

FORM LM-21

RECEIPTS AND DISBURSEMENT'S 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

338622

1. File Number C- <u>568</u>	2. Period Covered By This Report From: <u>01/01/2006</u> Through: <u>12/31/2006</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Ray</u> <input type="checkbox"/> <u>Rosenbach</u> Title <u>Treasurer</u> Organization <u>Government Resources Consultants</u> <u>of America, Inc.</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>253 Commerce Drive, #106</u> City <u>Grayslake</u> State <u>IL</u> ZIP Code + 4 <u>60030</u>	4. Any other address where records necessary to verify this report are kept: Name <u></u> <input type="checkbox"/> <u></u> Title <u></u> Organization <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>

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 <u>[Signature]</u> President Title <u>President</u> On <u>9/28/2007</u> <u>847-337-3480</u> Date Telephone Number	18. Signed <u>[Signature]</u> Treasurer Title <u>Treasurer</u> On <u>10/01/2007</u> <u>847.337.3480</u> Date Telephone Number
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Name of Person Filing: Raymond Rosenbach	File Number C- 568	1 of 4
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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 National Children's Center	P.O. Box, Building and Room Number, if any
Trade Name	Street 6200 Second Street NW
Attention To Arthur M Ginsberg	City Washington
Title Chief Executive Officer	State D.C. ZIP Code + 4 20011

5.b. Termination Date **12-28-05** 5.c. Amount **65,500.00**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **161,161.95**

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
Edward D Yound	54,500		
Patricia A Nowak	35,000		
David J Rittor	9,825		
Tangenike Edwards	17,888		

8. Total disbursements to officers and employees: **117,213.00**

9. Office and Administrative Expenses	6,611.00
10. Publicity	506.00
11. Fees for Professional Services	11,558.00
12. Loans Made	0.00
13. Other Disbursements	17,621.00
14. Total Disbursements (Sum of Items 8-13)	153,509.00

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: **Persuasive Communications, Inc.**

15.b. Trade Name, if any:

15.c. To Whom Paid

Name **Same**

Title

Organization **Persuasive Communications, Inc.**

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

Street **1424 West Price Road Suite 599**

City **Brownsville**

State **TX** ZIP Code + 4 **78520**

15.d. Amount **17,720.76**

15.e. Purpose

Development and implementation of an employee relations communications program.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: **Raymond Rosenbach**File Number C- **568**

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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:

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

Employer **Star, Inc.**

Trade Name

Street

182 Wolf Pit Avenue

Attention To

Katie**Banzhaf**

City

Norwalk

Title

Executive Director

State

CT

ZIP Code + 4

068515.b. Termination Date **8-31-06**

5.c. Amount

42,311.95

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

9. Office and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

8. Total disbursements to officers and employees:

14. Total Disbursements (Sum of Items 8-13)

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:

15.c. To Whom Paid

Name

Title

Organization

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

Street

City

State

Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Raymond Rosenbach

File Number C- 568

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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:

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

Employer New York New York Hotel & Casino

Trade Name

Street

3790 Las Vegas Boulevard South

Attention To

Bill

Boasberg

City

Las Vegas

Title

Vice Pres, Finance & CFO

State

NV

ZIP Code + 4

89109

5.b. Termination Date

8-31-06

5.c. Amount

49,750.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

					9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees.					14. Total Disbursements (Sum of items 8-13)	

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:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

15.e. Purpose

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

Street

City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Raymond Rosenbach	File Number C- 568	4 of 4
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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 Hadco Metal Trading Co.	P.O. Box, Building and Room Number, if any
Trade Name	Street 104-20 Merrick Boulevard
Attention To Gilad <input type="checkbox"/> Fishman	City Jamaica
Title Chief Executive Officer	State NY ZIP Code + 4 11433

5.b. Termination Date **11-30-06** 5.c. Amount **3,600.00**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees				14. Total Disbursements (Sum of Items 8-13)

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:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	