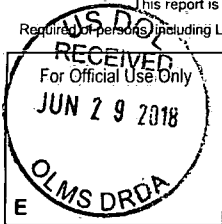


# FORM LM-21

## 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

67739

1. File Number C- 00568	2. Period Covered By This Report From: 01/01/2017 Through: 12/31/2017
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name: Raymond Rosenbach Title: Treasurer Organization: Government Resources Consultants of Am. 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: 06/20/2018 Telephone Number: 847-337-3480	18. Signed: Title: Treasurer On: 06/20/2018 Telephone Number: 847-337-3480
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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 <b>C W WRIGHT CONSTRUCTION</b>	P.O. Box, Building and Room Number, if any
Trade Name	Street <b>11500 IRONBRIDGE RD</b>
Attention To <b>LEE</b> <input type="checkbox"/> <b>ROBBINS</b>	City <b>CHESTER</b>
Title <b>PRESIDENT</b>	State <b>Virginia</b> ZIP Code + 4 <b>23831</b>

5.b. Termination Date **SEPT. 30, 2016** 5.c. Amount **26,493**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **946,121**

**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	
DAVID <input type="checkbox"/> L <b>MOON</b>	7,575		7,575	9. Office and Administrative Expenses <b>133,058</b>
GARY <input type="checkbox"/> <b>RISELING</b>	22,500	1,179	23,679	10. Publicity
GEORGE <input type="checkbox"/> <b>HARTNETT</b>	31,650	13,942	45,592	11. Fees for Professional Services <b>1,512</b>
NOBLE <input type="checkbox"/> <b>MILLER</b>	51,997	5,238	57,235	12. Loans Made <b>0</b>
DAVID <input type="checkbox"/> J <b>RITTOF</b>	241,453	0	241,453	13. Other Disbursements <b>88,854</b>
8. Total disbursements to officers and employees:				381,548 14. Total Disbursements (Sum of Items 8-13) <b>604,972</b>

**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: <b>CRS LABOR RELATIONS SOLUTIONS LLC</b>	15.b. Trade Name, If any:
15.c. To Whom Paid: Name <b>CHARLES</b> <input type="checkbox"/> <b>STEPHENSON</b> Title Organization  P.O. Box, Building and Room Number, if any Street <b>1500 E KATELLA AVE</b> City <b>ORANGE</b> State <b>California</b> ZIP Code + 4 <b>92867</b>	15.d. Amount <b>77,799</b>  15.e. Purpose <b>CONSULTING WORK ON CASE</b>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY **456,589**

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 <u>GABRIEL PERFORMANCE PRODUCTS</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street	<u>600 STATE ROAD 2ND FLOOR</u>	
Attention To: <u>VERN</u> <input type="checkbox"/> <u>SEBBIO</u>	City	<u>ASHTABULA</u>	
Title <u>CFO</u>	State	<u>Ohio</u>	ZIP Code + 4 <u>44004</u>
5.b. Termination Date <u>OCT 31, 2016</u>		5.c. Amount <u>20,960</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>LEVY PREMIUM FOOD SERVICE L P</u>	P.O. Box, Bldg., Room No., if any	<u>SUITE 400</u>	
Trade Name <u>LEVY RESTAURENTS AT TMOBILE ARENA</u>	Street	<u>980 NO MICHIGAN AVE</u>	
Attention To: <u>MONICA</u> <input type="checkbox"/> <u>Q HALLORAN</u>	City	<u>CHICAGO</u>	
Title <u>ASSOC. GEN'L COUNCEL</u>	State	<u>Illinois</u>	ZIP Code + 4 <u>60611</u>
5.b. Termination Date <u>SEPT30, 2016</u>		5.c. Amount <u>15,309</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>MANDALAY BAY RESORT &amp; CASINO</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street	<u>3950 LAS VEGAS BLVD SOUTH</u>	
Attention To: <u>ROBERT</u> <input type="checkbox"/> <u>NAPLERALA</u>	City	<u>LAS VEGAS</u>	
Title <u>V P HUMAN RESOURCES</u>	State	<u>Nevada</u>	ZIP Code + 4 <u>89119</u>
5.b. Termination Date <u>DEC 09, 2016</u>		5.c. Amount <u>50,054</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>MATERION BRUSH INC</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street	<u>14710 PORTAGE RIVER RD SOUTH</u>	
Attention To: <u>JOSEPH</u> <input type="checkbox"/> <u>SZAFRANIEC</u>	City	<u>ELMORE</u>	
Title <u>VP HUMAN RESOURCES</u>	State	<u>Ohio</u>	ZIP Code + 4 <u>43416</u>
5.b. Termination Date <u>DEC 16, 2016</u>		5.c. Amount <u>52,395</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>FERRO CORPORATION</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street	<u>251 WYLIE AVE</u>	
Attention To: <u>SARAH</u> <input type="checkbox"/> <u>MACKEY</u>	City	<u>WASHINGTON</u>	
Title <u>HUMAN RESOURCES MGR</u>	State	<u>Pennsylvania</u>	ZIP Code + 4 <u>15301</u>
5.b. Termination Date <u>NOV 30, 2016</u>		5.c. Amount <u>10,049</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>BEAU RIVAGE RESORT &amp; CASINO</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street	<u>875 BEACH BLVD</u>	
Attention To: <u>ALLISON</u> <input type="checkbox"/> <u>SMITH, MITCHELL</u>	City	<u>BILOXI</u>	
Title <u>V P HUMAN RESOURCES</u>	State	<u>Mississippi</u>	ZIP Code + 4 <u>39530</u>
5.b. Termination Date <u>FEB 15, 2017</u>		5.c. Amount <u>36,268</u>	

Name of Person Filing: Raymond Rosenbach		File Number C-00568	
<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	ASTRA HOMECARE	P.O. Box, Bldg., Room No., if any	
Trade Name	TRUE CARE HOME CARE	Street	117 CHURCH AVE
Attention To:	MICHAEL WERZBERGER	City	BROOKLYN
Title	PRESIDENT	State	New York ZIP Code + 4 11218
5.b. Termination Date		5.c. Amount	
APRIL 28, 2017		136,686	
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 NEW YORK	Street	633 THIRD AVENUE
Attention To:	JOSEPH GIANNETTO	City	NEW YORK
Title	COO	State	New York ZIP Code + 4 10017
5.b. Termination Date		5.c. Amount	
JANUARY 25 2017		73,506	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	ARCONIC POWER AND PROPULSION	P.O. Box, Bldg., Room No., if any	
Trade Name	ALCOA	Street	201 ISABELLA STREET AT 7TH BRIDGE
Attention To:	SCOTT N DIETRICH	City	PITTSBURGH
Title	COUNSEL LEGAL DEPT	State	Pennsylvania ZIP Code + 4 15212
5.b. Termination Date		5.c. Amount	
MARCH 31 2017		17,735	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	UNITED RENTALS INC ( WASHINGTON STATE)	P.O. Box, Bldg., Room No., if any	SUITE 700
Trade Name		Street	700 FIRST STAMFORD PLACE
Attention To:	PETER M MEANY	City	STAMFORD
Title	DIRECTOR LABOR RELATIONS	State	Connecticut ZIP Code + 4 06902
5.b. Termination Date		5.c. Amount	
APRIL 30 2017		45,520	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	MATERION BRUSH INC	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	6070 PARKLAND BLVD
Attention To:	JOSEPH SZAFRANIEC	City	MAYFIELD HEIGHTS
Title	V P HUMAN RESOURCES	State	Ohio ZIP Code + 4 44124
5.b. Termination Date		5.c. Amount	
JULY 18 2017		140,666	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	COTT BEVERAGES	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	15200 TRINITY BLVD
Attention To:	LISA EILERS	City	FORT WORTH
Title	V P HUMAN RESOURCES	State	Texas ZIP Code + 4 76155
5.b. Termination Date		5.c. Amount	
MAY 02 2017		22,976	

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 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
5.b. Termination Date MAY 31 2017		5.c. Amount 78,432	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer V T HACKNEY INC	P.O. Box, Bldg., Room No., if any		
Trade Name MONTGOMERY PA LOCATION	Street 911 WEST 5TH STREET		
Attention To: MARY DUNN	City WASHINGTON		
Title CORP DIRECTOR OF H R & SAFETY	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, Bldg., Room No., if any		
Trade Name	Street 6035 PARKLAND BLVD		
Attention To: MARY CUNNINGHAM AHM	City CLEVELAND		
Title	State Ohio	ZIP Code + 4	44124
5.b. Termination Date JUNE 29, 2017		5.c. Amount 8,141	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer SMURFIT KAPPA BATES LLC	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 10600 FISCHER RD		
Attention To: CHRIS BLOCKHUS	City VON ORMY		
Title REGIONAL GENERAL MGR TEXAS SOUTH	State Texas	ZIP Code + 4	78073
5.b. Termination Date JUNE 02, 2017		5.c. Amount 33,350	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer LEGACY MEASUREMENT SOLUTIONS	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 6882 PARKWAY DRIVE		
Attention To: KIMBERLY TIPPS	City BROOKFIELD		
Title V P HUMAN RESOURCES	State Ohio	ZIP Code + 4	44403
5.b. Termination Date JUNE 23 2017		5.c. Amount 45,321	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer ICCO LLC	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To: WILLIAM CLENDENEN	City SPRINGFIELD		
Title CEO	State Oregon	ZIP Code + 4	97477
5.b. Termination Date AUGUST 02, 2017		5.c. Amount 18,435	

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 <u>PRODUCTION RESOURCE GROUP LLC</u> Trade Name <u></u> Attention To: <u>ROBERT</u> <u>MANNERS</u> Title <u>VP LEGAL</u>	P.O. Box, Bldg., Room No., if any <u></u> Street <u>1245 AVIATION PL</u> City <u>SAN FERNANDO</u> State <u>California</u> ZIP Code + 4 <u>91340</u>		
5.b. Termination Date <u>JUNE 9 2017</u>	5.c. Amount <u>47,347</u>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>CALI CARTING INC</u> Trade Name <u></u> Attention To: <u>JOHN</u> <u>CALI III</u> Title <u>PRESIDENT</u>	P.O. Box, Bldg., Room No., if any <u></u> Street <u>450 BERGEN AVE</u> City <u>KERNY</u> State <u>New Jersey</u> ZIP Code + 4 <u>07032</u>		
5.b. Termination Date <u>AUGUST 02 2017</u>	5.c. Amount <u>22,303</u>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u> Trade Name <u></u> Attention To: <u></u> <u></u> Title <u></u>	P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>		
5.b. Termination Date <u></u>	5.c. Amount <u></u>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u> Trade Name <u></u> Attention To: <u></u> <u></u> Title <u></u>	P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>		
5.b. Termination Date <u></u>	5.c. Amount <u></u>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u> Trade Name <u></u> Attention To: <u></u> <u></u> Title <u></u>	P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>		
5.b. Termination Date <u></u>	5.c. Amount <u></u>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u> Trade Name <u></u> Attention To: <u></u> <u></u> Title <u></u>	P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>		
5.b. Termination Date <u></u>	5.c. Amount <u></u>		

### 7. Disbursements to Officers and Employers:

Form LM-21 (2003)

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
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**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: GREER CONSULTING INC	15.b. Trade Name, If any: 
15.c. To Whom Paid Name: JASON GREER Title: PRESIDENT Organization:  P.O. Box, Building and Room Number, if any: Street: 318 LAKE COURT City: ST CHARLES State: Missouri ZIP Code + 4: 63303	15.d. Amount: 39,390  15.e. Purpose: CONSULTING WORK ON CASE

15.a. Employer Name: LEWIS LABOR RELATIONS	15.b. Trade Name, If any: 
15.c. To Whom Paid Name: TIMOTHY E 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: 76,437  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: HILLARY MCCLAIN Title: 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	15.d. Amount: 22,744  15.e. Purpose: CONSULTING WORK ON CASE



Name of Person Filing: Raymond Rosenbach	File Number C- 00568
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**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: MICHAEL INDIVERO	15.b. Trade Name, If any: 
15.c. To Whom Paid Name MICHAEL INDIVERO Title Organization  P.O. Box, Building and Room Number, if any Street 16216 32ND AVENUE S E City MILL CREEK State Washington ZIP Code + 4 98012	15.d. Amount 44,841 15.e. Purpose CONSULTING WORK ON CASE

15.a. Employer Name: RIVERA CARBONE P C	15.b. Trade Name, If any: 
15.c. To Whom Paid Name JAVIER R CARBONE Title PRESIDENT 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 52,860 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 ALARTON Title Organization  P.O. Box, Building and Room Number, if any Street 614 SPRING DALE CIRCLE City PALM SPRING State Florida ZIP Code + 4 33461	15.d. Amount 142,518 15.e. Purpose CONSULTING WORK ON CASE