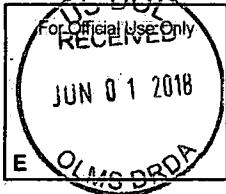


# FORM LM-21

## 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


677839

1. File Number C- <input type="text"/> 694	2. Period Covered By This Report From: <input type="text"/> 01 / 01 / 2018 Through: <input type="text"/> 12 / 31 / 2018
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<b>A. Person Filing</b>	
<b>3. Name and mailing address (include ZIP Code):</b>	
Name <input type="text"/> Russell <input type="text"/> Brown	
Title <input type="text"/> CEO	
Organization <input type="text"/> RoadWarrior Productions, LLC	
P.O. Box, Building and Room Number, if any <input type="text"/> P.O. Box 372636	
Street <input type="text"/>	
City <input type="text"/> Satellite Beach	
State <input type="text"/> Florida <input type="text"/> ZIP Code + 4 <input type="text"/> 32937-2636	
<b>4. Any other address where records necessary to verify this report are kept:</b>	
Name <input type="text"/> n/a <input type="text"/>	
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	

### 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 <input type="text"/> Other (Specify)	President (if other title, see instructions)	18. Signed <input type="text"/> Title <input type="text"/> Other (Specify)	Treasurer (if other title, see instructions)
On <input type="text"/> 05 / 24 / 2018 <input type="text"/> 2027808005 Date Telephone Number		On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number	

Name of Person Filing:	File Number C- <b>694</b>
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<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).  Employer <b>Waterlogic, USA</b>  Trade Name <span style="border: 1px solid black; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span> Attention To <b>Susan Mann</b>  Title <b>Vice President of People</b>	Mailing Address: P.O. Box, Building and Room Number, if any <span style="border: 1px solid black; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span>  Street <b>77 McCullough Dr</b> City <b>New Castle</b> State <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> ZIP Code + 4 <b>19720</b>
5.b. Termination Date <b>12/15/2017</b>	5.c. Amount <b>38000</b>
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> 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		
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>		
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>		
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>		
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>		
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>		
8. Total disbursements to officers and employees:				9. Office and Administrative Expenses	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>
				10. Publicity	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>
				11. Fees for Professional Services	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>
				12. Loans Made	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>
				13. Other Disbursements	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>
				14. Total Disbursements (Sum of Items 8-13)	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: <b>n/a</b>	15.b. Trade Name, If any: <b>n/a</b>
15.c. To Whom Paid Name <b>William Monroe</b> Title <span style="border: 1px solid black; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span> Organization <b>self</b>  P.O. Box, Building and Room Number, if any <span style="border: 1px solid black; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span> Street <b>412 Stonebridge Blvd</b> City <b>New Castle</b> State <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> ZIP Code + 4 <b>19720</b>	15.d. Amount <b>20,400</b>  15.e. Purpose <b>Educate employees of their rights under the NLRA</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	

Name of Person Filing:	File Number C- <b>604</b>
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<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).  Employer <b>General Electric</b> Trade Name <b>GE</b> Attention To <b>Thomas LaValle</b> Title <b>Consultant Labor Relations CoE</b>	Mailing Address: P.O. Box, Building and Room Number, if any Street <b>801 Main Avenue</b> City <b>Norwalk</b> State <b>Connecticut</b> ZIP Code + 4 <b>06856</b>
5.b. Termination Date <b>7/5/2017</b> 5.c. Amount <b>14870.85</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

<b>C. Statement of Disbursements</b> 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)

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: <b>n/a</b>	15.b. Trade Name, If any: <b>n/a</b>	
15.c. To Whom Paid Name <b>Scott Michel</b> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <b>self</b>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <b>819 Herman Rd</b> City <b>Horsham</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>19044</b>	15.d. Amount <b>7,441.70</b>  15.e. Purpose <b>Educate employees of their rights under the NLRA</b>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:	File Number C- <b>694</b>
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<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).  Employer <b>General Electric</b> Trade Name <b>GE</b> Attention To <b>Thomas LaValle</b> Title <b>Consultant Labor Relations CoE</b>	Mailing Address: P.O. Box, Building and Room Number, if any Street <b>801 Main Avenue</b> City <b>Norwalk</b> State <b>Connecticut</b> ZIP Code + 4 <b>06856</b>
5.b. Termination Date <b>7/5/2017</b> 5.c. Amount <b>14870.85</b>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> 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				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		9. Office and Administrative Expenses	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		10. Publicity	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		11. Fees for Professional Services	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		12. Loans Made	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		13. Other Disbursements	<input type="text"/>	
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)		

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: <b>Rock Creek Consulting</b>	15.b. Trade Name, if any: <b>n/a</b>
15.c. To Whom Paid Name <b>Rebecca Smith</b> Title <input type="text"/> Organization <b>Rock Creek Consulting</b>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <b>554 Mahard</b> City <b>Twin Falls</b> State <b>Idaho</b> ZIP Code + 4 <b>83301</b>	15.d. Amount <b>1,565</b>  15.e. Purpose <b>Educate employees of their rights under the NLRA</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	

Name of Person Filing:	File Number C- <b>694</b>
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <b>Augustana Care Services</b></p> <p>Trade Name <b>Augustana</b></p> <p>Attention To <b>Michael Johnson</b></p> <p>Title <b>Vice President-Human Resources</b></p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <b>1007 East 14th Street</b></p> <p>City <b>Minneapolis</b></p> <p>State <b>Minnesota</b> ZIP Code + 4 <b>55404</b></p>
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5.b. Termination Date **7/5/2017**      5.c. Amount **57868.60**

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.

<p>15.a. Employer Name:</p> <p><b>self</b></p>	<p>15.b. Trade Name, if any:</p> <p><b>n/a</b></p>
<p>15.c. To Whom Paid</p> <p>Name <b>Kirsten Johnson-Moore</b></p> <p>Title</p> <p>Organization <b>self</b></p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <b>139 Drexel Rd</b></p> <p>City <b>Ardmore</b></p> <p>State <b>Pennsylvania</b> ZIP Code + 4 <b>19003</b></p>	<p>15.d. Amount <b>32,368.60</b></p> <p>15.e. Purpose</p> <p><b>Educate employees of their rights under the NLRA</b></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C- <b>694</b>
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<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).  Employer <u>Rose Hills Memorial Park</u> Trade Name <u>Rose Hills</u> Attention To <u>Patrick Monroe</u> Title <u>President</u>	Mailing Address: P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <u>3888 Workman Mill Rd</u> City <u>Whittier</u> State <u>California</u> ZIP Code + 4 <u>90601</u>
5.b. Termination Date <u>11/16/2017</u> 5.c. Amount <u>55,466.90</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

<b>C. Statement of Disbursements</b> 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				
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		9. Office and Administrative Expenses	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		10. Publicity	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		11. Fees for Professional Services	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		12. Loans Made	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		13. Other Disbursements	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: <u>Redstone Enterprises Inc</u>	15.b. Trade Name, If any: <u>Redstone Enterprises, INC</u>	
15.c. To Whom Paid Name <u>David Acosta</u> Title <u>President</u> Organization <u>Redstone Enterprises INC</u>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <u>5415 E. Willowick</u> City <u>Anaheim</u> State <u>California</u> ZIP Code + 4 <u>92807</u>	15.d. Amount <u>28,466.90</u>  15.e. Purpose <u>Educate employees of their rights under the NLRA</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:	File Number C- <b>694</b>
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<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.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <b>ITS Technologies &amp; Logistics LLC</b> Trade Name <b>ITS/ConGlobal</b> Attention To <b>Paul Kleppetsch</b> Title <b>General Counsel</b>	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <b>3888 Workman Mill Rd</b> City <b>Whittier</b> State <b>California</b> ZIP Code + 4 <b>90601</b>
<b>5.b. Termination Date</b> <b>12/01/2017</b> <b>5.c. Amount</b> <b>107,833.98</b>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
<b>7. Disbursements to Officers and Employees:</b>				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<b>9. Office and Administrative Expenses</b>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<b>10. Publicity</b>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<b>11. Fees for Professional Services</b>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<b>12. Loans Made</b>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<b>13. Other Disbursements</b>
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>

<b>D. Schedule of Disbursements for Reportable Activity</b>	
Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
<b>15.a. Employer Name:</b> <b>self</b>	<b>15.b. Trade Name, if any:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>15.c. To Whom Paid</b>  Name <b>James Venable</b> Title Organization <b>self</b>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <b>5480 Xanthia Street</b> City <b>Denver</b> State <b>Colorado</b> ZIP Code + 4 <b>80238</b>	<b>15.d. Amount</b> <b>18,497.91</b>  <b>15.e. Purpose</b> <b>Educate employees of their rights under the NLRA</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	

Name of Person Filing:	File Number C- <b>694</b>
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<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.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <b>ITS Technologies &amp; Logistics LLC</b> Trade Name <b>ITS/ConGlobal</b> Attention To <b>Paul Kleppetsch</b> Title <b>General Counsel</b>	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any Street <b>3888 Workman Mill Rd</b> City <b>Whittier</b> State <b>California</b> ZIP Code + 4 <b>90601</b>
<b>5.b. Termination Date</b> <b>12/01/2017</b> <b>5.c. Amount</b> <b>107,833.98</b>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.						
<b>7. Disbursements to Officers and Employees:</b>						
(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		
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>		

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
<b>15.a. Employer Name:</b> <b>East Coast Labor Relations, LLC</b>	<b>15.b. Trade Name, if any:</b> <b>East Coast Labor Relations, LLC</b>
<b>15.c. To Whom Paid</b> Name <b>Joe Brock</b> Title <b>President</b> Organization <b>East Coast Labor Relations, LLC</b>  P.O. Box, Building and Room Number, if any Street <b>515 S Gull Lake Drive</b> City <b>Richland</b> State <b>Michigan</b> ZIP Code + 4 <b>49038</b>	<b>15.d. Amount</b> <b>15,729.07</b>  <b>15.e. Purpose</b> <b>Educate employees of their rights under the NLRA</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	



Name of Person Filing:	File Number C- <b>694</b>
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<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).  Employer <b>Krispy Kreme Doughnut Corporation</b> Trade Name <b>Krispy Kreme Doughnuts</b> Attention To <b>Corena Norris-McCluney</b> Title <b>General Counsel</b>	Mailing Address: P.O. Box, Building and Room Number, if any Street <b>370 Knollwood Street</b> City <b>Winston-Salem</b> State <b>North Carolina</b> ZIP Code + 4 <b>27103</b>
5.b. Termination Date <b>8/8/2017</b> 5.c. Amount <b>58,226.52</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

<b>C. Statement of Disbursements</b> 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)			

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: <b>self</b>	15.b. Trade Name, if any:
15.c. To Whom Paid Name <b>Scott Michel</b> Title Organization <b>self</b>  P.O. Box, Building and Room Number, if any Street <b>819 Herman Rd</b> City <b>Horsham</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>19044</b>	15.d. Amount <b>8,649.94</b>  15.e. Purpose <b>Educate employees of their rights under the NLRA</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C- <b>694</b>
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<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).  Employer <b>Krispy Kreme Doughnut Corporation</b> Trade Name <b>Krispy Kreme Doughnuts</b> Attention To <b>Corena Norris-McCluney</b> Title <b>General Counsel</b>	Mailing Address: P.O. Box, Building and Room Number, if any Street <b>370 Knollwood Street</b> City <b>Winston-Salem</b> State <b>North Carolina</b> ZIP Code + 4 <b>27103</b>
5.b. Termination Date <b>8/8/2017</b> 5.c. Amount <b>58,226.52</b>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Office and Administrative Expenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Publicity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Fees for Professional Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Loans Made
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: <b>Rock Creek Consulting</b>	15.b. Trade Name, If any:
15.c. To Whom Paid Name <b>Rebecca Smith</b> Title Organization <b>Rock Creek Consulting</b>  P.O. Box, Building and Room Number, if any Street <b>554 Mahard</b> City <b>Twin Falls</b> State <b>Idaho</b> ZIP Code + 4 <b>83301</b>	15.d. Amount <b>14063.35</b>  15.e. Purpose <b>Educate employees of their rights under the NLRA</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	

Name of Person Filing:	File Number C- <u>604</u>
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<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).  Employer <u>Kumho Tires Georgia</u> Trade Name <u>Kumho Tires</u> Attention To <u>Jaesung Ahn</u> Title <u>President</u>	Mailing Address: P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <u>3051 Kumho Parkway</u> City <u>Macon</u> State <u>Georgia</u> ZIP Code + 4 <u>31216</u>
5.b. Termination Date <u>12/12/2017</u> 5.c. Amount <u>266,055.00</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

<b>C. Statement of Disbursements</b> 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				
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		9. Office and Administrative Expenses	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		10. Publicity	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		11. Fees for Professional Services	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		12. Loans Made	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		13. Other Disbursements	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)		

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: <u>self</u>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <u>James Gray</u> Title Organization <u>self</u>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <u>503 River Walk Dr</u> City <u>Simpsonville</u> State <u>South Carolina</u> ZIP Code + 4 <u>29681</u>	15.d. Amount <u>35,139.56</u>  15.e. Purpose <u>Educate employees of their rights under the NLRA</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C- <b>694</b>
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<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.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <b>Kumho Tires Georgia</b> Trade Name <b>Kumho Tires</b> Attention To <b>Jaesung Ahn</b> Title <b>President</b>	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any Street <b>3051 Kumho Parkway</b> City <b>Macon</b> State <b>Georgia</b> ZIP Code + 4 <b>31216</b>
<b>5.b. Termination Date</b> <b>12/12/2017</b>	<b>5.c. Amount</b> <b>266,055.00</b>
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
				<b>9. Office and Administrative Expenses</b>	
				<b>10. Publicity</b>	
				<b>11. Fees for Professional Services</b>	
				<b>12. Loans Made</b>	
				<b>13. Other Disbursements</b>	
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>	

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b> <b>self</b>	<b>15.b. Trade Name, if any:</b> 	
<b>15.c. To Whom Paid</b>  Name <b>William Monroe</b> Title Organization <b>self</b>  P.O. Box, Building and Room Number, if any Street <b>412 Stonebridge Blvd</b> City <b>New Castle</b> State <b>Delaware</b> ZIP Code + 4 <b>19720</b>	<b>15.d. Amount</b> <b>39094.64</b>  <b>15.e. Purpose</b> <b>Educate employees of their rights under the NLRA</b>	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		

Name of Person Filing:	File Number C- 694
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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 Kumho Tires Georgia  
Trade Name Kumho Tires  
Attention To Jaesung Ahn  
Title President

Mailing Address:  
P.O. Box, Building and Room Number, if any  
Street 3051 Kumho Parkway  
City Macon  
State Georgia ZIP Code + 4 31216

5.b. Termination Date 12/12/2017 5.c. Amount 266,055.00

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

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses  
10. Publicity  
11. Fees for Professional Services  
12. Loans Made  
13. Other Disbursements

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: self

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Scott Michel  
Title  
Organization self

P.O. Box, Building and Room Number, if any  
Street 819 Herman Rd  
City Horsham  
State Pennsylvania ZIP Code + 4 19044

15.d. Amount 30,164.90

15.e. Purpose  
Educate employees of their rights under the NLRA

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C- <u>694</u>
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<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.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <u>Kumho Tires Georgia</u> Trade Name <u>Kumho Tires</u> Attention To <u>Jaesung Ahn</u> Title <u>President</u>	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <u>3051 Kumho Parkway</u> City <u>Macon</u> State <u>Georgia</u> ZIP Code + 4 <u>31216</u>
<b>5.b. Termination Date</b> <u>12/12/2017</u> <b>5.c. Amount</b> <u>266,055.00</u>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
<b>7. Disbursements to Officers and Employees:</b>				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<b>8. Total disbursements to officers and employees:</b>				
				<b>9. Office and Administrative Expenses</b> <b>10. Publicity</b> <b>11. Fees for Professional Services</b> <b>12. Loans Made</b> <b>13. Other Disbursements</b>
				<b>14. Total Disbursements: (Sum of Items 8-13)</b>

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b> <u>Rock Creek Consulting</u>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
<b>15.c. To Whom Paid</b>  Name <u>Rebecca Smith</u> Title Organization <u>Rock Creek Consulting</u>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <u>554 Mahard</u> City <u>Twin Falls</u> State <u>Idaho</u> ZIP Code + 4 <u>83301</u>	<b>15.d. Amount</b> <u>43,753.90</u>  <b>15.e. Purpose</b> <u>Educate employees of their rights under the NLRA</u>	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		