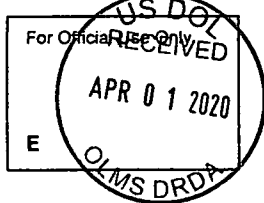


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

726550

1. File Number C- 694	2. Period Covered By This Report From: 1/1/2019 Through: 12/31/2019	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
---------------------------------	---	--------------------------------	--------------------------------

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>RUSSELL BROWN</u> Title <u>CEO</u> Organization <u>ROAD WARRIOR PRODUCTIONS, LLC</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 372636</u> Street _____ City <u>SATELLITE BEACH</u> State <u>FL</u> ZIP Code + 4 <u>32937-2636</u>	4. Any other address where records necessary to verify this report are kept: Name <u>N/A</u> 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 <u>[Signature]</u> Title <u>President CEO</u>	President (If other title, see instructions)	18. Signed <u>N/A</u> Title <u>Treasurer</u>	Treasurer (If other title, see instructions)
On <u>3/31/2020</u> Date	<u>202 780 8005</u> Telephone Number	On _____ Date	_____ Telephone Number

Name of Person Filing:	File Number C- 694
------------------------	---------------------------

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>KUMHO TIRE GEORGIA</u>	P.O. Box, Bldg., Room No., if any _____	Street <u>3051 KUMHO PKWY</u>	
Trade Name _____	City <u>MACON</u>	State <u>GA</u>	ZIP Code + 4 <u>31216</u>
Attention To: <u>KEITH LOLLET</u>	Title <u>DIRECTOR HUMAN RESOURCES</u>		
5.b. Termination Date <u>N/A</u>		5.c. Amount <u>\$315,352.20</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	
<u>N/A</u>				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: <u>ROCK CREEK CONSULTING</u>		15.b. Trade Name, if any: <u>N/A</u>	
15.c. To Whom Paid		15.d. Amount:	
Name <u>REBECCA SMITH</u>		<u>\$66,910.56</u>	
Title <u>PRESIDENT</u>			
Organization _____		15.e. Purpose	
P.O. Box, Building and Room Number, if any _____		<u>EDUCATE EMPLOYEES OF THEIR RIGHTS</u>	
Street <u>554 MAHARD DR</u>		<u>UNDER THE NLRA</u>	
City <u>TWIN FALLS</u>			
State <u>ID</u> ZIP Code + 4 <u>83301</u>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: _____ File Number C- _____

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 KUMHO TIRE GEORGIA P.O. Box, Bldg., Room No., if any _____
Trade Name _____ Street 3051 KUMHO PKWY
Attention To: KEITH LOLLET City MACON
Title DIRECTOR HUMAN RESOURCES State GA ZIP Code + 4 31216

5.b. Termination Date N/A 5.c. Amount \$315,352.²⁰

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:	(b) Salary	(c) Expenses	(d) Totals	9. Office and Administrative Expenses
(a) Name				10. Publicity
<u>N/A</u>				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
				14. Total Disbursements (Sum of Items 8-13)

8. Total disbursements to officers and employees:

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:

N/A

15.c. To Whom Paid

Name R. SCOTT MICHEL

Title _____

Organization SELF

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

Street 819 HERMAN

City HORSHAM

State PA

ZIP Code + 4 19045

15.b. Trade Name, if any:

N/A

15.d. Amount:

\$47,291.¹⁶

15.e. Purpose:

EDUCATE EMPLOYEES OF THEIR RIGHTS UNDER THE NLRA

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

File Number C- 694

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 KUMHO TIRE GEORGIA

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

Trade Name

Street

Attention To: KEITH LOLLET

City

Title

DIRECTOR HUMAN RESOURCES

State

GA

ZIP Code + 4

31216

5.c. Amount

\$315,352.10

5.b. Termination Date

N/A

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:

(b) Salary (c) Expenses (d) Totals

(a) Name

N/A

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)

8. Total disbursements to officers and employees:

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:

N/A

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

WILLIAM MONROE

Title

Organization

SELF

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

Street

City

State

412 STONE BRIDGE BLVD

NEW CASTLE

ZIP Code + 4

19720

15.d. Amount

\$58,294.98

15.e. Purpose:

EDUCATE EMPLOYEES OF THEIR RIGHTS UNDER NLRA

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

File Number C- 694

B. Statement of Receipts

Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Employer

KUMHO TIRE GEORGIA

Trade Name

Attention To:

KEITH LOLLET

Title

DIRECTOR HUMAN RESOURCES

Mailing Address:

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

Street

City

State

ZIP Code + 4

3051 KUMHO PKWY
MACON
GA 31216

5.c. Amount

\$315,352.20

5.b. Termination Date

N/A

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:

(b) Salary (c) Expenses (d) Totals

(a) Name

N/A

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)

8. Total disbursements to officers and employees:

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:

EPC

15.b. Trade Name, if any:

EMPLOYMENT PRACTICE COUNCIL

15.c. To Whom Paid

Name

Title

Organization

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

Street

City

State

LYNN LEARY

PRESIDENT

EPC

841 BAXTER ST 118

CHARLOTTE

NC

ZIP Code + 4 28202

15.d. Amount

\$34,656.03

15.e. Purpose

EDUCATE EMPLOYEES OF THEIR RIGHTS UNDER NLRA

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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

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>ST JOSEPH REGINAL MEDICAL CENTER</u> Trade Name _____ Attention To: <u>JORDAN ELLEN</u> Title <u>CEO</u>	Mailing Address: O. Box, Bldg., Room No., if any _____ Street <u>415 SOUTH STREET</u> City <u>LEWISTON</u> State <u>10</u> ZIP Code + 4 <u>83501</u>
5.b. Termination Date <u>4/15/2019</u>	5.c. Amount <u>\$11,392.95</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		
<u>N/A</u>				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: <u>ROCK CREEK CONSULTING</u>	15.b. Trade Name, if any:	
15.c. To Whom Paid Name <u>REBECCA SMITH</u> Title <u>PRESIDENT</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>554 MAHARD DR</u> City <u>TWIN FALLS</u> State <u>10</u> ZIP Code + 4 <u>83301</u>	15.d. Amount <u>\$6,292.95</u> 15.e. Purpose <u>EDUCATE EMPLOYEE OF RIGHTS UNDER NLRA</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:	File Number C- 694
------------------------	---------------------------

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 KNIGHT FACILITIES MANAGEMENT INC. Box, Bldg., Room No., if any _____

Trade Name _____ Street 5360 HAMPTON PL

Attention To: DENNIS ARGYLE City SAGINAW

Title VICE PRESIDENT State MI ZIP Code + 4 48604

5.b. Termination Date 10/25/2019 5.c. Amount \$14,398.83

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	
<u>N/A</u>				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><u>M ROSADO CONSULTANTS, LLC</u></p>	<p>15.b. Trade Name, if any:</p>
<p>15.c. To Whom Paid</p> <p>Name <u>MIKE ROSADO</u></p> <p>Title <u>PRESIDENT</u></p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>5 QUAIL COURT</u></p> <p>City <u>ENGLEWOOD</u></p> <p>State <u>NJ</u> ZIP Code + 4 <u>07631</u></p>	<p>15.d. Amount</p> <p><u>\$8,448.85</u></p> <p>15.e. Purpose:</p> <p><u>EDUCATE EMPLOYEES OF THEIR RIGHTS UNDER THE NLRA</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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

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>WATERLOGIC, USA</u>	P.O. Box, Bldg., Room No., if any _____	Street <u>77 McCULLOUGH</u> City <u>NEW CASTLE</u> State <u>DE</u> ZIP Code + 4 <u>19720</u>	
Trade Name _____	Street _____		
Attention To: <u>CASEY TAYLOR</u>	City _____		
Title <u>CEO</u>	State _____ ZIP Code + 4 _____		
5.b. Termination Date <u>2/17/2019</u>		5.c. Amount <u>\$64,612.04</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	
<u>N/A</u>				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>WILLIAM MONROE</u> Title _____ Organization <u>SELF</u> P.O. Box, Building and Room Number, if any _____ Street <u>412 STONE BRIDGE BLVD</u> City <u>NEW CASTLE</u> State <u>DE</u> ZIP Code + 4 <u>19720</u>	15.d. Amount <u>\$28,582.04</u> 15.e. Purpose <u>EDUCATE EMPLOYEES OF RIGHTS UNDER NLRA</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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

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>WATERLOGIC, USA</u>	P.O. Box, Bldg., Room No., if any _____	Street <u>77 M^CCULLOGH</u>	
Trade Name _____	City <u>NEW CASTLE</u>	State <u>DE</u> ZIP Code + 4 <u>19720</u>	
Attention To: <u>CASEY TAYLOR</u>	Title <u>CEO</u>		
5.b. Termination Date <u>2/17/2019</u>	5.c. Amount <u>\$64,612.00</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	
<u>N/A</u>				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
Name <u>R. SCOTT MICHEL</u>	<u>\$3,780.00</u>
Title _____	15.e. Purpose: <u>EDUCATE EMPLOYEES OF RIGHTS UNDER NLRA</u>
Organization <u>SELF</u>	
P.O. Box, Building and Room Number, if any _____	
Street <u>819 HERMAN RD</u>	
City <u>HORSHAM</u>	
State <u>PA</u> ZIP Code + 4 <u>19045</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C- 694
------------------------	---------------------------

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 LM1 AEROSPACE

Trade Name _____

Attention To: BRIAN SALMO

Title VICE PRESIDENT

Mailing Address:

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

Street 411 FOUNTAIN LAKES BLVD

City ST CHARLES

State MO ZIP Code + 4 63301

5.b. Termination Date 5/28/2019

5.c. Amount \$76,985.31

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	
<u>N/A</u>				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: <u>ROCK CREEK CONSULTING</u>	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>REBECCA SMITH</u> Title <u>PRESIDENT</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>554 MAHARA DR</u> City <u>TWIN FALLS, ID</u> State <u>ID</u> ZIP Code + 4 <u>83301</u>	15.d. Amount <u>\$39,585.31</u> 15.e. Purpose: <u>EDUCATE EMPLOYEES OF RIGHTS UNDER NLRA</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C- 694
------------------------	---------------------------

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 GOLDEN NUGGET LAS VEGAS

Trade Name _____

Attention To: CHRIS LATIL

Title _____

Mailing Address:

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

Street 129 FREEMONT STREET

City LAS VEGAS

State NV ZIP Code + 4 89101

5.b. Termination Date 10/21/2019

5.c. Amount \$263,474.13

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
<u>N/A</u>				
				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: <u>ERL CONSULTING</u>	15.b. Trade Name, if any: <u>LEV LABOR</u>
15.c. To Whom Paid	15.d. Amount
Name <u>KATIE LEV</u>	<u>\$65,334.56</u>
Title <u>PRESIDENT</u>	
Organization _____	15.e. Purpose:
P.O. Box, Building and Room Number, if any _____	<u>EDUCATE EMPLOYEE OF</u>
Street <u>21 PLEASANT STREET</u>	<u>RIGHTS UNDER NLRA</u>
City <u>HUDSON</u>	
State <u>MA</u> ZIP Code + 4 <u>01749</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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

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>GOLDEN NUGGET LAS VEGAS</u>	P.O. Box, Bldg., Room No., if any _____	Street <u>129 FREEMONT STREET</u>	City <u>LAS VEGAS</u>
Trade Name _____	Attention To: <u>CHRIS LATIL</u>	State <u>NV</u>	ZIP Code + 4 <u>89101</u>
Title _____			

5.b. Termination Date <u>10/21/2019</u>	5.c. Amount <u>\$263,474.13</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	
<u>N/A</u>				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)

8. Total disbursements to officers and employees:

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: <u>REDSTONE ENTERPRISES, INC</u>	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name <u>DAVID ACOSTA</u>	<u>\$41,026.82</u>
Title <u>PRESIDENT</u>	15.e. Purpose
Organization _____	<u>EDUCATE EMPLOYEE OF</u>
P.O. Box, Building and Room Number, if any _____	<u>RIGHTS UNDER NLRA</u>
Street <u>5415 WILLOWICK</u>	
City <u>ANAHEIM</u>	
State <u>CA</u> ZIP Code + 4 <u>92807</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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

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>GOLDEN NUGGET LAS VEGAS</u> Trade Name _____ Attention To: <u>CHRIS LATIL</u> Title _____	Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street <u>129 FREEMONT STREET</u> City <u>LAS VEGAS</u> State <u>NV</u> ZIP Code + 4 <u>89101</u>
5.b. Termination Date <u>10/21/2019</u>	5.c. Amount <u>\$263,474.13</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.
<u>N/A</u>				
				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: <u>LAAHR CORPORATION</u>	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>MARK LEMA</u> Title <u>PRESIDENT</u> Organization _____ P.O. Box, Building and Room Number, if any <u>P O BOX 385</u> Street _____ City <u>HAINESPORT</u> State <u>NJ</u> ZIP Code + 4 <u>08036</u>	15.d. Amount <u>\$40,974.60</u> 15.e. Purpose <u>EDUCATE EMPLOYEE OF RIGHTS UNDER NLRA</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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

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 GOLDEN NUGGET LAS VEGAS

Trade Name _____

Attention To: CHRIS LATIL

Title _____

Mailing Address:

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

Street 129 FREEMONT STREET

City LAS VEGAS

State NV ZIP Code + 4 89101

5.b. Termination Date 10/21/2019

5.c. Amount \$263,474.13

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
<u>N/A</u>				
				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 VICKY RENNICK

Title _____

Organization SELF

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

Street 5380 OLD HAVEN CT

City CUMMING

State GA ZIP Code + 4 30041

15.d. Amount: \$40,067.31

15.e. Purpose: EDUCATE EMPLOYEE OF RIGHTS UNDER NLRA

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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

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>GOLDEN NUGGET LAS VEGAS</u>	P.O. Box, Bldg., Room No., if any _____	Street <u>129 FREEMONT STREET</u>	
Trade Name _____		City <u>LAS VEGAS</u>	
Attention To: <u>CHRIS LATIL</u>		State <u>NV</u>	ZIP Code + 4 <u>89101</u>
Title _____			

5.b. Termination Date <u>10/21/2019</u>	5.c. Amount <u>\$263,474.13</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
<u>N/A</u>				
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
				14. Total Disbursements (Sum of Items 8 - 13)

8. Total disbursements to officers and employees:

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
Name <u>KHANH TRAN</u>	<u>\$6,470.84</u>
Title _____	15.e. Purpose
Organization <u>SELF</u>	<u>EDUCATE EMPLOYEE OF</u>
P.O. Box, Building and Room Number, if any	<u>RIGHTS UNDER NLRA</u>
<u>P O BOX 1501</u>	
Street _____	
City <u>LAKE FOREST</u>	
State <u>CA</u> ZIP Code + 4 <u>92609</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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

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 MAD RIVER COMMUNITY HOSPITAL P.O. Box, Bldg., Room No., if any _____

Trade Name _____ Street 3100 JANES RD

Attention To: DOUG SHAW City: ARCATA

Title CEO State CA ZIP Code + 4 95521

5.b. Termination Date 3/11/2019 5.c. Amount \$35,995.30

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
<u>N/A</u>				
				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: <u>ROCK CREEK CONSULTING</u>	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount:
Name <u>REBECCA SMITH</u>	<u>\$18,995.30</u>
Title <u>PRESIDENT</u>	15.e. Purpose:
Organization _____	<u>EDUCATE EMPLOYEES OF</u>
P.O. Box, Building and Room Number, if any _____	<u>THEIR RIGHTS UNDER NLRA</u>
Street <u>554 MAHARD DRIVE</u>	
City <u>TWIN FALLS</u>	
State <u>ID</u> ZIP Code + 4 <u>83301</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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

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 CHALLANCE UNLIMITED, INC

Trade Name _____

Attention To: BECK PELTON

Title _____

Mailing Address:

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

Street 4 EMMIE L KAUS LANE

City ALTON

State IL ZIP Code + 4 62002

5.b. Termination Date 3/25/19

5.c. Amount \$4,731.78

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
<u>N/A</u>				
				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: ROCK CREEK CONSULTING

15.b. Trade Name, if any: _____

15.c. To Whom Paid

Name REBECCA SMITH

Title PRESIDENT

Organization _____

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

Street 554 MANARD DRIVE

City TWIN FALLS

State ID ZIP Code + 4 83301

15.d. Amount: \$3,151.78

15.e. Purpose: EDUCATE EMPLOYEES OF THEIR RIGHTS UNDER NLRA

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY