

Name of Person Filing: <b>SANDERSON B. ADAMS</b>	File Number C- <b>0572</b>
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**B. Statement of Receipts** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Employer **B SuperValu** Mailing Address: P.O. Box, Building and Room Number, if any **SuperValu PO BOX 990**

Trade Name \_\_\_\_\_ Street \_\_\_\_\_

Attention To **Bill Seehafer** City **Minneapolis**

Title **Vice President Labor Relations** State **MN** ZIP Code + 4 **55440**

5.b. Termination Date **12/31/2014** 5.c. Amount **\$74,314.57**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **\$74,314.57**

**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	
<b>SANDERSON B ADAMS</b>	<b>\$20,000</b>		<b>20,000</b>	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: <b>\$20,000</b>				14. Total Disbursements (Sum of Items 8-13) <b>\$20,000</b>

**D. Schedule of Disbursements for Reportable Activity** Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: **BJC Assoc**

15.b. Trade Name, If any: \_\_\_\_\_

15.c. To Whom Paid

Name **BYRON CLAY**

Title \_\_\_\_\_

Organization **BJC & Associates**

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

Street **1018 Fahlberg Ct**

City **St. John**

State **IN** ZIP Code + 4 **46373**

15.d. Amount **\$41,314.57**

15.e. Purpose **Persuade employees to exercise their right to choose or not to be represented by a union.**

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY **\$61,314.57**

# 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

FEB 20 2015

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

5719505

1. File Number C- 0572	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/2014		12/31/2014

### A. Person Filing

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

Name **SANDERSON B ADAMS**  
Title **PRESIDENT**  
Organization **Tactical Advisory Group**  
P.O. Box, Building and Room Number, if any  
Street **28 W. Onghard Rd**  
City **Ft Mitchell**  
State **KY** ZIP Code + 4 **41011**

#### 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 **Sanderason B Adams** President  
Title **President** (if other title, see instructions)

18. Signed **Susan B Crain** Treasurer  
Title **Treasurer** (if other title, see instructions)

On **1/25/2015** **859-341-0053**  
Date Telephone Number

On **1/25/15** **(513) 777-6204**  
Date Telephone Number