

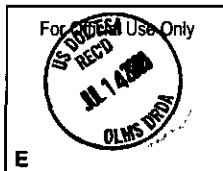
FORM LM-21

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

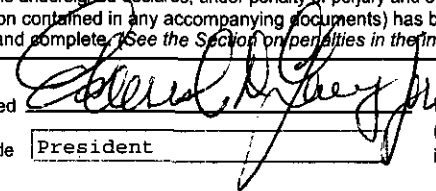
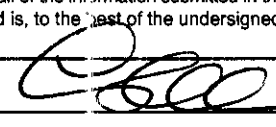
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1. File Number C- 00568	2. Period Covered By This Report From: 01/01/2007 Through: 12/31/2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Raymond Rosenbach
Title	Treasurer
Organization	Govt. Resources Consultants of America
P.O. Box, Building and Room Number, if any	
Street	253 Commerce Drive, 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		President (if other title, see instructions)
Title	President	
On	7/7/2009	847-337-3480
Date		Telephone Number
18. Signed		Treasurer (If other title, see instructions)
Title	Treasurer	
On	07/07/2009	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 Arc BRIDGES P.O. Box, Building and Room Number, if any

Trade Name Street 2650 West 35th Street

Attention To Kris Prohl City Gary

Title Executive Director State Indiana ZIP Code + 4 46408-1486

5.b. Termination Date January 31, 2007 5.c. Amount 15,758

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: 161,420

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
Edward <u>D</u> <u>Young, Jr.</u>	32,545	0	32,545
David <u></u> <u>Rittorf</u>	8,438	0	8,438
Patricia <u>A</u> <u>Nowak</u>	35,000	0	35,000
George <u></u> <u>Hartnett</u>	2,093	0	2,093
Noble <u></u> <u>Miller</u>	28,128	0	28,128
8. Total disbursements to officers and employees:	106,204		

9. Office and Administrative Expenses	6,292
10. Publicity	0
11. Fees for Professional Services	16,674
12. Loans Made	0
13. Other Disbursements	1,553
14. Total Disbursements (Sum of Items 8-13)	130,723

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

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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	Golden Nugget	P.O. Box, Bldg., Room No., if any	P.O. Box 610
Trade Name		Street	
Attention To:	Joanne M Beckett	City	Las Vegas
Title	Sr. Vice Pres., & General Counsel	State	Nevada ZIP Code + 4 89125
5.b. Termination Date February 28, 2007		5.c. Amount 64,887	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Hadco Metal Trading Company, LLC	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	104-20 Merrick Boulevard
Attention To:	Gilad Fishman	City	Jamaica
Title	Chief Executive	State	New York ZIP Code + 4 11433
5.b. Termination Date November 30, 2006		5.c. Amount 17,630	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Mandalay Bay Resort & Casino	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	3750 Las Vegas Boulevard South
Attention To:	Debbie Wootan-White	City	Las Vegas
Title	Vice President, Human Resources	State	Nevada ZIP Code + 4 89119
5.b. Termination Date June 30, 2007		5.c. Amount 45,819	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	New York New York	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	3790 Las Vegas Boulevard South
Attention To:	Bill Boasberg	City	Las Vegas
Title	Vice President, Finance & CFO	State	Nevada ZIP Code + 4 89109
5.b. Termination Date September 30, 2007		5.c. Amount 8,338	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Star, Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	182 Wolfpit Avenue
Attention To:	Katie J Banzhaf	City	Norwalk
Title	Executive Director	State	Connecticut ZIP Code + 4 06851
5.b. Termination Date August 31, 2006		5.c. Amount 8,988	
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	