

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 00525

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01 / 01 / 2008

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2008

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 S Elm Place, Suite E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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

President
(if other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

03 / 30 / 2009

Date

918-455-9995

Telephone Number

On

03 / 30 / 2009

Date

918-455-9995

Telephone Number

Name of Person Filing:

LLI Consulting Services, Inc.

File Number C-

66525

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 Aegis Communications Group

Trade Name

Street 8201 Richpoint Drive

Attention To Mary

Mullen

City Irving

Title Vice President HR

State Texas

ZIP Code + 4 75063

5.b. Termination Date 10/3/08

5.c. Amount 198366

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 Joe Brock

Title Independent Contractor

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State New Jersey

ZIP Code + 4 08075

15.d. Amount 82056

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LP Consulting Services, Inc.

File Number

C-095525

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 Aegis Communications Group

Trade Name

Street 8201 Richpoint Drive

Attention To Mary Mullen

City Irving

Title Vice President HR

State Texas

ZIP Code + 4 75063

5.b. Termination Date 10/3/08

5.c. Amount 198366

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 Scot Michel

Title Independent Contractor

Organization

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

Street 819 Herman Road

City Horsham

State Pennsylvania ZIP Code + 4 19044

15.d. Amount 27061

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LLI Consulting Services Inc

File Number C-66545

8. 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 Alliance Transportation

Trade Name

Street 431 W 23rd Street

Attention To Silvia

Beruman-Garner

City Tulsa

Title HR Manager

State Oklahoma

ZIP Code + 4 74107

5.b. Termination Date 5/27/09

5.c. Amount 4043

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 Joe Brock

Title Independent Contractor

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State New Jersey

ZIP Code + 4 08075

15.d. Amount 2543

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

Allstate
LKI Consulting Services, Inc.

File Number C-

1 of 2
60525**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 Allstate Power Vac

Trade Name

Street 928 E Hazelwood Avenue

Attention To Mike

Dello

City Rahway

Title

State New Jersey

ZIP Code + 4 07065

5.b. Termination Date 9/12/08

5.c. Amount 57732

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 Frank Barbera

Title Independent Contractor

Organization

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

Street 3308 Ariba Street

City Las Vegas

State Nevada

ZIP Code + 4 89129

15.d. Amount 23144

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

CONTINUATION

Allstate 242

Name of Person Filing: <u>LEI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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>Allstate Power Vac</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>928 E Hazelwood Avenue</u>	
Attention To <u>Mike Dello</u>		City <u>Rahway</u>	
Title		State <u>New Jersey</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>07065</u>	
5.b. Termination Date <u>9/12/08</u>		5.c. Amount <u>57732</u>	

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 <u>10025</u>
Name <u>Hector Barcenas</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Title <u>Independent Contractor</u>	
Organization	
P.O. Box, Building and Room Number, if any	
Street <u>6217 Crossfire Court</u>	
City <u>Corona</u>	
State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>92880</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services Inc

File Number C-

00535

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 Area 10 Agency on Aging

Trade Name

Street 630 West Edgewood Drive

Attention To Jewel

Echelbarger

City Ellettsville

Title

State Indiana

ZIP Code + 4 47429

5.b. Termination Date 9/23/08

5.c. Amount 56656

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 25875

Name Pat O'Mara

15.e. Purpose

Title Independent Contractor

Organization OMara & Associates LLC

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

PO Box 2624

Street

City Novata

State Arkansas

ZIP Code + 4 94948

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>CC 525</u>
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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 <u>Astoria Park</u> Trade Name _____ Attention To <u>Michael</u> <u>Fiore</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>725 Park Avenue</u> City <u>Bridgeport</u> State <u>Connecticut</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>06604</u>
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5.b. Termination Date <u>6/13/08</u>	5.c. Amount <u>31137</u>
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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 <u>Mike</u> <u>Rosado</u> Title <u>Independent Contractor</u> Organization <u>M. Rosado Consultants, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>5 Quail Court</u> City <u>Englewood</u> State <u>New Jersey</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>07631</u>	15.d. Amount <u>16163</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Service, Inc.</u>	File Number C- <u>06525</u>
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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 <u>Avcorr, Inc</u> Trade Name _____ Attention To <u>Anthony Ventetuolo, Jr</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>33 College Hill Road, Suite 15A</u> City <u>Warwick</u> State <u>Rhode Island</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>02886</u>
5.b. Termination Date _____	5.c. Amount <u>17684</u>
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 <u>Peter Quist</u> Title <u>Independent Contractor</u> Organization <u>Grubb Quist & Associates</u> P.O. Box, Building and Room Number, if any _____ Street <u>12 South Main Street</u> City <u>Waterbury</u> State <u>Vermont</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>05676</u>	15.d. Amount <u>9788</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:

LCI Consulting Services, Inc.

File Number C-

00525

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 B & C Cartage, Inc.

Trade Name

Street 851 W McKimney Road

Attention To Charlie

Helms

City Gladwin

Title

State Michigan

ZIP Code + 4 48624

5.b. Termination Date

5.c. Amount 1575

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 1575

Name Joe Brock

15.e. Purpose

Title Independent Contractor

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State New Jersey

ZIP Code + 4 08075

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>61522</u>
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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>Bay Area Beverage Company</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>700 National Court</u>	
Attention To <u>T J Louderback</u>		City <u>Richmond</u>	
Title		State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>94804</u>	

5.b. Termination Date 4/11/08 5.c. Amount 80474

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 <u>Ed Villanueva</u> Title <u>Independent Contractor</u> Organization <u>BMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>1340 N Astor Street, # 2205</u> City <u>Chicago</u> State <u>Illinois</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>60610</u>	15.d. Amount <u>42974</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LR1 Consulting Services, Inc.

File Number C-

142
22525**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 Birnie Bus Service

Trade Name

Street 2486 State Route 12-B

Attention To Tim

Birnie

City Hamilton

Title

State New York

ZIP Code + 4 13345

5.b. Termination Date 4/11/08

5.c. Amount 18306

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 Denise

Malwitz

Title Independent Contractor

Organization

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

Street 3530 Milford Haven

City Las Vegas

State Nevada

ZIP Code + 4 89122

15.d. Amount 6000

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LLI Consulting Services, Inc

File Number C-66525

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 Birnie Bus Service

Trade Name

Street 2486 State Route 12-B

Attention To Tim

Birnie

City Hamilton

Title

State New York

ZIP Code + 4 13345

5.b. Termination Date 4/11/08

5.c. Amount 18306

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 Chris

Borusso

Title Independent Contractor

Organization Axiomatix, LLC

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

Street 323 Mariners Way

City Copiague

State New York

ZIP Code + 4 11726

15.d. Amount 3306

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services Inc

File Number C-

02525

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 Brandywine Senior Living

Trade Name

Street 525 Fellowship Road, Suite 360

Attention To Kenneth Segarnick

City Mount Laurel

Title General Council

State New Jersey ZIP Code + 4 08054

5.b. Termination Date

5.c. Amount 249,848

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 Mike Rosado

Title Independent Contractor

Organization M. Rosado Management Consultants, LLC

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

Street 96 Linwood Plaza, Suite 103

City Fort Lee

State New Jersey ZIP Code + 4 07024

15.d. Amount 58034

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LR1 Consulting Services, Inc.

File Number C-

015315

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 Brandywine Senior Living

Trade Name

Street 525 Fellowship Road, Suite 360

Attention To Kenneth Segarnick

City Mount Laurel

Title General Council

State New Jersey

ZIP Code + 4 08054

5.b. Termination Date

5.c. Amount 249,848

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 Jason Greer

Title Independent Contractor

Organization Greer Consulting, Inc.

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

Street 33 Mallory Bend Court

City Lake St Louis

State Missouri

ZIP Code + 4 63367

15.d. Amount 57769

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: LLI Consulting Services, Inc. File Number C- 00-55 Brandywine 343

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 Brandywine Senior Living

Trade Name

Street 525 Fellowship Road, Suite 360

Attention To Kenneth Segarnick

City Mount Laurel

Title General Council

State New Jersey ZIP Code + 4 08054

5.b. Termination Date

5.c. Amount 249,848

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 Natasha Gordon

Title Independent Contractor

Organization

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

Street 2108 Windy Hill Point

City Lawrenceville

State Georgia ZIP Code + 4 30045

15.d. Amount 28045

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Community Services, Inc</u>	File Number C- <u>00525</u>
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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>Calumite Company LLC</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>1575 Adler Circle, Suite B</u>	
Attention To <u>Don Rossetti</u>		City <u>Portage</u>	
Title		State <u>Indiana</u> ZIP Code + 4 <u>46368</u>	

5.b. Termination Date 8/28/08 5.c. Amount 12859

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 <u>7234</u>
Name <u>Timoth J Hunt</u>	15.e. Purpose
Title <u>Independent Contractor</u>	<u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Organization <u>Fast Break Labor Consultant</u>	
P.O. Box, Building and Room Number, if any	
Street <u>2939 E 77th Place</u>	
City <u>Tulsa</u>	
State <u>Oklahoma</u> ZIP Code + 4 <u>74136</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LM Consulting Service, Inc.</u>	File Number C- <u>01585</u>
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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 <u>Central Hockey League</u> Trade Name _____ Attention To <u>Duane</u> <u>Lewis</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>1600 N Desert Drive, Suite 300</u> City <u>Tempe</u> State <u>Arizona</u> ZIP Code + 4 <u>85281</u>
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5.b. Termination Date <u>3/14/08</u>	5.c. Amount <u>19455</u>
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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 <u>EMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, if any _____ Street <u>1340 N Astor Street, #2205</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60610</u>	15.d. Amount <u>14012</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LK1 Consulting Services Inc.</u>	File Number C- <u>610525</u>
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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 Chicago International Trucks, LLC Trade Name Attention To Julie Bartell Title Vice President Human Resources	Mailing Address: P.O. Box, Building and Room Number, if any Street 1827 Walden Office Square, Ste 275 City Schaumburg State Illinois ZIP Code + 4 60173
5.b. Termination Date	5.c. Amount 109
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 Bradley White Title Independent Contractor Organization Interlate Systems, Inc. P.O. Box, Building and Room Number, if any Street 145 S Lincolnway City North Aurora State Illinois ZIP Code + 4 60542	15.d. Amount 109 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:	File Number C-
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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 Community Education Center Trade Name Attention To Charles Giordano Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 35 Fairfield Place City West Caldwell State New Jersey ZIP Code + 4 07006
5.b. Termination Date 7/17/08	5.c. Amount 10469
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 Pat O'Mara Title Independent Contractor Organization O'Mara & Associates LLC P.O. Box, Building and Room Number, if any PO Box 2624 Street City Novata State Arkansas CA ZIP Code + 4 94948	15.d. Amount 5969 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LEI Consulting Services, Inc.</u>	File Number C- <u>66535</u>
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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 <u>Coral Option 1, LLC</u> Trade Name <u>Andalusia Country Club</u> Attention To <u>Grady Sparks</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>81-570 Carboneras</u> City <u>La Quinta</u> State <u>California</u> ZIP Code + 4 <u>92253</u>
5.b. Termination Date _____	5.c. Amount <u>188,584</u>
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.c. To Whom Paid Name <u>David Acosta</u> Title <u>Independent Contractor</u> Organization <u>Redstone Enterprises</u> P.O. Box, Building and Room Number, if any _____ Street <u>5415 East Willowick</u> City <u>Anaheim</u> State <u>California</u> ZIP Code + 4 <u>92807</u>	15.b. Trade Name, If any: 15.d. Amount <u>97084</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>010525</u>
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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 CRC Cooperative Response Center		P.O. Box, Building and Room Number, if any	
Trade Name		Street 207 Resource Avenue	
Attention To Todd Penske		City Dunlap	
Title		State Tennessee ZIP Code + 4 37327	
5.b. Termination Date 6/26/08		5.c. Amount 7675	
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:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 4675
Name Rosalyn Warren	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Organization	
P.O. Box, Building and Room Number, if any	
Street 6001 Tall Pine Blvd	
City Little Rock	
State Arkansas ZIP Code + 4 72204	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
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Name of Person Filing:

LLI Consulting Services Inc.

File Number C-

143
C-525

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 Doyon Utilities, LLC

Trade Name

Attention To Tim

Wallis

Title

Mailing Address:

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

Po Box 74040

Street

City Fairbanks

State Alaska

ZIP Code + 4 99707

5.b. Termination Date 11/12/08

5.c. Amount 233,649

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 Pat O'Mara

Title Independent Contractor

Organization OMara & Associates LLC

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

PO Box 2624

Street

City Novata

State Arkansas

ZIP Code + 4 94948

15.d. Amount 28643

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation

Doyon 2 of 3

Name of Person Filing: LEI Consulting Services, Inc. File Number C- 00525

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 Doyon Utilities, LLC

Trade Name

Attention To Tim Wallis

Title

Mailing Address:

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

Po Box 74040

Street

City Fairbanks

State Alaska ZIP Code + 4 99707

5.b. Termination Date 11/12/08 5.c. Amount 233,649

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 Rebecca Smith

Title Independent Contractor

Organization

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

Street 4836 Castle Lake Ct

City Las Vegas

State Arkansas ZIP Code + 4 89139

15.d. Amount 48535

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation

Doyon 3 of 3

Name of Person Filing: LCI Consulting Services, Inc.

File Number C- 66525

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 Doyon Utilities, LLC

Trade Name

Attention To Tim

Wallis

Title

Mailing Address:

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

Po Box 74040

Street

City Fairbanks

State Alaska

ZIP Code + 4 99707

5.b. Termination Date 11/12/08

5.c. Amount 233,649

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 Terry Cuba

Title Independent Contractor

Organization

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

Street 10815 Argonite Drive, NW

City Albuquerque

State New Mexico ZIP Code + 4 87114

15.d. Amount 48470

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

EPIC 1 of 2

Name of Person Filing: <u>LEI Consulting Services Inc.</u>	File Number C- <u>62525</u>
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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>Enterprise for Progress in the Community</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>2902 Castlevale Road, Suite A</u>	
Attention To <u>Steve Mitchell</u>		City <u>Yakima</u>	
Title		State <u>Washington</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>98902</u>	

5.b. Termination Date 9/27/09 5.c. Amount 21149

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 <u>8208</u>
Name <u>Ed Villanueva</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Title <u>Independent Contractor</u>	
Organization <u>EMSI Consulting, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>1340 N Astor Street, #2205</u>	
City <u>Chicago</u>	
State <u>Illinois</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>60610</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

CONTINUATION

EPIC 2 of 2

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>60525</u>
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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 <u>Enterprise for Progress in the Community</u> Trade Name _____ Attention To <u>Steve Mitchell</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>2902 Castlevale Road, Suite A</u> City <u>Yakima</u> State <u>Washington</u> ZIP Code + 4 <u>98902</u>
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5.b. Termination Date 9/27/09 **5.c. Amount** 21149

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 <u>Denise Malwitz</u> Title <u>Independent Contractor</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>3530 Milford Haven</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89122</u>	15.d. Amount <u>3941</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number <u>C-61525</u>
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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 Gemini Manufacturing LLC</p> <p>Trade Name Jetline</p> <p>Attention To Eric Levin</p> <p>Title CEO</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 30 Warren Place</p> <p>City Mount Vernon</p> <p>State New York ZIP Code + 4 10550</p>
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5.b. Termination Date **7/17/08** 5.c. Amount **33164**

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
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				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>15.b. Trade Name, If any:</p>
<p>15.c. To Whom Paid</p> <p>Name Mike Rosado</p> <p>Title Independent Contractor</p> <p>Organization M. Rosado Consultants, LLC</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 5 Quail Court</p> <p>City Englewood</p> <p>State New Jersey ZIP Code + 4 07631</p>	<p>15.d. Amount 16654</p> <p>15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

21525

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 Global Sign, Inc.

Trade Name

Street 913 William Leigh Drive, Unit 1

Attention To Michael

Seserko

City Tullytown

Title

State Pennsylvania

ZIP Code + 4 19007

5.b. Termination Date 3/19/08

5.c. Amount 3375

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 3938

Name Joe Brock

15.e. Purpose

Title Independent Contractor

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State New Jersey

ZIP Code + 4 08075

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: LR1 Consulting Services, Inc

File Number C- 66525

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 Goodwill Industries

Trade Name

Street 1800 Appleton Road

Attention To Doug Berman

City Menasha

Title

State Wisconsin

ZIP Code + 4 54952

5.b. Termination Date 4/24/08

5.c. Amount 13943

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 7943

Name Joseph Brock

15.e. Purpose

Title Independent Contractor

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State New Jersey ZIP Code + 4 08075

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number <u>C-64525</u>
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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 <u>Hann & Hann, Inc.</u></p> <p>Trade Name _____</p> <p>Attention To <u>Terry</u> <u>Hann</u></p> <p>Title _____</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>12307 Washington Avenue</u></p> <p>City <u>Rockville</u></p> <p>State <u>Maryland</u> ZIP Code + 4 <u>20852</u></p>
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5.b. Termination Date <u>2/11/08</u>	5.c. Amount <u>16550</u>
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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:
<p>15.c. To Whom Paid</p> <p>Name <u>Alex</u> <u>Casillas</u></p> <p>Title <u>Independent Contractor</u></p> <p>Organization <u>Action Resources</u></p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>1119 S Mission Road</u></p> <p>City <u>Fallbrook</u></p> <p>State <u>California</u> ZIP Code + 4 <u>92028</u></p>	<p>15.d. Amount <u>9361</u></p> <p>15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LCI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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 Jeff Dobbs Crane Rental		P.O. Box, Building and Room Number, if any	
Trade Name		Street 99 Leonard Lane	
Attention To Jeff Dobbs		City Thorefare	
Title		State New Jersey ZIP Code + 4 08086	

5.b. Termination Date 2/29/08	5.c. Amount 4500
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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 2250
Name Joe Brock	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Organization East Coast Labor Relations, LLC	
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State New Jersey ZIP Code + 4 08075	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>06535</u>
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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 <u>L-3 Communications</u> Trade Name _____ Attention To <u>Linda Mandel</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>8001 Mid America Blvd., Suite 500</u> City <u>Oklahoma City</u> State <u>Oklahoma</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>73135</u>
5.b. Termination Date <u>1/15/08</u>	5.c. Amount <u>9890</u>
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 <u>Matt Perovic</u> Title <u>Independent Contractor</u> Organization <u>Quantum Consulting</u> P.O. Box, Building and Room Number, if any _____ Street <u>10917 Kilpatrick</u> City <u>Oak Lawn</u> State <u>Illinois</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>60453</u>	15.d. Amount <u>5671</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Tilman 14.5

Name of Person Filing: LRI Consulting Services File Number C- 11525

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 Mears Transportation

Trade Name

Street 324 Wet Gore Street

Attention To Chuck

Carns

City Orlando

Title

State Florida

☒ ZIP Code + 4 32086

5.b. Termination Date 8/29/08

5.c. Amount 45402

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 Mike Rosado

Title Independent Contractor

Organization M. Rosado Consultants, LLC

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

Street 5 Quail Court

City Englewood

State New Jersey

☒ ZIP Code + 4 07631

15.d. Amount 8655

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LR1 Consulting Services, Inc.

File Number C-

60525

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 Mears Transportation

Trade Name

Street 324 Wet Gore Street

Attention To Chuck

Carns

City Orlando

Title

State Florida

ZIP Code + 4 32086

5.b. Termination Date 8/29/08

5.c. Amount 45402

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 Pat O'Mara

Title Independent Contractor

Organization O'Mara & Associates, LLC

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

PO Box 2624

Street

City Novato

State California

ZIP Code + 4 94948

15.d. Amount 8518

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LLI Consulting Services, Inc

File Number C-

00525

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 Mears Transportation

Trade Name

Street 324 Wet Gore Street

Attention To Chuck

Carns

City Orlando

Title

State Florida

ZIP Code + 4 32086

5.b. Termination Date 8/29/08

5.c. Amount 45402

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 Byron Clay

Title Independent Contractor

Organization BJC and Associates, Inc.

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

Street 10108 Fehlborg Ct

City St John

State Indiana

ZIP Code + 4 46373

15.d. Amount 8260

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>06-525</u>
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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>Novatron</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>401 Loop 59</u>	
Attention To <u>Charles DeBeau</u>		City <u>Atlanta</u>	
Title <u>president</u>		State <u>Texas</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>75551</u>	
5.b. Termination Date <u>4/24/08</u>		5.c. Amount <u>24843</u>	
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 <u>13143</u>
Name <u>James H Strong</u>	15.e. Purpose
Title <u>Independent Contractor</u>	<u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Organization <u>Labor Crisis, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>906 W McDermott, Suite 116</u>	
City <u>Allen</u>	
State <u>Texas</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>75013</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LR Consulting Services Inc File Number C- 66525

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 OPW Fueling Components

Trade Name

Street 9393 Princeton Glendale Road

Attention To Tom

Ciepichal

City Hamilton

Title

State Ohio

ZIP Code + 4 45011

5.b. Termination Date 7/22/08

5.c. Amount 74252

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 Peter Quist

Title Independent Contractor

Organization Preferred Consulting Group, LLC

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

Street 29 Taft Corners, #225

City Williston

State Vermont

ZIP Code + 4 05495

15.d. Amount 40783

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services Inc.</u>	File Number <u>C- 00525</u>
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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 <u>Orthovita</u> Trade Name _____ Attention To <u>Christine Arasin</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>77 Great Valley Parkway</u> City <u>Malvern</u> State <u>Pennsylvania</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>19355</u>
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5.b. Termination Date <u>6/6/08</u>	5.c. Amount <u>6000</u>
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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 <u>Denise Malwitz</u> Title <u>Independent Contractor</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>3530 Milford Haven</u> City <u>Las Vegas</u> State <u>Nevada</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>89122</u>	15.d. Amount <u>3000</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LPI Consulting Services Inc.</u>	File Number C- <u>00525</u>
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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 pepsi Cola Bottling</p> <p>Trade Name</p> <p>Attention To Mike Trammel</p> <p>Title General Manager</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 1001 S First Street</p> <p>City Yakima</p> <p>State Washington <input checked="" type="checkbox"/> ZIP Code + 4 98901</p>
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5.b. Termination Date 11/14/08	5.c. Amount 24064
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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>15.b. Trade Name, if any:</p>
<p>15.c. To Whom Paid</p> <p>Name Scott Michel</p> <p>Title Independent Contractor</p> <p>Organization</p> <p>P O. Box, Building and Room Number, if any</p> <p>Street 819 Herman Road</p> <p>City Horsham</p> <p>State New Mexico <input checked="" type="checkbox"/> ZIP Code + 4 19044</p>	<p>15.d. Amount 13564</p> <p>15.e. Purpose</p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services Inc.</u>	File Number C- <u>CL 525</u>
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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 <u>Petermann Transportation</u> Trade Name _____ Attention To <u>Lisa</u> <u>Forsthoefel</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>8041 Hosbrook, Suite 330</u> City <u>Cincinnati</u> State <u>Ohio</u> ZIP Code + 4 <u>45236</u>
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5.b. Termination Date <u>3/21/08</u>	5.c. Amount <u>60595</u>
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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 <u>Rebecca</u> <u>Smith</u> Title <u>Independent Contractor</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>4836 Castle Lake Ct</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89139</u>	15.d. Amount <u>34063</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>UP Consulting Services, Inc.</u>	File Number C- <u>66525</u>
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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 <u>Props for Today</u> Trade Name _____ Attention To <u>Dyann Klein</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>330 W 34th Street</u> City <u>New York</u> State <u>New York</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>10001</u>
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5.b. Termination Date <u>3/28/09</u>	5.c. Amount <u>3985</u>
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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.c. To Whom Paid Name <u>Chris Borusso</u> Title <u>Independent Contractor</u> Organization <u>Axiomatix, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>323 Mariners Way</u> City <u>Copiapue</u> State <u>New York</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>11726</u>	15.b. Trade Name, If any: 15.d. Amount <u>2063</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services Inc</u>	File Number C- <u>00525</u>
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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 <u>Quesos La Ricura</u> Trade Name _____ Attention To <u>Ester</u> <u>Alvarado</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>225 Park Avenue</u> City <u>Hicksville</u> State <u>New York</u> ZIP Code + 4 <u>11801</u>
5.b Termination Date <u>11/13/08</u>	5.c. Amount <u>35171</u>
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: <div style="display: flex; justify-content: space-between; font-size: small;"> (a) Name (b) Salary (c) Expenses (d) Totals </div>					
				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.c. To Whom Paid Name <u>Mike</u> <u>Rosado</u> Title <u>Independent Contractor</u> Organization <u>M. Rosado Management Consultants</u> P.O. Box, Building and Room Number, if any _____ Street <u>5 Quail Court</u> City <u>Englewood</u> State <u>New Jersey</u> ZIP Code + 4 <u>07631</u>	15.b. Trade Name, if any: 15.d. Amount <u>17734</u> 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:

LR1 Consulting Services, Inc.

File Number C-66525

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 Railcrew Xpress

Trade Name

Street 5775 Yonge Street Suite 1010

Attention To Scott

Boyes

City Toronto, Canada

Title President

State Other

ZIP Code + 4 M2M4J1

5.b. Termination Date 8/29/08

5.c. Amount 77520

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 Chris

Borusso

Title Independent Contractor

Organization Axiomatix, LLC

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

Street 323 Mariners Way

City Copiague

State New York

ZIP Code + 4 11726

15.d. Amount 44520

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

149
00525**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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

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 Byron Clay

Title Independent Consultant

Organization BJC and Associates, Inc.

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

Street 10108 Fehlborg Ct

City St. John

State Indiana

ZIP Code + 4 46373

15.d. Amount 66342

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LLI Consulting Services, Inc

File Number C-

00525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

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 Joe Brock

Title Independent Consultant

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State New Jersey

ZIP Code + 4 08075

15.d. Amount 71818

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LR1 Consulting Services, Inc.

File Number C-

30/9
00525

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 **Saginaw Chippewa Tribe**

Trade Name **Soaring Eagle Casino**

Attention To

Title

Street **7500 Soaring Eagle Blvd**

City **Mt Pleasant**

State **Michigan**

ZIP Code + 4 **48858**

5.b. Termination Date **7/16/08**

5.c. Amount **769,078**

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 **Frank Barbera**

Title **Independent Consultant**

Organization **Frank Barbera & Associates**

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

Street **3308 Ariba Street**

City **Las Vegas**

State **Nevada** ZIP Code + 4 **89129**

15.d. Amount **9625**

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

00525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Street 7500 Soaring Eagle Blvd

Attention To

City Mt Pleasant

Title

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

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 Gerald O'Brien

Title Independent Consultant

Organization

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

Street 23 Summit Heights

City North Oaks

State Minnesota

ZIP Code + 4 55127

15.d. Amount 67019

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Saginaw - 5/4/9

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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 <u>Saginaw Chippewa Tribe</u></p> <p>Trade Name <u>Soaring Eagle Casino</u></p> <p>Attention To _____</p> <p>Title _____</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>7500 Soaring Eagle Blvd</u></p> <p>City <u>Mt Pleasant</u></p> <p>State <u>Michigan</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>48858</u></p>
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5.b. Termination Date 7/16/08 5.c. Amount 769,078

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>15.c. To Whom Paid</p> <p>Name <u>Jason Greer</u></p> <p>Title <u>Independent Consultant</u></p> <p>Organization <u>Greer Consulting, Inc.</u></p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>33 Mallory Bend Court</u></p> <p>City <u>Lake St Louis</u></p> <p>State <u>Missouri</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>63367</u></p>	<p>15.b. Trade Name, if any:</p> <p>15.d. Amount <u>2279</u></p> <p>15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u></p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Service, Inc.

File Number C-

00525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

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 Peter Quist

Title Independent Consultant

Organization Grubb Quist & Associates, LLC

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

Street 12 S Main Street

City Waterbury

State Vermont

ZIP Code + 4 05676

15.d. Amount 148,008

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Saginaw - 7/6/08
File Number C- *CC525*

Name of Person Filing: *LPI Consulting Services, Inc.*

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 **Saginaw Chippewa Tribe**
Trade Name **Soaring Eagle Casino**
Attention To
Title
Mailing Address:
P.O. Box, Building and Room Number, if any
Street **7500 Soaring Eagle Blvd**
City **Mt Pleasant**
State **Michigan** ☒ ZIP Code + 4 **48858**

5.b. Termination Date **7/16/08** 5.c. Amount **769,078**

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 R. J. Berrier, Ltd P.O. Box, Building and Room Number, if any Street 711 Montgomery Avenue City Narberth State Pennsylvania <input checked="" type="checkbox"/> ZIP Code + 4 19072	15.d. Amount 38109 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Laguna 8/11/9

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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 <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To _____ Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt Pleasant</u> State <u>Michigan</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>48858</u>
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5.b. Termination Date 7/16/08 **5.c. Amount** 769,078

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 <u>Rebecca</u> <u>Smith</u> Title <u>Independent Contractor</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>4869 Castle Court Lake</u> City <u>Las Vegas</u> State <u>Nevada</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>89139</u>	15.d. Amount <u>70031</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

017525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Street 7500 Soaring Eagle Blvd

Attention To

City Mt Pleasant

Title

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

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 Terry Cuba

Title Independent Contractor

Organization Brahma Defense Enterprise, LLC

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

Street 10815 Argonite Dr, NW

City Albuquerque

State New Mexico

ZIP Code + 4

15.d. Amount 17131

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LPI Consulting Services, Inc.

File Number C-

61595

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 Saladino's Inc

Trade Name

Street 5400 Ontario Mills Parkway, Ste 100

Attention To Tom

Stuart

City Ontario

Title

State California

ZIP Code + 4 91764

5.b. Termination Date 6/27/08

5.c. Amount 128,560

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 Denise Malwitz

Title Independent Contractor

Organization

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

Street 3530 Milford Haven

City Las Vegas

State Nevada

ZIP Code + 4 89122

15.d. Amount 19665

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

Continuation
LR1 Paratung Services Inc

File Number

Saladino's 2 of 3
C-01525

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 Saladino's Inc

Trade Name

Street 5400 Ontario Mills Parkway, Ste 100

Attention To Tom

Stuart

City Ontario

Title

State California

ZIP Code + 4 91764

5.b. Termination Date 6/27/08

5.c. Amount 128,560

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 David Acosta

Title Independent Contractor

Organization Redstone Enterprises, Inc

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

Street 5415 East Willowick

City Anaheim

State California

ZIP Code + 4 92807

15.d. Amount 22840

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation *Saladino's 3 of 3*

Name of Person Filing: <i>LFI Consulting Services, Inc.</i>	File Number C- <i>005256</i>
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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 <i>Saladino's Inc</i>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <i>5400 Ontario Mills Parkway, Ste 100</i>	
Attention To <i>Tom</i>	<i>Stuart</i>	City <i>Ontario</i>	
Title		State <i>California</i>	ZIP Code + 4 <i>91764</i>

5.b. Termination Date <i>6/27/08</i>	5.c. Amount <i>128,560</i>
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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 <i>23054</i>
Name <i>Hector Barcenaz</i>	15.e. Purpose
Title <i>Independent Contractor</i>	<i>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</i>
Organization	
P.O. Box, Building and Room Number, if any	
Street <i>6217 Crossfire Ct</i>	
City <i>Corona</i>	
State <i>California</i>	ZIP Code + 4 <i>92880</i>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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 Southwark Metal Manufacturing Company		P.O. Box, Building and Room Number, if any	
Trade Name		Street	8680 Stanton Road
Attention To Dave	Riccio	City	Southaven
Title		State	Mississippi <input checked="" type="checkbox"/> ZIP Code + 4 38671

5.b. Termination Date **4/26/08** 5.c. Amount **66592**

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 Byron clay Title Independent Contractor Organization BJC & Associates, Inc. P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct City St John State Indiana <input checked="" type="checkbox"/> ZIP Code + 4 46373	15.d. Amount 36217 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number <u>C- 66525</u>
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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 <u>T.D. Desert Development, LP</u> Trade Name <u>Rancho La Quinta Country Club</u> Attention To <u>Grady Sparks</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>79-301 Las Cascadas</u> City <u>La Quinta</u> State <u>California</u> ZIP Code + 4 <u>92253</u>
5.b. Termination Date <u>4/11/08</u>	5.c. Amount <u>78886</u>
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 instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Alex Casillas</u> Title <u>Independent Contractor</u> Organization <u>Action Resources</u> P.O. Box, Building and Room Number, if any _____ Street <u>1119 S Mission Road, Suite 223</u> City <u>Fallbrook</u> State <u>California</u> ZIP Code + 4 <u>92028</u>	15.d. Amount <u>41386</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C-
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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 Tappan Zee Manor Home for Adults Trade Name Attention To Vincent Cuono Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 51 Mountainview Avenue City Nyack State New York ZIP Code + 4 10960
5.b. Termination Date 8/20/08	5.c Amount 7599
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.c. To Whom Paid Name Carina Hunt Title Independent Contractor Organization C. Hunt Management Consulting Inc P.O. Box, Building and Room Number, if any Street 1405 Stone Lakes Drive City Southlake State Texas ZIP Code + 4 76092	15.b. Trade Name, If any: 15.d. Amount 11215 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>0525</u>
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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 Traditions Golf Course</p> <p>Trade Name _____</p> <p>Attention To John Reynolds</p> <p>Title _____</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street 78504 Old Avenue 52</p> <p>City La Quinta</p> <p>State California <input checked="" type="checkbox"/> ZIP Code + 4 92253</p>
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5.b. Termination Date **7/14/08** 5.c. Amount **18767**

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>15.b. Trade Name, If any:</p>
<p>15.c. To Whom Paid</p> <p>Name Jose Agraz</p> <p>Title Independent Contractor</p> <p>Organization EMSI Consulting, Inc.</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street 1340 N Aster Street #2205</p> <p>City Chicago</p> <p>State Illinois <input checked="" type="checkbox"/> ZIP Code + 4 60610</p>	<p>15.d. Amount 9767</p> <p>15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LPI Consulting Services, Inc.

File Number C

00525

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 Trinity Industries, Inc.

Trade Name

Street 2525 Stemmons Freeway

Attention To Pat

Wallace

City Dallas

Title President

State Texas

ZIP Code + 4 75207

5.b. Termination Date 3/14/09

5.c. Amount 137,088

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 62739

Name Ken Cannon

15.e. Purpose

Title Independent Contractor

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

Organization Action Resources

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

Street 2207 Ballantrae Drive

City Colleyville

State Texas

ZIP Code + 4 76034

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation Trinity 2 of 3

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>CC5256</u>
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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 Trinity Industries, Inc.	P.O. Box, Building and Room Number, if any
Trade Name	Street 2525 Stemmons Freeway
Attention To Pat Wallace	City Dallas
Title President	State Texas <input checked="" type="checkbox"/> ZIP Code + 4 75207

5.b. Termination Date **3/14/09** 5.c. Amount **137,088**

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
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				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 7777
Name Russell Brown Title Independent Contractor Organization RoadWarrior Productions LLC P.O. Box, Building and Room Number, if any Street 108 S Indian Circle City Coca State Florida <input checked="" type="checkbox"/> ZIP Code + 4 32922	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LLI Consulting Services, Inc.

File Number C-

Trinity 34/3
60525

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 Trinity Industries, Inc.

Trade Name

Street 2525 Stemmons Freeway

Attention To Pat Wallace

City Dallas

Title President

State Texas

ZIP Code + 4 75207

5.b. Termination Date 3/14/09

5.c. Amount 137,088

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 Joe Brock

Title Independent Contractor

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State New Jersey ZIP Code + 4 08075

15.d. Amount 6898

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

161.2
60525**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 United Cerebral Palsy/Greater Sacramento

Trade Name

Street 191 Lathrop Way, Suite N

Attention To Doug

Bergman

City Sacramento

Title

State California

ZIP Code + 4 95815

5.b. Termination Date 9/5/08

5.c. Amount 25770

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 7199

Name Natasha Gordon

15.e. Purpose

Title Independent Contractor

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

Organization

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

Street 2108 Windy Hill Point

City Lawrenceville

State Georgia

ZIP Code + 4 30045

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

United CP 2 of 2
 File Number C- 00525

Name of Person Filing: LRI Consulting Services, Inc.

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 United Cerebral Palsy/Greater Sacramento		P.O. Box, Building and Room Number, if any	
Trade Name		Street 191 Lathrop Way, Suite N	
Attention To Doug Bergman		City Sacramento	
Title		State California	
		ZIP Code + 4 95815	

5.b. Termination Date 9/5/08 5.c. Amount 25770

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:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 6572
Name Denise Malwitz	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Title Independent Contractor	
Organization D. M. Consulting	
P.O. Box, Building and Room Number, if any	
Street 3530 Milford Haven	
City Las Vegas	
State Nevada	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>CC 535</u>
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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 <u>Victoria Court</u> Trade Name _____ Attention To <u>Ron</u> <u>Delfino</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>55 Oaklawn Avenue</u> City <u>Cranston</u> State <u>Rhode Island</u> ZIP Code + 4 <u>02920</u>
5.b. Termination Date <u>4/22/08</u>	5.c. Amount <u>19151</u>
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 <u>Mike</u> <u>Rosado</u> Title <u>Independent Contractor</u> Organization <u>M. Rosado Consultants, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>5 Quail Court</u> City <u>Englewood</u> State <u>New Jersey</u> ZIP Code + 4 <u>07631</u>	15.d. Amount <u>10151</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

00525

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 Wenner Bread Products

Trade Name

Street 33 Rajon Road

Attention To Larry

Wenner

City Bayport

Title

State New York

ZIP Code + 4 11795

5.b. Termination Date

5.c. Amount 52654

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 4924

Name Peter Quist

15.e. Purpose

Title Independent Contractor

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

Organization Grubb Quist & Associates, LLC

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

Street 12 S Main Street

City Waterbury

State Vermont

ZIP Code + 4 05676

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LEI Consulting Services, Inc.

File Number C-

66525

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 Wenner Bread Products

Trade Name

Street 33 Rajon Road

Attention To Larry

Wenner

City Bayport

Title

State New York

ZIP Code + 4 11795

5.b. Termination Date

5.c. Amount 52654

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 25187

Name

Title

Organization EMSI Consulting Inc.

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

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

Street 1340 N Aster Street, Suite 2205

City Chicago

State Illinois

ZIP Code + 4 60610

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

Western
LRI Consulting Services, Inc.

File Number

1 of 3
66525**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 Western Refining Wholesale, Inc

Trade Name

Street 123 West Mills Street

Attention To Scott Stevens

City El Paso

Title Senior Vice President

State Texas

ZIP Code + 4 79901

5.b. Termination Date 5/10/08

5.c. Amount 133,476

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 Terry Cuba

Title Independent Contractor

Organization Brahma Defense Enterprise, LLC

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

Street 10815 Argonite Drive W

City Albuquerque

State New Mexico

ZIP Code + 4 87114

15.d. Amount 25452

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation

Western 2 of 3

Name of Person Filing: LRI Consulting Services, Inc.

File Number C-00525

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 Western Refining Wholesale, Inc

Trade Name

Street 123 West Mills Street

Attention To Scott Stevens

City El Paso

Title Senior Vice President

State Texas

ZIP Code + 4 79901

5.b. Termination Date 5/10/08

5.c. Amount 133,476

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 21941

Name Alex Casillas

15.e. Purpose

Title Independent Contractor

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

Organization Action Resources

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

Street 1119 S Mission Road

City Fallbrook

State California

ZIP Code + 4 92028

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation Western 3 of 3

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>CC-525</u>
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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 <u>Western Refining Wholesale, Inc</u> Trade Name _____ Attention To <u>Scott Stevens</u> Title <u>Senior Vice President</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>123 West Mills Street</u> City <u>El Paso</u> State <u>Texas</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>79901</u>
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5.b. Termination Date 5/10/08 **5.c. Amount** 133,476

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.c. To Whom Paid Name <u>Jose Agraz</u> Title <u>Independent Contractor</u> Organization <u>EMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, if any _____ Street <u>1340 N Astor Street #2205</u> City <u>Chicago</u> State <u>Illinois</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>60610</u>	15.b. Trade Name, if any: 15.d. Amount <u>24021</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY