

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

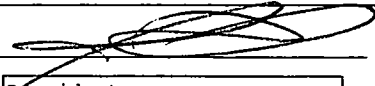
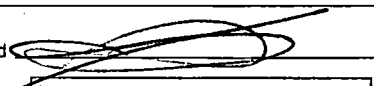
660188

1. File Number C- 66578	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 01/01/2017 Through: Month/Day/Year (mm/dd/yyyy) 12/22/2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/>	Name <input type="text"/>
Title <input type="text"/>	Title <input type="text"/>
Organization Sparta, Incorporated	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street 8086 S. Yale Ave, Ste 225	Street <input type="text"/>
City Tulsa	City <input type="text"/>
State Oklahoma ZIP Code + 4 74136	State <input type="text"/> ZIP Code + 4 <input type="text"/>

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed  Title President President (if other title, see instructions)	18. Signed  Title Treasurer Treasurer (if other title, see instructions)
On 12/22/2017 1-800-555-7509 Date Telephone Number	On 12/22/2017 1-800-555-7509 Date Telephone Number

Name of Person Filing:	File Number C- 66578
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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 <input style="width: 90%;" type="text" value="See Attached"/> Trade Name <input style="width: 80%;" type="text"/> Attention To <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> Title <input style="width: 80%;" type="text"/>	Mailing Address: P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 60%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>
5.b. Termination Date <input style="width: 200px;" type="text"/>	5.c. Amount <input style="width: 100px;" type="text"/>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 3,565,785	

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	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	9. Office and Administrative Expenses <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	10. Publicity <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	11. Fees for Professional Services <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	12. Loans Made <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	13. Other Disbursements <input style="width: 100%;" type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input style="width: 100%;" type="text"/>

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: <input style="width: 90%;" type="text" value="See Attached"/>	15.b. Trade Name, If any: <input style="width: 80%;" type="text"/>	
15.c. To Whom Paid	15.d. Amount <input style="width: 100px;" type="text"/>	
Name <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> Title <input style="width: 80%;" type="text"/> Organization <input style="width: 90%;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 60%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 1,636,632		

Name of Person Filing:		File Number C- 66578	
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 Absolute Care		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 300 Glead Ave	
Attention To: Chris	<input type="checkbox"/> Luterek	City East Aurora	
Title		State New York	ZIP Code + 4 14052
5.b. Termination Date Ongoing		5.c. Amount 71,034	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Asplundh Tree		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To: John	<input type="checkbox"/> Dettl	City	
Title		State	ZIP Code + 4 60448
5.b. Termination Date 12/7/17		5.c. Amount 17,142	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Blackhawk		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 8500 W. 191st St	
Attention To: Michael	<input type="checkbox"/> Holloway	City Mokena	
Title		State Illinois	ZIP Code + 4 60448
5.b. Termination Date 9/18/17		5.c. Amount 120,400	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Blue City Brewing		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 5151 E. Raines Rd	
Attention To: Connie	<input type="checkbox"/> Michaels	City Memphis	
Title		State Tennessee	ZIP Code + 4 38118
5.b. Termination Date 8/8/17		5.c. Amount 226,142	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Biery Cheese		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 6544 Paris Ave, NE	
Attention To: Barb	<input type="checkbox"/> Sheetz	City Louisville	
Title		State Ohio	ZIP Code + 4 44641
5.b. Termination Date Ongoing		5.c. Amount 53,966	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:	<input type="checkbox"/>	City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount 0	

Name of Person Filing:		File Number C- 66578	
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 Colonial Parking	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 715 Orange St		
Attention To: Jed <input type="checkbox"/> Hatfield	City Wilmington		
Title	State Delaware	ZIP Code + 4 19801	
5.b. Termination Date 4/18/17		5.c. Amount 28,914	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Corydon Pain Management	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 2230 Edsel La Stel		
Attention To: Renee <input type="checkbox"/> Tornatore	City Corydon		
Title	State Indiana	ZIP Code + 4 47112	
5.b. Termination Date Ongoing		5.c. Amount 20,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer DHL- Northeast Freightways, Inc	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 15 Cross Rd		
Attention To: Phillip <input type="checkbox"/> Palker	City Hooksett		
Title	State New Hampshire	ZIP Code + 4 30106	
5.b. Termination Date Ongoing		5.c. Amount 21,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Douglas Emmett	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 808 Wilshire Blvd Ste 200		
Attention To: Robert <input type="checkbox"/> Lutz	City Santa Monica		
Title	State California	ZIP Code + 4 90401	
5.b. Termination Date Ongoing		5.c. Amount 0	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Island Ready Mix	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 91-047 Hanua Street		
Attention To: Francis <input type="checkbox"/> Kuhn	City Kapole		
Title	State Hawaii	ZIP Code + 4 96707	
5.b. Termination Date 12/19/17		5.c. Amount 45,753	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Kindred Hospital	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 14148 Francisquito Ave		
Attention To: Andrew <input type="checkbox"/> Weiss	City Balwin Park		
Title	State California	ZIP Code + 4 91706	
5.b. Termination Date 12/10/17		5.c. Amount 70,167	

Name of Person Filing:		File Number C- 66578	
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 Mission Foods- Mountain Top		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	4000 Dan Morton Dr. #100
Attention To: David	Salazar	City	Dallas
Title		State	Texas
		ZIP Code + 4	75236
5.b. Termination Date Ongoing		5.c. Amount 1,705,650	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Mission Foods- San Antonio		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	8563 N.E. Loop 410 , Ste 100
Attention To: Juan	Martinez	City	San Antonio
Title	Plant Manager	State	Texas
		ZIP Code + 4	78219
5.b. Termination Date 11/29/17		5.c. Amount 99,674	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Mission Foods- Tempe		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	5860 S. Ash Ave
Attention To: Horacio	Gaitan	City	Tempe
Title		State	Arizona
		ZIP Code + 4	85283
5.b. Termination Date 11/29/17		5.c. Amount 602,050	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer PF Holding		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	10 Hill St
Attention To: David	Helfgott	City	Newark
Title		State	New Jersey
		ZIP Code + 4	07102
5.b. Termination Date 3/17/17		5.c. Amount 22,896	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Quala		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date 7/6/17		5.c. Amount 9,433	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Ridgewood Bushwick		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	80 Seigel St
Attention To: Scott	Short	City	Brooklyn
Title		State	New York
		ZIP Code + 4	11206
5.b. Termination Date 11/22/17		5.c. Amount 10,750	

Name of Person Filing:		File Number C- 66578	
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 Ridgelawn	P.O. Box, Bldg., Room No., if any		
Trade Name Vanguard Vaults	Street 5100 Airport Rd		
Attention To: Robert Williams	City Gary		
Title	State Indiana	ZIP Code + 4 46406	
5.b. Termination Date 11/28/17		5.c. Amount 5,250	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer RTW Management	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 7601 E. McKellips Rd		
Attention To: George Goates	City Scottsdale		
Title	State Arizona	ZIP Code + 4 85257	
5.b. Termination Date 11/13/17		5.c. Amount 26,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Skyline Steel	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 77 County Rd 351		
Attention To: Marty Hall	City Luka		
Title	State Mississippi	ZIP Code + 4 38852	
5.b. Termination Date 11/10/17		5.c. Amount 71,281	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sulphup Springs	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 350 N. Haskell Ave		
Attention To: Jason Bowling	City Wilcox		
Title	State Arizona	ZIP Code + 4 85643	
5.b. Termination Date 12/13/17		5.c. Amount 74,306	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sysco- European Imports	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 600 E. Brook Dr		
Attention To: Adrian Goetz	City Arlington Heights		
Title	State Illinois	ZIP Code + 4 60005	
5.b. Termination Date 8/5/17		5.c. Amount 117,857	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sysco- Newport	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 16691 Hale Ave		
Attention To: Shumin Pan	City Irving		
Title	State California	ZIP Code + 4 92606	
5.b. Termination Date Ongoing		5.c. Amount 0	

Name of Person Filing:	File Number C- 66578
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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	Sysco- Spokane	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	300 N. Baugh Way
Attention To:	Cindy Thomson	City	Post Falls
Title		State	Idaho
		ZIP Code + 4	83854
5.b. Termination Date 7/6/17		5.c. Amount 59,394	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	XPO Logistics	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2211 Old Earhart Rd # 100
Attention To:	Dan Egeler	City	Ann Arbor
Title		State	Michigan
		ZIP Code + 4	48105
5.b. Termination Date 4/11/17		5.c. Amount 67,265	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Z-Force	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	700 E. Joe Orr Rd
Attention To:	David Zenere	City	Chicago Heights
Title		State	Illinois
		ZIP Code + 4	60411
5.b. Termination Date 12/19/17		5.c. Amount 19,461	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing:	File Number C- 66578
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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: <input type="text" value="Absolute Care"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text" value="Zak"/> <input type="checkbox"/> <input type="text" value="Langren"/> Title <input type="text"/> Organization <input type="text" value="Langren Labor Relations"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="14520 W. Mockingbird Ln"/> City <input type="text" value="Sand Springs"/> State <input type="text" value="Oklahoma"/> ZIP Code + 4 <input type="text" value="74063"/>	15.d. Amount <input type="text" value="5,000"/> 15.e. Purpose <input type="text" value="Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively."/>

15.a. Employer Name: <input type="text" value="Absolute Care"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text" value="Natasha"/> <input type="checkbox"/> <input type="text" value="Gordon"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1454 North Road"/> City <input type="text" value="Snellville"/> State <input type="text" value="Georgia"/> ZIP Code + 4 <input type="text" value="30039"/>	15.d. Amount <input type="text" value="10,000"/> 15.e. Purpose <input type="text" value="Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively."/>

15.a. Employer Name: <input type="text" value="Asplundh Tree"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text" value="Brandon"/> <input type="checkbox"/> <input type="text" value="Ahakuelo"/> Title <input type="text"/> Organization <input type="text" value="The Global Institute for Interest Base"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="44050 Ashburn Shopping Plaza"/> City <input type="text" value="Ashburn"/> State <input type="text" value="Virginia"/> ZIP Code + 4 <input type="text" value="20147"/>	15.d. Amount <input type="text" value="12,143"/> 15.e. Purpose <input type="text" value="Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively."/>

Name of Person Filing:	File Number C- 66578
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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: Blackhawk Construction	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 30,039 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Blackhawk Construction	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any P.O. Box 710158 Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 24,113 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Blackhawk Construction	15.b. Trade Name, If any:
15.c. To Whom Paid Name Patrick <input type="checkbox"/> Waninger Title Organization 5 Clover P.O. Box, Building and Room Number, if any P.O. Box 17782 Street City Philadelphia State Pennsylvania ZIP Code + 4 19135	15.d. Amount 11,124 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Blue City Brewing	15.b. Trade Name, If any:
15.c. To Whom Paid Name Emigdio <input type="checkbox"/> Arias Title Organization KNA Industrial Relations, LLC P.O. Box, Building and Room Number, if any P.O. Box 14804 Street City Long Beach State California ZIP Code + 4 90853	15.d. Amount 31,785 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Blue City Brewing	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon <input type="checkbox"/> Suarez Title Organization P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Spring State Florida ZIP Code + 4 33461	15.d. Amount 28,975 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Blue City Brewing	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak <input type="checkbox"/> Langren Title Organization Langren Labor Relations P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Ln City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 27,713 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

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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: Blue City Brewing	15.b. Trade Name, If any:
15.c. To Whom Paid Name Natasha <input type="checkbox"/> Gordon Title Organization P.O. Box, Building and Room Number, if any Street 1454 North Road City Snellville State Georgia ZIP Code + 4 30039	15.d. Amount 28,879 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Patrick <input type="checkbox"/> Waninger Title Organization 5 Clover P.O. Box, Building and Room Number, if any P.O. Box 17782 Street City Philadelphia State Pennsylvania ZIP Code + 4 19135	15.d. Amount 9,497 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar <input type="checkbox"/> Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 1,900 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

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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: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak <input type="checkbox"/> Langren Title Organization Langren Labor Relations P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Ln City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 1,568 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon <input type="checkbox"/> Suarez Title Organization J.R Labor Solutions P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Brandon <input type="checkbox"/> Ahakuelo Title Organization The Global Institute for Interest Based P.O. Box, Building and Room Number, if any Street 44050 Ashburn Shopping Plaza City Ashburn State Virginia ZIP Code + 4 20147	15.d. Amount 9,136 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Colonial Parking	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric <input type="checkbox"/> Grumbretch Title Organization P.O. Box, Building and Room Number, if any Street 292 Centennial Rd City Warminster State Pennsylvania ZIP Code + 4 18974	15.d. Amount 8,633 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Corydon Pain Management	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak <input type="checkbox"/> Langren Title Organization Langren Labor Relations P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Ln City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 11,866 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: DHL/ Northeast Freightway, Inc	15.b. Trade Name, If any:
15.c. To Whom Paid Name Emidgio <input type="checkbox"/> Arias Title Organization KNA Industrial Relations, LLC P.O. Box, Building and Room Number, if any P.O. Box 14804 Street City Long Beach State California ZIP Code + 4 90853	15.d. Amount 6,148 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: DHL/ Northeast Freightway, Inc	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon <input type="checkbox"/> Suarez Title Organization J.R Labor Solutions, Inc P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 7,747 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Douglas Emmett	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Laor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Island Ready Mix	15.b. Trade Name, If any:
15.c. To Whom Paid Name Brandon <input type="checkbox"/> Ahakuelo Title Organization The Global Institute for Interest Based P.O. Box, Building and Room Number, if any Street 44050 Ashburn Shopping Plaza City Ashburn State Virginia ZIP Code + 4 20147	15.d. Amount 28,504 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Kindred Hospital	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any P.O. Box 710158 Street City Santee State California ZIP Code + 4 92071	15.d. Amount 6,198 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Kindred Hospital	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 10,099 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Kindred Hospital	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> B Teague Title Organization P.O. Box, Building and Room Number, if any Street 416 E- B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 12,064 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian B Teague Title Organization P.O. Box, Building and Room Number, if any Street 416 E- B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 142,802 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 37,763 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric Grumbretch Title Organization P.O. Box, Building and Room Number, if any Street 292 Centennial Rd City Warminster State Pennsylvania ZIP Code + 4 18974	15.d. Amount 4,092 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 54,517 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon <input type="checkbox"/> Suarez Title Organization J.R Labor Solutions, Inc P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 94,200 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Adriana <input type="checkbox"/> Ruiz Title Organization P.O. Box, Building and Room Number, if any Street 541 Ashwood Ln City Paterson State California ZIP Code + 4 95363	15.d. Amount 52,898 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any P.O. Box 710158 Street City Santee State California ZIP Code + 4 92071	15.d. Amount 22,250 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Emigdio <input type="checkbox"/> Arias Title Organization KNA Industrial Relations, LLC P.O. Box, Building and Room Number, if any Street P.O. Box 14804 City Long Beach State California ZIP Code + 4 90853	15.d. Amount 48,855 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ameer <input type="checkbox"/> Ortiz Title Organization P.O. Box, Building and Room Number, if any Street 3224 Woodland Dr City Hephzibah State California ZIP Code + 4 30815	15.d. Amount 18,832 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak <input type="checkbox"/> Langren Title Organization Langren Labor Relations P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Ln City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 71,658 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Natasha <input type="checkbox"/> Gordon Title Organization P.O. Box, Building and Room Number, if any Street 1454 North Road City Snellville State Georgia ZIP Code + 4 30039	15.d. Amount 5,595 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name John <input type="checkbox"/> Cevallos Title Organization The CCG Group, LLC P.O. Box, Building and Room Number, if any Street 18541 Atlantic St City Hesperia State California ZIP Code + 4 92345	15.d. Amount 33,802 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Patrick Waninger Title Organization 5 Clover P.O. Box, Building and Room Number, if any P.O. Box 17782 Street City Philadelphia State Pennsylvania ZIP Code + 4 19135	15.d. Amount 38,889 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods- San Antonio	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any P.O. Box 710158 Street City Santee State California ZIP Code + 4 92071	15.d. Amount 13,904 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods- San Antonio	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak Langren Title Organization Langren Labor Relations P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Ln City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 12,360 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods- San Antonio	15.b. Trade Name, If any:
15.c. To Whom Paid Name Matt <input type="checkbox"/> Langren Title Organization Interitex Contracting, LLC P.O. Box, Building and Room Number, if any Street 1523 Southwest Blvd Apt 14B City Tulsa State Oklahoma ZIP Code + 4 74107	15.d. Amount 7,103 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods- San Antonio	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar <input type="checkbox"/> Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 7,067 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods- San Antonio	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> B Teague Title Organization P.O. Box, Building and Room Number, if any Street 416 E. B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 11,306 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods- San Antonio	15.b. Trade Name, If any:
15.c. To Whom Paid Name John <input type="checkbox"/> Cevallos Title Organization The CCG Group, LLC P.O. Box, Building and Room Number, if any Street 18541 Atlantic ST City Hesperia State California ZIP Code + 4 92345	15.d. Amount 6,379 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods- Tempe	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any P.O. Box 710158 Street City Santee State California ZIP Code + 4 92071	15.d. Amount 75,252 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods- Tempe	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak <input type="checkbox"/> Langren Title Organization Langren Labor Relations P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Ln City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 12,715 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods- Tempe	15.b. Trade Name, If any:
15.c. To Whom Paid Name Matt <input type="checkbox"/> Langren Title Organization Interitex Contracting, LLC P.O. Box, Building and Room Number, if any Street 1523 Southwest Blvd, Apt 14B City Tulsa State Oklahoma ZIP Code + 4 74107	15.d. Amount 8,129 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods- Tempe	15.b. Trade Name, If any:
15.c. To Whom Paid Name Emidgio <input type="checkbox"/> Arias Title Organization KNA Industrial Relations, LLC P.O. Box, Building and Room Number, if any P.O. Box 14804 Street City Long Beach State California ZIP Code + 4 90853	15.d. Amount 5,656 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods- Tempe	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 71,493 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods- Tempe	15.b. Trade Name, If any:
15.c. To Whom Paid Name John <input type="checkbox"/> Cevallos Title Organization The CCG Group, LLC P.O. Box, Building and Room Number, if any Street 18541 Atlantic ST City Hesperia State California ZIP Code + 4 92345	15.d. Amount 52,788 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods- Tempe	15.b. Trade Name, If any:
15.c. To Whom Paid Name Anna <input type="checkbox"/> Reanos Title Organization P.O. Box, Building and Room Number, if any Street 426 G. Ave City National City State California ZIP Code + 4 91950	15.d. Amount 39,719 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: PF Holding	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon <input type="checkbox"/> Suarez Title Organization J.R. Labor Solutions, Inc P.O. Box, Building and Room Number, if any Street 614 Springdale CIRCLE City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 6,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: PF Holding	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar <input type="checkbox"/> Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 5,771 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Quala	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric <input type="checkbox"/> Grumbretch Title Organization P.O. Box, Building and Room Number, if any Street 292 Centennial Rd City Warminster State Pennsylvania ZIP Code + 4 18974	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Ridgewood Bushwick	15.b. Trade Name, If any:
15.c. To Whom Paid Name Juan <input type="checkbox"/> Santana Title Organization SSS Consulting, LLC P.O. Box, Building and Room Number, if any Street 206 Walker St City Staten Island State New York ZIP Code + 4 10303	15.d. Amount 2,688 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Ridgewood Bushwick	15.b. Trade Name, If any:
15.c. To Whom Paid Name Monica <input type="checkbox"/> Mejia Title Organization P.O. Box, Building and Room Number, if any Street 3101 Harding Ave City Bronx State New York ZIP Code + 4 10465	15.d. Amount 2,688 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Ridgelawn	15.b. Trade Name, If any:
15.c. To Whom Paid Name John <input type="checkbox"/> Cevallos Title Organization The CCG Group, LLC P.O. Box, Building and Room Number, if any Street 18541 Atlantic St City Hesperia State California ZIP Code + 4 92345	15.d. Amount 2,814 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: RTW Management	15.b. Trade Name, If any:
15.c. To Whom Paid Name John <input type="checkbox"/> Cevallos Title Organization The CCG Group, LLC P.O. Box, Building and Room Number, if any Street 18541 Atlantic St City Hesperia State California ZIP Code + 4 92345	15.d. Amount 14,669 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: <input type="text" value="Skyline Steel"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text" value="Emigdio"/> <input type="checkbox"/> <input type="text" value="Arias"/> Title <input type="text"/> Organization <input type="text" value="KNA Industrial Relations, LLC"/> P.O. Box, Building and Room Number, if any <input type="text" value="P.O. Box 14804"/> Street <input type="text"/> City <input type="text" value="Long Beach"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="90853"/>	15.d. Amount <input type="text" value="18,286"/> 15.e. Purpose <input type="text" value="Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively."/>

15.a. Employer Name: <input type="text" value="Sulphup Springs"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text" value="Emigdio"/> <input type="checkbox"/> <input type="text" value="Arias"/> Title <input type="text"/> Organization <input type="text" value="KNA Industrial Relations, LLC"/> P.O. Box, Building and Room Number, if any <input type="text" value="P.O. Box 14804"/> Street <input type="text"/> City <input type="text" value="Long Beach"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="90853"/>	15.d. Amount <input type="text" value="19,332"/> 15.e. Purpose <input type="text" value="Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively."/>

15.a. Employer Name: <input type="text" value="ECJ onsulting Services, LLC"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text" value="Edward"/> <input type="checkbox"/> <input type="text" value="James"/> Title <input type="text"/> Organization <input type="text" value="ECJ Consulting Services, LLC"/> P.O. Box, Building and Room Number, if any <input type="text" value="P.O. Box 3"/> Street <input type="text"/> City <input type="text" value="Wagoner"/> State <input type="text" value="Oklahoma"/> ZIP Code + 4 <input type="text" value="74477"/>	15.d. Amount <input type="text" value="18,226"/> 15.e. Purpose <input type="text" value="Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively."/>

Name of Person Filing:	File Number C- 66578
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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: Sysco-European Imports	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 32,522 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-European Imports	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> Teague Title Organization P.O. Box, Building and Room Number, if any Street 416 E- B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 58,147 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-Newport	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Sysco- Newport	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 COUNTRYWOOD Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-Spokane	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any P.O. Box 710158 Street City State ZIP Code + 4	15.d. Amount 12,092 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco- Spokane	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> B Teague Title Organization P.O. Box, Building and Room Number, if any Street 416E- B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 6,990 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: XPO Logistics	15.b. Trade Name, If any:
15.c. To Whom Paid Name Patrick Waninger Title Organization 5 Clover P.O. Box, Building and Room Number, if any P.O. Box 17782 Street City Philadelphia State Pennsylvania ZIP Code + 4 19135	15.d. Amount 16,882 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: XPO Logistics	15.b. Trade Name, If any:
15.c. To Whom Paid Name Emidgio Arias Title Organization KNA Industrial Relations, LLC P.O. Box, Building and Room Number, if any P.O. Box 14804 Street City Long Beach State California ZIP Code + 4 90853	15.d. Amount 18,782 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Z-Force	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any 614 Springdale Circle Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 15,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose <input type="checkbox"/> Agraz Title Organization P.O. Box, Building and Room Number, if any Street 4010 Ivey Vista Way City Oceanside State California ZIP Code + 4 92057	15.d. Amount 32,498 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose <input type="checkbox"/> Palacios Title Organization Trident Labor Solutions P.O. Box, Building and Room Number, if any Street 11306 Chimineas ST City Porter Ranch State California ZIP Code + 4 91326	15.d. Amount 26,618 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Matt <input type="checkbox"/> Langren Title Organization Integritex Contracting, LLC P.O. Box, Building and Room Number, if any Street 1523 Southwest Blvd, Apt 14B City Tulsa State Oklahoma ZIP Code + 4 74107	15.d. Amount 31,541 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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.
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15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Mission Foods- Tempe</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Christian</div> <div style="border: 1px solid black; padding: 2px;">B</div> <div style="border: 1px solid black; padding: 2px;">Teague</div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">416 E- B Street Apt B</div> City <div style="border: 1px solid black; padding: 2px;">Jenks</div> State <div style="border: 1px solid black; padding: 2px;">Oklahoma</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">74037</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">21,931</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively. </div>

15.a. Employer Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; height: 20px; width: 100%;"></div> State <div style="border: 1px solid black; height: 20px; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

15.a. Employer Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; height: 20px; width: 100%;"></div> State <div style="border: 1px solid black; height: 20px; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>