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.

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)

RECEIVED READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT
JUL 2 0 2020	
MS DBS	732343
1 File Number C- 00568	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyy) O1 / O1 / 2019 Through: 12 / 31 / 2019
A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Raymond Rosenbach	- Name 7 9
Title Treasurer	Title
Organization Government Resources Consultants of Amer	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
	Color of the second of the sec
Street 253 Commerce Dr	Street
City Grayslake	City
State Illinois ZIP Code + 4 60030	State ZIP Code + 4
<u>.</u> .	
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying doduments) 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 signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see	18. Signed Trecourer (If other title, see
Title President instructions)	- Title: Treasurer
On 7/13/2020 847-337-3480	On 07/13 /2020 847-209-0256
Date Telephone Number	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.	***************************************			ces regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address:		
Employer Franciscan Alliance Inc	F	J.O. Box, I	Building and Roon	1 Number, if any	
Trade Name			Street 20201 South Crawford Ave		
Attention To Allen Spooner			City Olympia Fields		
Title President	ج (State I	llinois	ZIP Code	+4 60461
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5.b. Termination Date	5	5.c. Amour	t 168,150		·-····································
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2, 221, 442					
· · · · · · · · · · · · · · · · · · ·					
C. Statement of Disbursements Report all disbursements made by the	renortii	ng organiz	ation in connection	on with labor relations advice	or services rendered
to the employers listed in Part B.	тороли	ng orgonia		or with labor relations device	S.O. SCIVICOS Tendered
7. Disbûrsements to Officers and Employees: (a) Name (b) Salary (c) Expenses	s (d) Tota	als			
Amy E Helland 11,606	o	11,606	9. Office and	Administrative Expenses	68,025
David Moon 24,600	0	24,600	10. Publicity		7,000
Gary Riseling 8,700	0	8,700	11. Fees for Pr	ofessional Services	89,359
James A Levyne 10,635 78	9]	11,424	12. Loans Mad	9.	0.
Noble Miller 86,400 19,70	4	106,104	13. Other Disb	ırsementş	1,534
8. Total disbursements to officers and employees:	<u> </u>	983,527	14. Total Disbur	sements (Sûm of Items 8-13)	1,149,445
D. Schedule of Disbursements for Reportable Activity Use this Sch	nedule t	o report o	nlv disbursement	s made for the purposes des	scribed in Part D of the
instructions.		-			
15.a. Employer Name:	1	15.b. Trad 	e Name, If any:		
Rivera Carbone P C	1	<u> </u>	***************************************		AAA, AMBOOLONAA
15.c. To Whom Paid	1	15.d. Amo	ınt 13,224	in the second second	
Name Javier R Carbone	1	15.e. Purp	ose		· · · · · · · · · · · · · · · · · · ·
Title Consultant			ting work o	n case	
Organization		,			
Assessment of the second of th					
P.O. Box, Building and Room Number, if any					genich ist Parter
Unit 75754					· assyimuni.
Street 905 Calle Negocio	.]				the contract of the contract o
City San Clementte				, , .	
State California ZIP Code + 4 92673-132	27			•	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 796.		Signature of the second	A CONTRACTOR OF THE PROPERTY O	en de la comitación de la	and the state of t

Name of Person Filing: Raymond Rosenbach	File Number C- 005.68
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 Ascensus Specialties	P.O. Box, Bldg., Room No., if any
Trade Name	Street 4800 State Route 12
Attention To: Mario Sandoval	City Ek=1ma
Title V P Operations	State Washington ZIP Code + 4 9,8541
5.b. Termination Date	5.c. Amount 41, 31.6
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Windstream Communications	P.O. Box, Bldg., Room No., if any
Trade Name	Street 401 Rodney Parham Rd
Attention To: Bruce Hurlbut	City Little Rock
Title Director of Human Relations	State Arkansas ZIP Code + 4 72212
Director of Adman Relations	· · · · · · · · · · · · · · · · · · ·
5.b. Termination Date	5.c. Amount 148, 399
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Johns Hopkins Hospital	P.O. Box. Blda. Room No., if any
	Street 1800 Orleans Street
Trade Name Attention To: Kristena Lukish	· ·
Annual control of the	The second control of the control of
Itte VP Human Resiurces	State Maryland ZIP Code + 4 21287
1	_ :
5.b. Termination Date 10312018	5.c. Amount 57 , 33'9.
5:a. Name and Address of Employer (including trade name, if, aný).	S.c. Amount [57, 339.] Mailing Address: P.O. Box, Bldg., Room No., if any
Burgostico e establisha de terra de quinte and acceptant quantica de construir de c	Mailing Address:
5:a. Name and Address of Employer (including trade name, if, aný).	Mailing Address:
5:a. Name and Address of Employer (including trade name, if, aný). Employer Parker Hannifin Corporation	Mailing Address: P.O. Box, Bidg., Room No., if any Street 100 River Ridge Circle City Jefferson
5.a. Name and Address of Employer (including trade name, if any). Employer Parker Hannifin Corporation Trade Name	Mailing Address: P.O. Box, Bidg., Room No., if any Street 100 River Ridge Circle
5:a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile;	Mailing Address: P.O. Box, Bidg., Room No., if any Street 100 River Ridge Circle City Jefferson
5:a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile: Title Area HR Manager-IFG	Mailing Address: P.O. Box, Bidg., Room No., if any Street 100 River Ridge Circle City Jefferson State Indiana ZIP Code + 4 47130 5.c. Amount 659,747 Mailing Address:
5.a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile? Title Area HR Manager-IFG 5.b. Termination Date 11/30/2018 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any Street 100 River Ridge Circle City Jefferson State Indiana ZIP Code + 4 47130 5.c. Amount 659, 747
5.a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile; Title Area HR Manager-IFG 5.b. Termination Date 11/30/2018 5.a. Name and Address of Employer (including trade name, if any). Employer MGM. Springfield MA	Mailing Address: P.O. Box, Bldg., Room No., if any Street 100 River Ridge Circle City Jefferson State Indiana ZIP Code + 4, 47130 5.c. Amount 659, 747 Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile. Title Area HR Manager-IFG. 5.b. Termination Date 11/30/2018 5.a. Name and Address of Employer (including trade name, if any). Employer MGM Springfield MA Trade Name	Mailing Address: P.O. Box, Bidg., Room No., if any Street 100 River Ridge Circle City Jefferson State Indiana ZIP Code + 4 47130 5.c. Amount 659, 747 Mailing Address: P.O. Box, Bidg., Room No., if any Street 1259 E Columbus Ave
5:a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile; Title Area HR Manager-IFG 5.b. Termination Date 11/30/2018 5.a. Name and Address of Employer (including trade name, if any). Employer MGM Springfield MA Trade Name Attention To: Rudy PULIDO	Mailing Address: P.O. Box, Bldg., Room No., if any Street 100 River Ridge Circle City Jefferson State Indiana ZIP Code + 4 47130 5.c. Amount 659, 747 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1259 E Columbus Ave City Springfield
5.a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile; Title Area HR Manager-IFG 5.b. Termination Date 11/30/2018 5.a. Name and Address of Employer (including trade name, if any). Employer MGM Springfield MA Trade Name Attention To: Rudy PULIDO Title VP Labor Strategy,	Mailing Address: P.O. Box, Bidg., Room No., if any Street 100 River Ridge Circle City Jefferson State Indiana ZIP Code + 4 47130 5.c. Amount 659,747 Mailing Address: P.O. Box, Bidg., Room No., if any Street 1259 E Columbus Ave City Springfield State Massachusetts ZIP Code + 4 0i105
5:a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile; Title Area HR Manager-IFG 5.b. Termination Date 11/30/2018 5.a. Name and Address of Employer (including trade name, if any). Employer MGM Springfield MA Trade Name Attention To: Rudy PULIDO	Mailing Address: P.O. Box, Bldg., Room No., if any Street 100 River Ridge Circle City Jefferson State Indiana ZIP Code + 4 47130 5.c. Amount 659, 747 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1259 E Columbus Ave City Springfield
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5.a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile; Title Area HR Manager-IFG 5.b. Termination Date 11/30/2018 5.a. Name and Address of Employer (including trade name, if any). Employer MGM Springfield MA Trade Name Attention To: Rudy PULIDO Title VP Labor Strategy. 5.b. Termination Date 11/30/2018	Mailing Address: P.O. Box, Bldg., Room No., if any Street 100 River Ridge Circle City Jefferson State Indiana ZIP Code + 4 47130 5.c. Amount 659, 747 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1259 E Columbus Ave City Springfield State Massachusetts ZIP Code + 4 0i105 5.c. Amount 81, 869 Mailing Address: P.O. Box, Bldg., Room No., if any 1-C-A
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5.a. Name and Address of Employer (including trade name, if, any). Employer Parker Hannifin Corporation Trade Name Attention To: Pamela Kile. Title Area HR Manager-IFG. 5.b. Termination Date. 11/30/2018 5.a. Name and Address of Employer (including trade name, if any). Employer MGM Springfield MA Trade Name Attention To: Rudy PULIDO Title VP Labor Strategy, 5.b. Termination Date. 11/30/2018 5.a. Name and Address of Employer (including trade name, if any). Employer Hydrochem LLC Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street 100 River Ridge Circle City Jefferson State Indiana ZIP Code + 4 47130 5.c. Amount 659, 747 Mailing Address: P.O. Box, Bldg., Room No., if any Street 1259 E Columbus Ave City Springfield State Massachusetts ZIP Code + 4 01105 5.c. Amount 81, 869 Mailing Address: P.O. Box, Bldg., Room No., if any 1-C-A Street 3200 Sheffield

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 Fields Auto Group	P.O. Box, Bldg., Room No., if any
Trade Name	Street FOA Book in January Dd
	Street 504 East Badger Rd City Madison
	State Wisconsin ZIP Code + 4, 53712
5.b. Termination Date 12/31/2018	5.c. Amount 10, 77.3
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer PPC Flexible Packagibg LLC	
Trade Name	Street 1111 Busch Parkway
Attention To: Lyle Meshberger	City Buffalo Grove
Title CFO .	State Illinois ZIP Code + 4 60089
5.b. Termination Date 12/31/2018	5.c. Amount, [18,, 096]
5.a. Name and Address of Employer (including trade name, if any).	. Mailing Address:
None W. Ohou, Conford TTO	P.O. Box, Bldg., Room; No., if any
Employer North Star Seafood LLC	7A
Trade Name	Street 2213 N. W. 30th Place
Attention To: Josh Burman	City Pompano Beach
Title President	State Florida ZIP Code + 4 33069-1026
5,b. Termination Date 02/28/2019	5.c. Amount 151, 833
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Case Western Reserve University	P.O. Box, Bldg., Room No.; if any
Trade Name	Street 10900 Euclid Avenue
Attention To: Peter M Poulos	
And the control of th	
Title Deputy General Counsel/Chief Risk M	State Ohio ZIP Code + 4 44106-7020
5.b. Termination Date 01/31/2019	5.c. Amount 19, 767 -
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Sysco Foods of South Florida	P.O. Box. Bldg. Room No. if any
Trade Name	Street 12500 N. W. 112th Avenue
Attention To: John Abrue:	City Medley
Title President	State Florida ZIP Code + 4 33178-1055
	FIDE ICA
5.b. Termination Date 04/30/2019	5.c. Amount 327, 289
5.a. Name and Address of Employer (including trade name, if any).	Mailing Äddress: P.O. Box, Bldg., Room No., if any
Employer Sysco Central Alabama	
Trade Name	Street 1000 Sysco Drive
Attention To: Chip Frazier	City Calera
Title VP Finance & CEO	State Alabama, ZIP Code + 4 35040
5.b. Termination Date 05/31/2019	5.c. Amount 152, 298

Name of Person Filing: Raymond, Rosenbach	File Number C₃00568
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 Bob Loquercio Auto Group	P.O. Box; Bldg:, Room No., if any
Trade Name Chicago Northside Toyota	Street 6042 N Western Avenue
Attention To: Jim Gallager	City Chicago
Title General Manager	State Illinois ZIP Code + 4 60659
5.b. Termination Date 02/28/2019	5.c.,Amount 6, 892
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Domino's Pizza	The control of the co
Trade Name	Street 815 Onderdonk Ave
Attention To: Robert Machin	City Ridgewood
Title Legal Representive	State New York ZIP Code + 4 11385
5.b. Termination Date 04/30/2019 .	5.c. Amount 7.6,, 006
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Quest Diagnostics Inc	P.O. Box. Bldā., Room No., if any
Trade Name	Street 1 Malcom Avenue
Attention To: Wi'lliam Catogge	City Teterboro
Title	State New Jersey ZIP Code + 4 07608
5.b. Termination Date 0.9/07/2019	5.c. Amount 1.08; 592:
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bldg., Room No., if any
Employer Dupre Logistics LLC	Suite 500
Trade Name	Street 201 Energy Parkway
Attention To: Brent Herbert	City Lafayette
Title CPO	State Louisiana ZIP Code + 4 70508
5.b. Termination Date 06/30/2019	5.c: Amount 52,,279:
5.a. Name and Address of Employer (including trade name, if any).	* Mailing Address:
Employer A-Gas Americas	P.O. Box, Bldd., Room No., if any
	Street 1100 Haskins Rd
Trade Name Attention To: Kerry Wolff;	Companies and the control of the con
Secretary Control of the Control of	
Title VP People & Culture,	Improve the contraction of the c
5.b. Termination Date 07/17/2019	5,c, Amount 19, 188
5.a. Name and Address of Employer (including trade name; if any).	Mailing Address: P.Ò. Box, Bidg., Room No., if any
Employer Reino Linen Services of Michigan LLC	
Trade Name	
Hade Name	Street 119 South Main Street
Attention To: Judy . Reino	City Gibsonburg
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Name of Person Filing: Raymond Rosenbach		File Number C+00568
B. Statement of Receipts Report all receipts from employers in conne	on with labor relations advice	e or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any):	Mailing Add	
Employer JSW Steel USA Ohio Inc	P.O. Box, Bldg., Roon	n No., if any
	Street 1500 Comm	over 1 Arro
Trade Name		A CONTRACTOR OF THE PROPERTY O
Attention To: Karen Renz .	City Mingo Jun	ZIP Code + 4 49938
Title General Counsel	State Ohio	ZIF Code + 4 49938
5.b. Termination Date 08/23/2019	5.c. Amount 35., 701	The control of the co
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add P.O. Box, Bldg., Roon	
Employer Bear Down Logistics Inc		
Trade Name	Street N53W24700	S Corporate Circle
Attention To: John Pesa!	City Sussex	
Title Chief Operating Officer.	State Wisconsin	ZIP Code + 4 53089
5.b. Termination Date 09/05/2019	5.c. Amount 11, 427	
	Nonence observed a communication	nd reference do empresas com
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add P.O. Box. Bldg., Roor	
Employer Ferro Corporation		ent rcvd January 2019
Trade Name Originally reported on 2018 LM .21	Street 251 W Wyl	
Attention To: Sarah Mackay	City Washingto	de la companya de la
Title Human Resources Manager	State Pennsylva	
5.b. Termination Date 08/31/2018	5.c. Amount 27, 544	And the second s
5.0. Termination Date (08/31/2018	5.C. Amount 127, 544	
5:a. Name and Address of Employer (including trade name, if any).	Mailing Add	
	P.O. Box, Bldg., Roon	n No., II any
Employer	Street	
Attention To:	City	nerican management and a second management of the control of the c
Title	State	ZIP Code + 4
THE	J Clare	Zii Gode : 4
5.b. Termination Date	5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add	
per construir sea una del que infrantesimientes de la construir de la construi	P.O. Box, Blda., Roor	n No if any
Employer		
Trade Name	Street	ero como transferom por una ser esta completa como como la ción del manda (plana plana) de la "la desputaba esta colonició de la ción de la ció
Attention To:	City _	7/0 00/0
Title	State	ZIP Code + 4
5.b. Termination Date	5.c. Amount	MATERIAL (1700-1707) (1700-170
5.a. Name and Address of Employer (including trade name, if-any).	Mailing Add	
Employer		
Trade Name	Street	
Attention To:	City	
Title	State	ZIP Code + 4
Procedural and an appropriate and appropriate	i Longonia	
5.b. Termination Date	5.c. Amount	

(a) Name Timothy		Curtis ;	(b) Salary 7,613	(c) Expenses	(d) Totals 11,546	
David		Rittof	650,000	755	650,755	
***************************************		Rosenbach	154,900	3,892	158,792	
L		ROSEIDACH	1 134, 300	3,632	138,792	
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		Employee and the second of the		St. St. Mar. St. St. St. St. St. St. St. St. St. St		
			Enter Company on marketing pictures			
			<u> </u>			

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
CRS Labor Solutions LLC	
15:c. To Whom Paid	15.d. Amount 10, 97.2
Name Charles Stephenson	15.e. Purpose
Title Consultant	Consulting work on case
Organization	
P.O. Box, Building and Room Number, if any	
Suite M	
Street 1500 E Katella Avenue	
City Orange .	de manuel de la constant de la const
State California ZIP Code + 4 92867	
15.a. Employer Name: Brigitte Daniela Munoz Sanchez	15.b. Trade Name, If any:
BIIGITTE Daniela Munoz Sanchez	
15.c. To Whom Paid	15.d. Amount 65,551
Name Brigitte D Muniz Sanchez	15.e. Purpose
Title Consultant :	Consulting work on case
Organization CSAV360	
P.O. Box, Building and Room Number, if any	The second secon
2nd Floor	
Street 31-08 82nd Streeet	
City East Elmhurst .	The second secon
State New York ZIP Code + 4 11370	
15,a: Employer Name:	15.b. Trade Name, If any:
Lewis Labor Relations	
15.c. To Whom Paid	15.d. Amount 163,.820
Name Timothy Lewis	have since the contract of the
Title Consultant	15.e. Purpose Consulting work on case
	Courses and work our case
Organization	Very construction of the c
P.O. Box, Building and Room Number, if any	The second secon
Street 10731 Trailwood Dr	The state of the s
City Chesterfield .	
State Virginia ZIP Code + 4 23832	
111311111111111111111111111111111111111	

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Michael Indivero	
15.c. To Whom Paid	15.d. Amount 14,663
Name Michael Indivero	15.e. Purpose
Title Consultant	Consulting Work on case
Organization	
	The state of the s
P.O. Box, Building and Room Number, if any	
Street 16216 32nd Street	
City Mill Creek	
State Washington ZIP Code + 4 98012	
15.a. Employer Name:	15.b. Trade Name, If any:
CSAV 360	ente a notas colopa en el colona de colona de constitución de propriedo con tener en entre contrato en en en el colona de delidión en constitución con en entre contrato en en
15.c. To Whom Paid	15.d. Amounit 233,523
Name Keith Peraino	15.e. Purpose
Title Consultant	Consulting work on case
Organization CSAV 360	
Formula and the state of the st	
P.O. Box, Building and Room Number, if any	
P O Box 422812	
Street	
City Kissimme	
State Florida ZIP Code + 4 34742	
45 a Caralavar Norice	15.b. Trade Name, If any:
15.a. Employer Name: D & G Creative Solutions LLC	10.0: Trade Name; if any.
Parameter and the second secon	[and a second se
15.c. To Whom Paid	15.d. Amount 78,, 185
Name Dawn Chapman	15.e. Purpose
Title Consultant	Consulting work on case
Organization	over the second
P.O. Box, Building and Room Number, if any	Constitution of the Consti
Street 315 Grand Magnolia Ave	
City Celebration	
	The second secon
State Florida ZIP Code + 4 34747	

Name of Person Filing: Raymond Rosenbach	File Number C-00568
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
SSS Consulting LLC	
15.c. To Whom Paid	15.d. Amount 1.53, 570
Name Juan R Santana	15.e. Purpose
Title Consultant	Consulting work on case
Organization	
P.O. Box, Building and Room Number, if any	
Street 206 Waker Street	
City Staten Island	
State New York ZIP Code + 4 10303	
State New Tolk 21 Code 14 10303	
15.a. Employer Name:	15.b. Trade Name, If any:
Joelle Joseph	
AF - Ta Mhana Daid	15.d. Amount 3,814
15.c. To Whom Paid Name Joelle Joseph	13.u. Amount 3, 814
En anques constantes de contrata de contra	15.e. Purpose
Title Consultant	Consulting worl on case
Organization CSAV360	
P.O. Box, Building and Room Number, if any	
Strong 1422 mb - who had been shown as	· · · · · · · · · · · · · · · · · · ·
Street 143 Thornbush Pkwy	
City Davenport	·
State Florida ZIP Code + 4 33937	
15 a Employer Name:	15.b. Trade Name, If any:
15.a. Employer Name: L & L Management Inc	10.0. Trace Name, It any.
15.c. To Whom Paid	15.d. Amount 29., 708
Name Roody Lespinasse	15.e. Purpose
Title Consultant	Consulting work on case
Organization	
P.O. Box, Building and Room Number, if any	
Street 31 Fortin Drive	The state of the s
City Brockton	
State Massachusetts ZIP Code + 4 29201	Land the state of

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
D. Schedule of Disbursements for Reportable Activity Use this Schedinstructions.	dule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Proficient Labor Solutions LLC	The state of the s
15.c. To Whom Paid	15.d. Amount 29, 210
Name Greco Romero '	15.e. Purpose
Title Consultant	Consulting work on case
Organization	
	The state of the s
P.O. Box, Building and Room Number, if any	To construct the second
Street 16192 Coastall Highway	The second secon
City Lewis	
State Delaware ZIP Code + 4 19958	
15.a. Employer Name:	15:b. Trade Name, If any:
	The same of the sa
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
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Street	
City	
State ZIP Code + 4	
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15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
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P.O. Box, Building and Room Number, if any	i de la companya de l
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Street	
City	• disconnection
State ZIP Code + 4	The state of the s