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. roofs 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

E MS DROP	62789
1 . File Number C- 00568	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyy) Through: Month/Day/Year (mm/dd/yyy) Through: 12/31/2017
A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Raymond Rosenbach.	Any other address where records necessary to verify this report are kept: Name
Title Treasurer	Title
Organization Government Resources Consultants of Am.	Organization
P:O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 253 Commerce Dr City Grayslake	Street
State Illinois ZIP Code + 4 60030	State ZIP Code + 4
Signa	itures
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 on penalties in the instructions).	es of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
Instructions)	instructions
On 06 20 2018 847-337-3480 Telephone Number	On . 06 / 20 / 2018 847 - 337 - 3480 Date Telephone Number
7	

Name of Person Fili	ng:	Raymond Rosenback	n			<u></u>	File Number C- 005	568	
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 Addre	SS (of Employer (including trade n	ame, if any).				Mailing Address: Building and Room Number, if any		
Employer C	W	WRIGHT CONSTRUCTION	N					***************************************	
Trąde Name						Street 1	1500 IRONBRIDGE RD		
Attention To	LΕ	E : Ro	DBBINS	***************		City	HESTER		transfer entrance, of
Title	PRI	ESIDENT		in the manner of the second		State V	irginia ZIP (Code + 4	23831
5.b. Termination D	5.b. Termination Date SEPT. 30, 2016 5.c. Amount 26,493								
6. TOTAL RECEIP	TS	FROM ALL EMPLOYERS	946,121						
<u> </u>	_					<u> </u>	· · · · · · · · · · · · · · · · · · ·		
C Statement of D	ah	urasments Deport all d	iala	arada bir	41			- 1 - 1	
C. Statement of D	SD		spursements r oyers listed in F	nade by Part B.	tne rep	orting organiz	ation in connection with labor relations a	idvice or se	rvices rendered
7. Disbursements to (a) Name	Offi	cers and Employees:	(b) Salary	(c) Exper	nses (d)	Totals			
DAVID	L	MOON	7,575		_	7,575	9. Office and Administrative Expenses	, [133,058
GARY		RISELING ·	22,500	ĺ,	179	23,679			
GEORGE		HARTNETT	31,650	13,	942	45,592	11. Fees for Professional Services	- 1 T	1,512
NOBLE		MILLER	51,997	5,	238	57,235	12. Loans Made		Ô.
DAVID.	J	RITTÓF	241,453		0	241,453	13. Other Disbursements		88,854
8. Total disburseme	ents	to officers and employees	:			381,548	14. Total Disbursements (Sum of Items 8	-13)	604,972
D.₃Schedule of Dis	sbu	rsements for Reportable	Activity	Use this	Schedu	ule to report of	nly disbursements made for the purpose	s describer	d in Part D of the
instructions.									
15.a. Employer Na				·	 -1	15.b. Trad	e Name, If any:		
CRS LABOI	۲ ۱	RELATIONS SÖLUTION	IS LLC						
15.c. To Whom Paid : 15.d. Amount 77, 799.									
Name CHARLES STEPHENSON 15.e. Purpose									
TitleCONSULTING_WORK ON CASE									
Organization						and the second s			
							, r. japanen ja		
P.O. Box, Buildi	ng	and Room Number, if any					•		
Street 1500 E	K	ATELLA AVE							2 1 tags - 2
City ORANGE			······································			**************************************			· ·
		ia. 77	P Code + 4 j	2867					d i i grand
Service (18 mar 19 mar									
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 456,589									

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 GABRIEL PERFORMANCE PRODUCTS	P.O. Box, Bldg., Room No., if any				
Trade Name	Street 600 STATE ROAD 2ND FLOOR				
Attention To: VERN SEBBIO	Street 600 STATE ROAD 2ND FLOOR City ASHTABULA				
Title CFO	State Ohio ZIP Code + 4 44004				
	On 10 44004				
5.b. Termination Date OCT 31, 2016	5.c. Amount 20., 960				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room.Ño., if any				
Employer LEVY PREMIUM FOOD SERVICE L P	SUITE 400				
Trade Name LEVY RESTAURENTS AT TMOBILE ARENA	Street 980 NO MICHIGAN AVE				
Attention To: MONICA Q HALLORAN	City CHICAGO				
Title ASSOC. GEN'L COUNCEL	State Illinois ZIP Code + 4 60611				
5.b. Termination Date SEPT30, 2016	5:c. Amount [15, 309				
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 3950 LAS VEGAS BLVD SOUTH				
Attention To: ROBERT NAPLERALA	City LAS VEGAS				
Title V P HUMAN RESOURCES	State Nevada ZIP Code + 4 89119				
5.b. Termination Date DEG 09, 2016	5.c. Amount 50, 05/4				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
	P.O. Box, Bldg., Room.No., if any				
Employer MATERION BRUSH INC					
Trade Name	Street 14710 PORTAGE RIVER RD SOUTH				
Attention To: JOSEPH SZAFRANIEC	City ELMORE				
Title VP HUMAN RESOURCES	State Ohio ZIP Code + 4 43416				
5.b. Termination Date DEC 16, 2016	5.c. Amount 52,,395				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
Employer FERRO CORPORATION					
Employer 31 LIKEO CONTOKALLON	P.O. Box, Bldq., Room No., if any				
Trade Name	Street 251 WYLIE AVE				
Trade Name Attention To: SARAH MACKEY	Street 251 WYLIE AVE City WASHINGTON				
Trade Name	Street 251 WYLIE AVE				
Trade Name Attention To: SARAH MACKEY	Street 251 WYLIE AVE City WASHINGTON				
Trade Name Attention To: SARAH MACKEY Title HUMAN RESOURCES MGR 5.b. Termination Date NOV 30, 2016 5.a. Name and Address of Employer (including trade name, if any).	Street 251 WYLIE AVE City WASHINGTON State Pennsylvania ZIP Code + 4 15301				
Trade Name Attention To: SARAH MACKEY Title HUMAN RESOURCES MGR 5.b. Termination Date NOV 30, 2016	Street 251 WYLTE AVE City WASHINGTON State Pennsylvania ZIP Code + 4 15301 5.c. Amount 104,049 Mailing Address:				
Trade Name Attention To: SARAH MACKEY Title HUMAN RESOURCES MGR 5.b. Termination Date NOV 30, 2016 5.a. Name and Address of Employer (including trade name, if any).	Street 251 WYLTE AVE City WASHINGTON State Pennsylvania ZIP Code + 4 15301 5.c. Amount 104,049 Mailing Address:				
Trade Name Attention To: SARAH MACKEY Title HUMAN RESOURCES MGR 5.b. Termination Date NOV 30, 2016 5.a. Name and Address of Employer (including trade name, if any). Employer BEAU RIVAGE RESOURT & CASINO	Street 251 WYLTE AVE City WASHINGTON State Pennsylvania ZIP Code + 4 15301 5.c. Amount 10, 049 Mailing Address: P.O. Box. Blda. Room No. if any				
Trade Name Attention To: SARAH MACKEY Title HUMAN RESOURCES MGR 5.b. Termination Date NOV 30, 2016 5.a. Name and Address of Employer (including trade name, if any). Employer BEAU RIVAGE RESOURT & CASINO Trade Name	Street 251 WYLIE AVE City WASHINGTON State Pennsylvania ZIP Code + 4 15301 5.c. Amount 104,049 Mailing Address: P.O. Box. Blda Room.No if any Street 875 BEACH BLVD				

Name of Person F	iling: 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: P.O. Box, Bldg., Room No., if any					
Employer AS	TRA HOMECARE	P.O. BOX, BIO	g., Room No., II any		
Trade Name	TRUE CARE HOME CARE	Street 117	CHURCH AVE	na mangangan kanananan kepala kananan periodo dan berbahan dan mengangkan dan pengangkan di Banan katan dan pengangkan pengangkan dan dan mengangkan dan pengangkan dan pengangkan dan dan pengangkan dan d	
Attention To:	MICHAEL WERZBERGER	City BROC	OKLYN	narrama Marana sarba ama ama ama ama ama anara ma anara m	
Title.	PRESIDENT	State New	York	ZIP Code + 4 11218	
5.b. Termination D	ate APRIL 28, 2017	5.c: Amount 1	36,686		
	dress of Employer (including trade name, if any).		ling Address: a; Room No., if any		
Employer FE	DCAP			Magazine and American American	
Trade.Name	EASTER SEALS NEW YORK	Street 633	THIRD AVENUE		
Attention To:	JOSEPH GIANNETTO	City NEW	YORK		
Title	coo	State New	York	ZIP Code + 4 10017	
	pate JANUARY 25 2017	5.c, Amount 7	3,506		
5.a. Name and Ad	dress of Employer (including trade name; if any).		iling Address: a., Room Ño., if anv		
Employer AR	CONIC POWER AND PROPULSION	P.O. BOX, BIQ	d., Room No., II any		
	ALCOA	Street 201	ISABELLA STREET AT	7TH BRIDGE	
	SCOTT N DIETRICH	City PITT	'SBURGH	**************************************	
Title	COUNSEL LEGAL DEPT	State Penn	sylvania	ZIP Code + 4 15212	
5.b. Termination D	ate MARCH 31 2017	5.c. Amount 1	7,735		
	dress of Employer (including trade name, if any).	Mai	ling Address:		
5.a. Name and Add	dress of Employer (including trade name, if any).	Mai P.O. Box, Bld	ling Address: g., Room No., if any		
5.a. Name and Add	Despondencial from a militar in the well-residence in the content of the content	Mai P.O. Box, Bld	ling Address: g., Room No., if any E. 700	F.	
5.a. Name and Ado Employer UN Trade Name	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE)	Mai P.O. Box, Bld	ling Address: q., Room No., if any E. 700. FIRST STAMFORD PLAC		
5.a. Name and Add Employer UN Trade Name Attention To:	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER M MEANY.	Mai P.O. Box, Bld SUIT Street 700 City STAM	ling Address: g., Room No., if any E. 700 FIRST STAMFORD PLAC	1	
5.a. Name and Add Employer UN Trade Name Attention To: Title	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY: DIRECTOR LABOR RELATIONS	Mai P.O. Box, Bld SUIT Street 700 City STAM	ling Address: q., Room No., if any E. 700. FIRST STAMFORD PLAC	ZIP Code + 4 06902	
5.a. Name and Add Employer UN Trade Name Attention To: Title	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER M MEANY.	Mai P.O. Box, Bld SUIT Street 700 City STAM	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut	1	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY: DIRECTOR LABOR RELATIONS	Mai P.O. Box, Bld SUIT Street 700 City STAM State Conn 5.c. Amount 4	ling Address: q., Room No., if any E: 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address:	1	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER M MEANY DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any).	Mai P.O. Box, Bld SUIT Street 700 City STAM State Conn 5.c. Amount 4	ling Address: q., Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520	1	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer MA	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY: DIRECTOR LABOR RELATIONS Date APRIL 30 2017	Mai P.O. Box, Bld SUIT Street 700 City STAM State Conn 5.c. Amount 4 P.O. Box, Bld	ling Address: q., Room No., if any E: 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address:	1	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer MA Trade Name	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER M MEANY DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any).	Mai P.O. Box, Blde SUIT Street 700 City STAM State Conn 5.c. Amount 4 Mai P.O. Box, Blde Street 6070	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address: q. Room No., if any	1	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer MA Trade Name Attention To:	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER M MEANY DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any). TERION BRUSH INC	Mai P.O. Box, Blde SUIT Street 700 City STAM State Conn 5.c. Amount 4 Mai P.O. Box, Blde Street 6070	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address: q. Room No., if any PARKLAND BLVD IELD HEIGHTS	ZIP Code + 4 06902	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer MA Trade Name Attention To: Title	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY: DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any). TERION BRUSH INC JOSEPH: SZAFRANIEC	Mai P.O. Box, Bld SUIT Street 700 City STAM State Conn 5.c. Amount 4 Mai P.O. Box, Bld Street 6070 City MAYF	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address: q. Room No., if any PARKLAND BLVB IELD HEIGHTS	1	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer MA Trade Name Attention To: Title 5.b. Termination D	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY. DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any). TERION BRUSH INC JOSEPH: SZAFRANIEC V P HUMAN RESOURCES	Mai P.O. Box, Bld SUIT Street 700 City STAM State Conn 5.c. Amount 4 P.O. Box, Bld Street 6070 City MAYF State Ohio 5.c. Amount 1	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address: q. Room No., if any PARKLAND BLVB IELD HEIGHTS	ZIP Code + 4 06902	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer MA Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY: DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any). TERION BRUSH INC JOSEPH: SZAFRANIEC V P HUMAN RESOURCES Date JULY 18 2017 dress of Employer (including trade name, if any).	Mai P.O. Box, Blde Street 700 City STAM State Conn 5.c. Amount 4 P.O. Box, Blde Street 6070 City MAYF State Ohio 5.c. Amount 1 Mai	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address: q. Room No., if any PARKLAND BLVD IELD HEIGHTS 40,666	ZIP Code + 4 06902	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D Employer MA Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer CO	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY. DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any). TERION BRUSH INC JOSEPH: SZAFRANIEC V P HUMAN RESOURCES Date JÜLY 18 2017	Mai P.O. Box, Bld SUIT Street 700 City STAM State Conn 5.c. Amount 4 P.O. Box, Bld Street 6070 City MAYF State Ohio 5.c. Amount 1 P.O. Box, Bld	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address: q. Room No., if any PARKLAND BLVD IELD HEIGHTS 40,666 ling Address: q. Room No., if any	ZIP Code + 4 06902	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer MA Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer CO Trade Name	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any). TERION BRUSH INC JOSEPH SZAFRANIEC V P HUMAN RESOURCES Date JULY 18 2017 dress of Employer (including trade name, if any). TT BEVERAGES	Mai P.O. Box, Bld SUIT Street 700 City STAM State Conn 5.c. Amount 4 P.O. Box, Bld Street 6070 City MAYF State Ohio 5.c. Amount 1 Mai P.O. Box, Bld Street 1520	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address: q. Room No., if any PARKLAND BLVD IELD HEIGHTS 40,666 ling Address: q. Room No., if any	ZIP Code + 4 06902	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer MA Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer CO Trade Name Attention To:	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY. DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any). TERION BRUSH INC JOSEPH SZAFRANIEC V P HUMAN RESOURCES Date JULY 18 2017 dress of Employer (including trade name, if any). TT BEVERAGES LISA EILERS	Mai P.O. Box, Bld SUIT Street 700 City STAM State Conn 5.c. Amount 4 P.O. Box, Bld Street 6070 City MAYF State Ohio 5.c. Amount 1 Mai P.O. Box, Bld Street 1520 City FORT	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address: q. Room No., if any PARKLAND BLVB IELD HEIGHTS 40,666 ling Address: q. Room No., if any 0 TRINITY BLVD WORTH	ZIP Code + 4 06902	
5.a. Name and Add Employer UN Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer MA Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Add Employer CO Trade Name Attention To: Title	dress of Employer (including trade name, if any). ITED RENTALS INC (WASHINGTON STATE) PETER: M MEANY DIRECTOR LABOR RELATIONS Date APRIL 30 2017 dress of Employer (including trade name, if any). TERION BRUSH INC JOSEPH SZAFRANIEC V P HUMAN RESOURCES Date JULY 18 2017 dress of Employer (including trade name, if any). TT BEVERAGES	Mai P.O. Box, Bld SUIT Street 700 City STAM State Conn 5.c. Amount 4 P.O. Box, Bld Street 6070 City MAYF State Ohio 5.c. Amount 1 Mai P.O. Box, Bld Street 1520	ling Address: q. Room No., if any E. 700. FIRST STAMFORD PLAC FORD ecticut 5,520 ling Address: q. Room No., if any PARKLAND BLVD IELD HEIGHTS 40,666 ling Address: q. Room No., if any 0 TRINITY BLVD WORTH	ZIP Code + 4 06902	

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer WELLSTAR ATLANTA MEDICAL CENTER SOUTH	P.O. Box, Bldg., Room No., if any
Trade Name	Street 1170 CLEVELAND AVE
Attention To: DAVID ANDERSON	City EAST POINT
Title EXECUTIVE V P HUMAN RESOURCES	State Georgia ZIP Code + 4 30344
Commission of the commission o	Management of the second of th
5.b. Termination Date MAY 31 2017	5.c. Amount $78,7432$
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, <u>Bldg., Room No., if any</u>
Employer V T HACKNEY INC	
Trade Name MONTGOMERY PA LOCATION	Street 911 WEST 5TH STREET
Attention To: MARY DUNN	City . WASHINGTON
Title CORP DIRECTOR OF H R & SAFTEY	State North Carolina ZIP Code + 4 27889
5.b. Termination Date JUNE 01, 2017	5.c. Amount 44 , 175
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer PARKER HANNIFIN CORPORATION	P.O. Box, Blda, Room No., if any
	Street 6035: PARKLAND BLVD
Trade Name CUNNINGHAM AHRM	City CLEVELAND
Title	State Ohio ZIP Code + 4 44124
	On10
EL Taminaka Daka TIBIR OO OO I	
5.b. Termination Date JUNE 29, 2017	5.c. Amount 8,141
5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 8,141. Mailing Address: P.O. Box, Bldg., Room No., if any
An application of the second s	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 78073
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH. 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 78073 5.c. Amount 33,350
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 78073 5.c. Amount 33,350 Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 7,8073 5.c. Amount 33,350 Mailing Address: P.O. Box, Bldg., Room No., if any Street 6862 PARKWAY DRIVE
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH. 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name Attention To: KIMBERLY TIPPS,	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 7,8073 5.c. Amount 33, 350 Mailing Address: P.O. Box, Bldg., Room No., if any Street 6882 PARKWAY DRIVE, City BROOKFIELD
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 7,8073 5.c. Amount 33,350 Mailing Address: P.O. Box, Bldg., Room No., if any Street 6862 PARKWAY DRIVE
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH. 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name Attention To: KIMBERLY TIPPS,	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 7,8073 5.c. Amount 33, 350 Mailing Address: P.O. Box, Bldg., Room No., if any Street 6882 PARKWAY DRIVE, City BROOKFIELD
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH. 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name Attention To: KIMBERLY TIPPS, Title V P HUMAN RESOURCES	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 7,8073 5.c. Amount 33,350 Mailing Address: P.O. Box, Bldg., Room No., if any Street 6882 PARKWAY DRIVE, City BROOKFIELD State Ohio. ZIP Code + 4 44403 5.c. Amount 45,321 Mailing Address:
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name Attention To: KIMBERLY TIPPS, Title V P HUMAN RESOURCES 5.b. Termination Date JUNE 23 2017 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 7,8073 5.c. Amount 33,350 Mailing Address: P.O. Box, Bldg., Room No., if any Street 6882 PARKWAY DRIVE, City BROOKFIELD State Ohio. ZIP Code + 4 44403 5.c. Amount 45,321
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name Attention To: KIMBERLY TIPPS. Title V P HUMAN RESOURCES 5.b. Termination Date JUNE 23 2017 5.a. Name and Address of Employer (including trade name, if any). Employer ICCO LLC	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 78073 5.c. Amount 33,350 Mailing Address: P.O. Box, Bldg., Room No., if any Street 6882 PARKWAY DRIVE City BROOKFIELD State Ohio. ZIP Code + 4 44403 5.c. Amount 45,321 Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name Attention To: KIMBERLY TIPPS, Title V P HUMAN RESOURCES 5.b. Termination Date JUNE 23 2017 5.a. Name and Address of Employer (including trade name, if any). Employer ICCO LLC Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 78073 5.c. Amount 33,350 Mailing Address: P.O. Box, Bldg., Room, No., if any Street 6882 PARKWAY DRIVE, City BROOKFIELD State Ohio. ZIP Code + 4 44403 5.c. Amount 45,321 Mailing Address: P.O. Box, Bldg., Room, No., if any P O BOX 824 Street
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH. 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name Attention To: KIMBERLY TIPPS, Title V P HUMAN RESOURCES 5.b. Termination Date JUNE 23 2017 5.a. Name and Address of Employer (including trade name, if any). Employer ICCO LLC Trade Name Attention To: WILLIAM CLENDENEN	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 78073 5.c. Amount 33, 350 Mailing Address: P.O. Box, Bldg., Room, No., if any Street 6882, PARKWAY DRIVE, City BROOKFIELD State Ohio. ZIP Code + 4 44403 5.c. Amount 45, 321 Mailing Address: P.O. Box, Bldg., Room, No., if any P O BOX 824 Street City SPRINGFIELD
5.a. Name and Address of Employer (including trade name, if any). Employer SMURFIT KAPPA BATES LLC Trade Name Attention To: CHRIS BLOCKHUS Title REGIONAL GENERAL MGR TEXAS SOUTH. 5.b. Termination Date JUNE 02, 2017 5.a. Name and Address of Employer (including trade name, if any). Employer LEGACY MEASUREMENT SOLUTIONS Trade Name Attention To: KIMBERLY TIPPS, Title V P HUMAN RESOURCES 5.b. Termination Date JUNE 23 2017 5.a. Name and Address of Employer (including trade name, if any). Employer ICCO LLC Trade Name Attention To: WILLIAM CLENDENEN	Mailing Address: P.O. Box, Bldg., Room No., if any Street 10600 FISCHER RD City VON ORMY State Texas ZIP Code + 4 78073 5.c. Amount 33, 350 Mailing Address: P.O. Box, Bldg., Room No., if any Street 6882. PARKWAY DRIVE City BROOKFIELD State Ohio. ZIP Code + 4 44403 5.c. Amount 45, 321 Mailing Address: P.O. Box, Bldg., Room, No., if any P.O. Box, Bldg., Room, Roo

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer PRODUCTION RESOURCE GROUP LLC	P.O. Box, Bldg., Room No., if any
Trade Name	Street 1245 AVIATION PL
Attention To: ROBERT MANNERS	City SAN FERNADO
Title VP LEGAL	State California ZIP Code + 4 91340
5.b. Termination Date JUNE 9 2017	5.c. Amount 4.7, 347
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer CALI CARTING INC	P.O. Box, Bldg., Room No., if any
Trade Name	Street 45'0 BERGEN AVE
Attention To: JOHN CALI III	City KERNY
Title PRESIDENT	State New Jersey ZIP Code + 4 07032
	Someone and the control of the contr
5.b. Termination Date AUGUST 02 2017	5.c. Amount 22, 303
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
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Employer	Street
Trade Name	City
Title	State ZIP Code + 4
5.b. Termination Date	5.c.,Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
popularity and real geo or Employer (including states frame, in any).	P.O. Box, Bldg., Room No., if any
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Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda.: Room No if any Street
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Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda Room No if any Street City State ZIP Code + 4
Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda Room No if any Street City
Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda Room No if any Street City State ZIP Code + 4
Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda Room No if any Street City State ZIP Code + 4 5.c. Amount Mailing Address:
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			(b) Salary	(c) Expenses	(d) Totals
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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:
GREER CONSULTING INC	
15.c; To Whom Paid	15.d. Amount 39, 390
Name JASON GREER	15.e. Purpose
Title PRESIDENT	CONSULTING WORK ON CASE
Organization	The state of the s
•	augustus et al.
P.O. Box, Building and Room Number, if any	The state of the s
Street 318 LAKE COURT	Trapping to the state of the st
City ST CHARLES	Transcalation of the second of
State Missouri ZIP Code + 4 63303	- register specific control of the c
State Introduction of the Control of	
15.a. Employer Name:	15.b. Trade Name, If any:
LEWIS LABOR RELATIONS	
15.c. To Whom Paid	15.d. Amount 76,437
Name TIMOTHY E LEWIS	15.e. Purpose
Title	CONSULTING WORK ON CASE
Organization	
P.O. Box, Building and Room Number, if any	The second secon
Street 10731 TRAILWOOD DR	· · · · · · · · · · · · · · · · · · ·
City CHESTERFIELD	
State Virginia ZIP Code + 4 23832	A CONTRACTOR OF THE PROPERTY O
Video Conference Confe	
15.a. Employer-Name:	15.b. Trade Name, If any:
MCCLAIN RESOURCES	
15.c. To Whom Paid	15.d. Amount 22.,744
Name HILLARY MCCLAIN	15.e. Purpose
Title	CONSULTING WORK ON CASE
Organization	
P.O. Box, Building and Room Number, if any	
SUITE 110-368	
Street 10620 SOUTHERN HIGHLANDS PK	
City LAS VEGAS State Nevada ZIP Code + 4 89141	The second secon
State Nevada ZIP Code + 4 89141	

Name of Person Filing: Raymond Rosenbach		File Number C- 00568				
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:					
MICHAEL INDIVERO	And below the state of the stat					
15.c. To Whom Paid	15.d. Amount 44, 841					
Name MICHAEL INDIVERO	15.e. Purpose					
Title	CONSULTING WORK ON	CASE				
Organization	constructional different	ti quantitati de la constanti				
P.O. Box, Building and Room Number, if any						
Street 16216 32ND AVENUE S E	· ·	•				
City MILL CREEK	and the state of t	1				
State Washington ZIP Code + 4 98012	A second					
15.a. Employer Name:	45 h. Tindo Nario 16					
RIVERA CARBONE P C	15.b. Trade Name, If any:					
The second secon	Secretaria de la composición del composición de la composición de					
15.c. To Whom Paid Name JAVIER R CÄRBONE	15.d. Amount 52,860	The state of the s				
Enterview and an included material programmers and a second of the annual formation and appropriate control of the annual form	15.e. Purpose					
Title PRESIDENT	CONSULTING WORK ON	CASE				
Organization	decident					
		Construction of the Constr				
P.O. Box, Building and Room Number, if any UNIT 75754	· ·					
Street 905 CALLE NEGOCIO	Marin Company	The second secon				
City SAN CLEMENTE	· · · · · · · · · · · · · · · · · · ·					
State California ZIP Code + 4 92673	Construction of the Constr					
Politation consistential interesting and an accordance and accorda	Resistant and the second secon	•				
15.a. Employer Name:	15.b. Trade Name, If any:					
STAY UNION FREE CORP						
15.c. To Whom Paid	15.d. Amount 142,518					
Name CAESAR ALARTON	15;e. Purpose					
Title	CONSULTING WORK ON	CASE .				
Organization		Market and the second s				
P.O. Box, Building and Room Number, if any		The control of the co				
Street 614 SPRING DALE CIRCLE	• Significant or a second or a					
City PALM SPRING	its adequations.					
State Florida ZIP Code + 4 33461	and the management of the second of the seco	·				
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