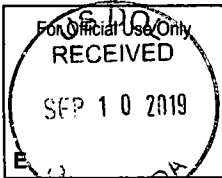


FORM LM-21

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

709/36

1. File Number C- 00568	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2018	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2018
-------------------------	--	---	----------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Raymond Rosenbach Title Treasurer Organization Government Resources Consultants of Amer P.O. Box, Building and Room Number, if any 106 Street 253 Commerce Dr 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 09/03/2019 847-337-3480 Date Telephone Number	18. Signed Title Treasurer On 8/30/19 847-337-3480 Date Telephone Number
--	---

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 <u>V T Hackney Inc</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street <u>911 West 5th Street</u>
Attention To <u>Mary</u> <u>Dunn</u>	City <u>Washington</u>
Title <u>Corporate Director of H R</u>	State <u>North Carolina</u> ZIP Code + 4 <u>27889</u>

5.b. Termination Date 06/30/2018 5.c. Amount 137,243

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,058,032

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		
Amy <u>E</u> <u>Helland</u>	<u>18,277</u>	<u>0</u>	<u>18,277</u>	9. Office and Administrative Expenses	<u>44,499</u>
David <u>L</u> <u>Moon</u>	<u>56,100</u>	<u>24,445</u>	<u>80,545</u>	10. Publicity	
Gary <u></u> <u>Riseling</u>	<u>24,600</u>	<u>458</u>	<u>25,058</u>	11. Fees for Professional Services	<u>1,612</u>
George <u></u> <u>Hartnett</u>	<u>30,266</u>	<u>2,279</u>	<u>32,545</u>	12. Loans Made	<u>0</u>
Linda <u>S</u> <u>Daffenberg</u>	<u>3,900</u>	<u>0</u>	<u>3,900</u>	13. Other Disbursements	<u>71,795</u>
8. Total disbursements to officers and employees:			<u>331,861</u>	14. Total Disbursements (Sum of Items 8-13)	<u>449,767</u>

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: <u>Creative Solutions & Visions LLC</u>	15.b. Trade Name, If any: <u></u>
15.c. To Whom Paid Name <u>Monica</u> <u>Mejia</u> Title <u>CONSULTANT</u> Organization <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u>8 CARLTON CT</u> City <u>STATEN ISLAND</u> State <u>New York</u> ZIP Code + 4 <u>10312</u>	15.d. Amount <u>25,354</u> 15.e. Purpose <u>CONSULTING WORK ON CASE</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>575,956</u>	

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 LANKESS 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:	
Employer C W Wright Construction Company Inc		P.O. Box, Bldg., Room No., if any	
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, Bldg., Room No., if any	
Trade Name		Street 4E Tredeasy 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:	
Employer Beauregard Electric Cooperative Inc		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1010 East First Street	
Attention To: Kevin Turner		City DeRidder	
Title General Manager		State Louisiana ZIP Code + 4 79634	
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, Bldg., Room No., if any	
Trade Name		Suite 700	
Attention To: Peter M Meany		Street 100 First Stamford Place	
Title Director of Labor Relations		City Stamford	
		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:	
Employer General Dynamics Information Technology		P.O. Box, Bldg., Room No., if any	
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	
5.b. Termination Date 08/31/2017		5.c. Amount 24,422	

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 MSA Security		P.O. Box, Bldg., Room No., if any	
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	
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:	
Employer ICCO		P.O. Box, Bldg., Room No., if any 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:	
Employer FEDCAP		P.O. Box, Bldg., Room No., if any	
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:	
Employer Cedar Fair Entertainment Company		P.O. Box, Bldg., Room No., if any	
Trade Name		Street One Cedar Point Drive	
Attention To: Duffield Milkie		City Sandusky	
Title General Counsel		State Ohio ZIP Code + 4 44870	
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:	
Employer Swanson Bark		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 240-Tenant Way	
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:	
Employer Brookhaven Memorial Hospital Med Ctr		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 101 Hospital Rd	
Attention To: Richard Margulis		City Patchogue	
Title CEO		State New York ZIP Code + 4 11772	
5.b. Termination 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	Covington
Title	V P of Human Resources	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:	
Employer	Ingteam Group	P.O. Box, Bldg., Room No., if any	
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, Bldg., Room No., if any	
Trade Name		Street	1170 Cleveland Ave
Attention To:	Samantha Ros	City	Eastpoint
Title	Director Trust & Engagement	State	Georgia ZIP Code + 4 30344
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, Bldg., 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:	
Employer	Johns Hopkins Hospital	P.O. Box, Bldg., Room No., if any	
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	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Cascadia Behavioral Health	P.O. Box, Bldg., Room No., if any	
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	

7. Disbursements to Officers and Employers:

[illegible]

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: CRS LABOR RELATIONS SOLUTIONS	15.b. Trade Name, If any:
15.c. To Whom Paid Name CHARLES STEPHENSON Title CONSULTANT Organization P.O. Box, Building and Room Number, if any Street 1500 E KATELLA AVE City ORANGE State California ZIP Code + 4 42867	15.d. Amount 69,712 15.e. Purpose CONSULTING WORK ON CASE

15.a. Employer Name: STAY UNION FREE CORP	15.b. Trade Name, If any:
15.c. To Whom Paid Name CAESAR ALARCON Title CONSULTANT Organization P.O. Box, Building and Room Number, if any Street 614 SPRINGDALE CIRCLE City PALM SPRING State Florida ZIP Code + 4 33461	15.d. Amount 32,991 15.e. Purpose CONSULTING WORK ON CASE

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name MICHAEL INDIVERO Title CONSULTANT Organization P.O. Box, Building and Room Number, if any Street 16216 32ND AVE City MILL CREEK State Washington ZIP Code + 4 98012	15.d. Amount 97,974 15.e. Purpose CONSULTING WORK ON CASE

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: CREATIVE SOLUTIONS & VISIONS LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name JOHN LOVETT Title Organization P.O. Box, Building and Room Number, if any Street 8 CARLTON CT City STATEN ISLAND State New York ZIP Code + 4 10312	15.d. Amount 13,829 15.e. Purpose

15.a. Employer Name: CSAV 360	15.b. Trade Name, If any:
15.c. To Whom Paid Name BRIGITTR MUNOZ Title CONSULTANT Organization P.O. Box, Building and Room Number, if any P O BOX 422812 Street City KISSIMME State Florida ZIP Code + 4 34742	15.d. Amount 46,431 15.e. Purpose CONSULTING WORK ON CASE

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 Street City KISSIMME State Florida ZIP Code + 4 34742	15.d. Amount 110,050 15.e. Purpose CONSULTING WORK ON CASE

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: D & G CREATIVE CONSULTING	15.b. Trade Name, If any:
15.c. To Whom Paid Name DAWN CHAPMAN Title CONSULTANT Organization P.O. Box, Building and Room Number, if any Street 315 Grand Magnolia Ave#20213 City CELEBRATION State Florida ZIP Code + 4 34747	15.d. Amount 18,199 15.e. Purpose CONSULTING WORK ON CASE

15.a. Employer Name: J & H LABOR CONSULTANTS LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name JON BURESS Title CONSULTANT Organization P.O. Box, Building and Room Number, if any Street 4810 TURNPOST LANE City SAN ANTONIO State Texas ZIP Code + 4 78247	15.d. Amount 12,296 15.e. Purpose CONSULTING WORK ON CASE

15.a. Employer Name: 	15.b. Trade Name, If any: I
15.c. To Whom Paid Name KELLY I WOODS Title CONSULTANT Organization P.O. Box, Building and Room Number, if any Street 7349 CANTON AVE City ST LOUIS State Missouri ZIP Code + 4 63130	15.d. Amount 3,149 15.e. Purpose CONSULTING WORK ON CASE

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:

LEWIS LABOR RELATIONS

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

TIM

LEWIS

Title

Organization

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

Street 10731 TRAILWOOD DR

City

CHESTERFIELD

State Virginia

ZIP Code + 4 23832

15.d. Amount 47,716

15.e. Purpose

CONSULTING WORK ON CASE

15.a. Employer Name:

MCCLAIN RESOURCES

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

HILARY

MCCLAIN

Title

CONSULTANT

Organization

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

SUITE 110-368

Street 10620 Southern Highlands PKWY

City

LAS VEGAS

State Nevada

ZIP Code + 4 89141

15.d. Amount 28,027

15.e. Purpose

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

STEPHANIE

PATIGA

Title

CONSULTANT

Organization

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

Street 3500 Crazy Hourse Rd

City

RENO

State Nevada

ZIP Code + 4 89510

15.d. Amount 9,335

15.e. Purpose

CONSULTING WORK ON CASE

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: RIVERA CARBONE P C	15.b. Trade Name, If any:
15.c. To Whom Paid Name JAVIER CARBONE Title CONSULTANT Organization P.O. Box, Building and Room Number, if any UNIT 75754 Street 905 Calle Negocio City San Clemente, State California ZIP Code + 4 92673	15.d. Amount 11,576 15.e. Purpose CONSULTING WORK ON CASE

15.a. Employer Name: SSS CONSULTING LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name JUAN SANTANA Title CONSULTANT 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.d. Amount 49,317 15.e. Purpose CONSULTING WORK ON CASE

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 ZIP Code + 4	15.d. Amount 0 15.e. Purpose