Code + 4 89109</p>
5.b. Termination Date JULY 2009	5.c. Amount 32,470

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer HADCO METAL TRADING CO LLC</p> <p>Trade Name</p> <p>Attention To: GILAD FISHMAN</p> <p>Title CHIEF EXECUTIVE</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 104-20 MERRICK BLVD</p> <p>City JAMICA</p> <p>State New York</p> <p>ZIP Code + 4 11433</p>
5.b. Termination Date FEBRUARY 2009	5.c. Amount 10,517

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer FENNER DUNLOP CONVEYOR SYSTEMS</p> <p>Trade Name</p> <p>Attention To: KRISTIE REOGEL</p> <p>Title VP HUMAN RESOURCES</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>P O BOX 129</p> <p>Street 70 INDUSTRIAL PARK</p> <p>City BLAIRSVILLE</p> <p>State Pennsylvania</p> <p>ZIP Code + 4 15717</p>
5.b. Termination Date OCTOBER 2009	5.c. Amount 30,418

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer CLASSIC CONVEYOR SYSTEMS</p> <p>Trade Name FENNER DUNLOP CONVEYOR SERVICE</p> <p>Attention To: DAVID HURD</p> <p>Title VP HUMAN RESOURCES</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 120 AIRPORT ROAD</p> <p>City BLAIRSVILLE</p> <p>State Pennsylvania</p> <p>ZIP Code + 4 15717</p>
5.b. Termination Date OCTOBER 2009	5.c. Amount 10,257

**C. Statement of Disbursements****7. Disbursements to Officers and Employers:**

(a) Name	(b) Salary	(c) Expenses	(d) Totals
RAYMOND ROSENBACH	72,500	150	72,650
		0	0