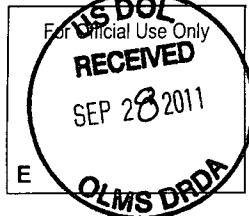


FORM LM-21

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

467561

1. File Number C- 00568	2. Period Covered By This Report From: 01/01/2010 Through: 12/31/2010
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A. Person Filing

3. Name and mailing address (include ZIP Code):

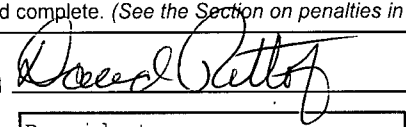
Name
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
State ZIP Code + 4


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
Title
(if other title, see instructions)

18. Signed  Treasurer
Title
(If other title, see instructions)

On //
Date Telephone Number

On //
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).

Employer FENNER DUNLOP CONVEYOR SYSTEMS	Mailing Address: P.O. Box, Building and Room Number, if any P O BOX 129
Trade Name	Street 70 INDUSTRIAL PARK
Attention To KRISTIE <input type="checkbox"/> REOGEL	City BLAIRSVILLE
Title VP HUMAN RESOURCES	State Pennsylvania ZIP Code + 4 15717

5.b. Termination Date **OCTOBER 2009** 5.c. Amount **2,722**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 251,647

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		
THOMAS <input type="checkbox"/> B CROSBIE	20,000	0	20,000	9. Office and Administrative Expenses	36,969
DAVID <input type="checkbox"/> J RITTOF	3,988	735	4,723	10. Publicity	0
EDWARD <input type="checkbox"/> EVERETT	14,850	0	14,850	11. Fees for Professional Services	1,423
EDWARD <input type="checkbox"/> D YOUNG JR	30,698	2,243	32,941	12. Loans Made	0
GEORGE <input type="checkbox"/> HARTNETT	11,162	2,351	13,513	13. Other Disbursements	12,055
8. Total disbursements to officers and employees:			210,894	14. Total Disbursements (Sum of Items 8-13)	261,341

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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, if any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid	15.d. Amount 0
Name <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <input type="checkbox"/> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Title <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Organization <div style="border: 1px solid black; width: 250px; height: 20px;"></div>	
P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Street <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
City <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
State Other <div style="border: 1px solid black; width: 100px; height: 20px;"></div> ZIP Code + 4 <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0	

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	MARS HOME FOR YOUTH	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	521 ROUTE 228
Attention To:	ELIZABETH S HAYS	City	MARS
Title	DIRECTOR OF HUMAN RESOURCES	State	Pennsylvania ZIP Code + 4 16046
5.b. Termination Date		5.c. Amount	
NOVEMBER 2009		124,785	

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:	MICHELLE DITONDO	City	LAS VEGAS
Title	VICE PRESIDENT HUMAN RESOURCES	State	Nevada ZIP Code + 4 89119
5.b. Termination Date		5.c. Amount	
FEBRUARY 2010		59,882	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	MGM GRAND	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	3799 LAS VEGAS BOULEVARD SOUTH
Attention To:	ANN KRUTCHIK	City	LAS VEGAS
Title	VICE PRESIDENT HUMAN RESOURCES	State	Nevada ZIP Code + 4 89109
5.b. Termination Date		5.c. Amount	
FEBRUARY 2010		29,371	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Closet Factory	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	12800 SO BROADWAY
Attention To:	GREGORY STEIN	City	Los Angeles
Title	PRESIDENT	State	California ZIP Code + 4 90061
5.b. Termination Date		5.c. Amount	
AUGUST 2008		1,625	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	CENTERLINE	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1600 E 4TH STREET
Attention To:	JILL QUINN	City	SANTA ANA
Title	PRESIDENT	State	California ZIP Code + 4 92701
5.b. Termination Date		5.c. Amount	
MAY 2010		33,262	

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	

7. Disbursements to Officers and Employers:

7. Disbursements to Officers and Employers:

[illegible]