

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

603901

1. File Number C- 66578

2. Period Covered
By This Report
From:

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

01 / 01 / 2015

Through:

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

12 / 31 / 2015

A. Person Filing

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

Name

Title

Organization

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

Street

City

State ZIP Code + 4

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

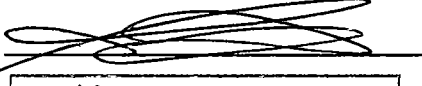
Street

City

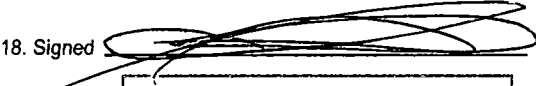
State ZIP Code + 4

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  President
(if other title, see instructions)
Title

On / /
Date Telephone Number

18. Signed  Treasurer
(if other title, see instructions)
Title

On / /
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). Mailing Address:

Employer See Attached	P.O. Box, Building and Room Number, if any
Trade Name	Street
Attention To	City
Title	State ZIP Code + 4

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 747,610

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	
	0	0	0	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)
				0

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: See Attached	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 0
Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 382,394

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 <u>Alliance Ground</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	<u>6705 Red Rd</u>
Attention To: <u>Jared</u>	<input type="checkbox"/> <u>Azcuy</u>	City	<u>Coral Gable</u>
Title		State	<u>Florida</u> ZIP Code + 4 <u>33143</u>
5.b. Termination Date <u>12/01/2015</u>		5.c. Amount <u>52,082</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Bayarea</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	<u>700 National Ct</u>
Attention To: <u>Todd</u>	<input type="checkbox"/> <u>Rovelsted</u>	City	<u>Richmond</u>
Title <u>General Manager</u>		State	<u>California</u> ZIP Code + 4 <u>94804</u>
5.b. Termination Date <u>07/21/2015</u>		5.c. Amount <u>10,921</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Boston Pipe</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	<u>121 St Ave</u>
Attention To: <u>Jeff</u>	<input type="checkbox"/> <u>Nierman</u>	City	<u>Somerville</u>
Title <u>President</u>		State	<u>Massachusetts</u> ZIP Code + 4 <u>02143</u>
5.b. Termination Date <u>06/25/2015</u>		5.c. Amount <u>9,259</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>DME Company</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	<u>3010 Disney St</u>
Attention To: <u>Thomas</u>	<input type="checkbox"/> <u>Goeke</u>	City	<u>Cincinnati</u>
Title <u>CEO</u>		State	<u>Ohio</u> ZIP Code + 4 <u>45209</u>
5.b. Termination Date <u>07/10/2015</u>		5.c. Amount <u>57,570</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Hertz</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	<u>10450 Corkscrew Commons Dr</u>
Attention To: <u>Lynette</u>	<input type="checkbox"/> <u>Young</u>	City	<u>Estero</u>
Title <u>LR Assistant</u>		State	<u>Florida</u> ZIP Code + 4 <u>33928</u>
5.b. Termination Date		5.c. Amount <u>111,390</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Hotel Vetiver</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	<u>2911 39th Ave</u>
Attention To: <u>Daniel</u>	<input type="checkbox"/> <u>Cabrera</u>	City	<u>Long Island</u>
Title		State	<u>New York</u> ZIP Code + 4 <u>11101</u>
5.b. Termination Date <u>10/27/2015</u>		5.c. Amount <u>19,687</u>	

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:

P.O. Box, Bldg., Room No., if any

Employer **Howard Snacks**Trade Name **International Provisions**Attention To: **Charlie****Leoux**Title **President**Street **14 Hamden Park Dr**City **Hamden**State **Connecticut**ZIP Code + 4 **06517**

5.b. Termination Date

5.c. Amount **21,159**

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer **Kindra Lake**

Trade Name

Attention To: **John****Kindra**Title **President**Street **9864 Ave N**City **Chicago**State **Illinois**ZIP Code + 4 **60617**5.b. Termination Date **11/05/2015**5.c. Amount **21,874**

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer **Krystal Car Wash**

Trade Name

Attention To: **Wilson****Ahn**Title **President**Street **4340 Erdman Ave**City **Baltimore**State **Maryland**ZIP Code + 4 **21213**

5.b. Termination Date

5.c. Amount **42,906**

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer **Red, White & Blue**

Trade Name

Attention To: **Bob****Tucker**

Title

Street

City **Ventura**State **California**ZIP Code + 4 **93002**5.b. Termination Date **11/11/2015**5.c. Amount **96,805**

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer **SCR Medical Transport**

Trade Name

Attention To: **Erica****Mosley**Title **Manager of Human Resources**Street **8801-25 S. Greenwood Ave**City **Chicago**State **Illinois**ZIP Code + 4 **60619**

5.b. Termination Date

5.c. Amount **161,018**

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer **Sygma-Denver**

Trade Name

Attention To: **Butch****Fowler**

Title

Street **5550 Blazer Pkwy, Ste 300**City **Dublin**State **Ohio**ZIP Code + 4 **43017**5.b. Termination Date **06/10/2015**5.c. Amount **57,000**

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	Wilson	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	140 Professional Drive Suite Z
Attention To:	Dana Smith	City	Cabot
Title		State	Arizona
		ZIP Code + 4	72023
5.b. Termination Date		5.c. Amount	
11/16/2015		9,773	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Sysco-Harrisburg	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	3905 Corey Road
Attention To:	Richard Euler	City	Harrisburg
Title		State	Pennsylvania
		ZIP Code + 4	17109
5.b. Termination Date		5.c. Amount	
12/22/15		130,224	

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	

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

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:

Alliance

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Oluseyi ☐ Olowolafe

Title

Organization Omega Labor Solutions

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

Street 2307 Fenton Parkway, Ste 107-221

City San Diego

State California ZIP Code + 4 92108

15.d. Amount 51,740

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:

Bay Area Beverage

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon ☐ R 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 5,921

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:

Boston Pipe

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Tim ☐ Lewis

Title

Organization Lewis Labor Relations

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

Street 10731 Trailwood Dr

City Chesterfield

State Virginia ZIP Code + 4 23832

15.d. Amount 5,697

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

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:

DME

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Tim

Lewis

Title

Organization

Lewis Labor Relations

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

Street 10731 Trailwood Dr.

City Chesterfield

State Virginia

ZIP Code + 4 23832

15.d. Amount 30,758

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:

Hotel Vetiver

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Cesar

Alarcon

Title

Organization

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

Street 382 Nome Ave

City Staten Island

State New York

ZIP Code + 4 10314

15.d. Amount 1,969

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:

Howard Snacks

15.b. Trade Name, If any:

International Provisions

15.c. To Whom Paid

Name

Cesar

Alarcon

Title

Organization

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

Street 382 Nome Ave

City Staten Island

State New York

ZIP Code + 4 10314

15.d. Amount 18,418

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

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:

Kindra Lake

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Miriam ☐ Smith

Title

Organization

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

Street 1728 Deerhaven Dr.

City Crystal Lake

State Illinois ZIP Code + 4 60014

15.d. Amount 10,999

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:

Krystal Car Wash

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Cesar ☐ Alarcon

Title

Organization

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

Street 382 Nome Ave

City Staten Island

State New York ZIP Code + 4 10314

15.d. Amount 1,500

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:

Krystal Car Wash

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Eric ☐ Grumbrecht

Title

Organization

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

Street 200 Lago Cir #201

City Melbourne

State Florida ZIP Code + 4 32904

15.d. Amount 13,000

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

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:

Red, White & Blue

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Cesar ☐ Alarcon

Title

Organization

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

Street: 382 Nome Ave

City Staten Island

State New York ZIP Code + 4 10314

15.d. Amount 51,318

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:

SCR

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Angel ☐ 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 40,185

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:

SCR

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Oluseyi ☐ Olowolafe

Title

Organization Omega Labor Relations

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

Street: 2307 Fenton Parkway, Ste 107-221

City San Diego

State California ZIP Code + 4 92108

15.d. Amount 23,470

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

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:

SCR

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 5300 W. Memorial Rd, Apt W

City

OKC

State Oklahoma

ZIP Code + 4 73142

15.d. Amount 7,878

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:

SCR

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Simon

E

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 19,174

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:

SCR

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Miriam

Smith

Title

Organization

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

Street 1728 Deerhaven Dr.

City

Crystal Lake

State Illinois

ZIP Code + 4 60014

15.d. Amount 3,474

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

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:

Sygma-Denver

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon R Jara

Title

Organization Pinnacle Labor Solution

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

Street 10380 Rochelle Ave

City Santee

State California ZIP Code + 4 92071

15.d. Amount 28,500

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:

Wilson

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 5300 W. Memorial Rd, Apt W

City OKC

State Oklahoma ZIP Code + 4 73142

15.d. Amount 2,728

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:

Wilson

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Matt Langren

Title

Organization Integritex Contracting, LLC

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 2,165

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

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-Harrisburg

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Eric ☐ Grumbrecht

Title

Organization

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

Street 200 Lago Cir #201

City Melbourne

State Florida ZIP Code + 4 32904

15.d. Amount 20,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Sysco-Harrisburg

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Tim ☐ Lewis

Title

Organization Lewis Labor Relations

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

Street 10731 Trailwood Drive

City Chesterfield

State Virginia ZIP Code + 4 23832

15.d. Amount 21,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Sysco-Harrisburg

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

Street 10380 Rochelle Ave

City Santee

State California ZIP Code + 4 92071

15.d. Amount 22,500

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.