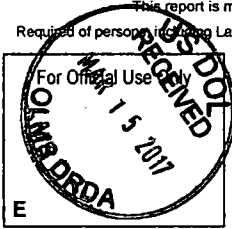


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 07-31-2019

This report is mandatory under P.L. 88-257, 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

636664

1. File Number C- <input type="text" value="65743"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
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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

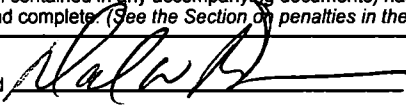
4. Any other address where records necessary to verify this report are kept:

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  Title <input type="text" value="Sole Proprietor"/> On <input type="text" value="3"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> <input type="text" value="832-725-4286"/> Date Telephone Number	18. Signed _____ Title <input type="text" value="Treasurer"/> On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: Daniel Block	File Number C- 65743
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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 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 445,441

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		
Daniel <input type="checkbox"/> W <input type="checkbox"/> Block	125,000	79,093	204,093	9. Office and Administrative Expenses	33,408
<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		10. Publicity	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		11. Fees for Professional Services	98,457
<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		12. Loans Made	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:			204,093	14. Total Disbursements (Sum of Items 8-13)	335,958

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

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ☐

Title

Organization

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

Street

City

State ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 92,480

Name of Person Filing: Daniel Block

File Number C- 65743

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 Alro Steel

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

Trade Name

Street 3100 East High Street

Attention To: Frank ☐ Pastor

City Jackson

Title Human Resource Manager

State Tennessee ZIP Code + 4 49204

5.b. Termination Date On-Going

5.c. Amount 11,175

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

Mailing Address:

Employer Clearwater Paper Corporation

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

Trade Name

Street 3901 Donna St

Attention To: Gary ☐ Blossi

City North Las Vegas

Title Plant Manager

State Nevada ZIP Code + 4 89030

5.b. Termination Date On-Going

5.c. Amount 21,800

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

Mailing Address:

Employer Conway Freight

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

Trade Name

Street 5020 Cavert St

Attention To: Dana ☐ Boyles

City Dallas

Title Service Center Manager

State Texas ZIP Code + 4 75247

5.b. Termination Date On-Going

5.c. Amount 21,612

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

Mailing Address:

Employer Conway Freight

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

Trade Name

Street 1235 Gazin St

Attention To: Terry ☐ Smith

City Houston

Title Service Center Manager

State Texas ZIP Code + 4 77020

5.b. Termination Date On-Going

5.c. Amount 19,787

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

Mailing Address:

Employer Conway Freight

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

Trade Name

Street 6816 Fairbanks N Houston

Attention To: Greg ☐ Skipper

City Houston

Title Service Center Manager

State Texas ZIP Code + 4 77040

5.b. Termination Date On-Going

5.c. Amount 11,692

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

Mailing Address:

Employer Conway Freight

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

Trade Name

Street 184 East Dekalb Pike

Attention To: Paul ☐ Berg

City King of Prussia

Title Regional Director Operations

State Pennsylvania ZIP Code + 4 19406

5.b. Termination Date On-Going

5.c. Amount 7,213

Name of Person Filing: Daniel Block

File Number C- 65743

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 Conway Freight

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

Trade Name

Street 1753 Jaggie Fox Way

Attention To: John ☐ McNeel

City Lexington

Title Service Center Manager

State Kentucky ZIP Code + 4 40511

5.b. Termination Date On-Going

5.c. Amount 11,966

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

Mailing Address:

Employer Conway Freight

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

Trade Name

Street 3955 E Shelby

Attention To: Lee ☐ Davis

City Memphis

Title Service Center Manager

State Tennessee ZIP Code + 4 38118

5.b. Termination Date On-Going

5.c. Amount 12,940

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

Mailing Address:

Employer Conway Freight

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

Trade Name

Street 6300 Geil Lane

Attention To: Eric ☐ Grawunder

City Louisville

Title Service Center Manager

State Kentucky ZIP Code + 4 40219

5.b. Termination Date On-Going

5.c. Amount 9,586

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

Mailing Address:

Employer Conway Freight

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

Trade Name

Street 4874 S Conway Rd

Attention To: Patrick ☐ Evers

City Orlando

Title Service Center Manager

State Florida ZIP Code + 4 32812

5.b. Termination Date On-Going

5.c. Amount 58,037

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

Mailing Address:

Employer Conway Freight

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

Trade Name

Street 7640 West Industrial Loop

Attention To: Rob ☐ Markle

City Shreveport

Title Service Center Manager

State Louisiana ZIP Code + 4 71129

5.b. Termination Date On-Going

5.c. Amount 8,481

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

Mailing Address:

Employer CTA Acoustics

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

Trade Name

Street 100 CTA Blvd

Attention To: Steve ☐ Tonkel

City Corbin

Title Chief Financial Officer

State Kentucky ZIP Code + 4 40701

5.b. Termination Date On-Going

5.c. Amount 30,772

Name of Person Filing: Daniel Block	File Number C- 65743
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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	Life Care Centers of America	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2890 Ocean Blvd
Attention To:	Jesse <input type="checkbox"/> Winkler	City	Coos Bay
Title	Executive Director	State	Oregon
		ZIP Code + 4	97420
5.b. Termination Date		5.c. Amount	
On-Going		21,782	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P&R Paper Company	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1898 East Colton Ave
Attention To:	Joseph <input type="checkbox"/> Mailberger	City	Redlands
Title	Chief Financial Officer	State	California
		ZIP Code + 4	92374
5.b. Termination Date		5.c. Amount	
On-Going		64,065	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Serta Simmons Bedding	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1 Simmons Dr
Attention To:	Chuck <input type="checkbox"/> Cresap	City	Hazleton
Title	Plant Manager	State	Pennsylvania
		ZIP Code + 4	18202
5.b. Termination Date		5.c. Amount	
On-Going		52,628	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Trump International Hotel	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2000 Fashion Show Drive
Attention To:	Brian <input type="checkbox"/> Baudreau	City	Las Vegas
Title	Vice President General Manager	State	Nevada
		ZIP Code + 4	89109
5.b. Termination Date		5.c. Amount	
On-Going		81,905	

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	

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	

Name of Person Filing: Daniel Block

File Number C- 65743

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:

Trump International Hotel

15.b. Trade Name, If any:**15.c. To Whom Paid**Name ☐ Javier ☐ Weitzman

Title Independent Consultant

Organization

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

Street 13422 Durbridge Trail

City Houston

State Texas ZIP Code + 4 77065

15.d. Amount 25,067**15.e. Purpose**

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

15.a. Employer Name:

Conway Freight - Houston Fairbanks

15.b. Trade Name, If any:**15.c. To Whom Paid**Name ☐ Javier ☐ Weitzman

Title Independent Consultant

Organization

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

Street 13422 Durbridge Trail

City Houston

State Texas ZIP Code + 4 77065

15.d. Amount 3,632**15.e. Purpose**

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

15.a. Employer Name:

Conway Freight - Lexington

15.b. Trade Name, If any:**15.c. To Whom Paid**Name ☐ Javier ☐ Weitzman

Title Independent Consultant

Organization

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

Street 13422 Durbridge Trail

City Houston

State Texas ZIP Code + 4 77065

15.d. Amount 4,966**15.e. Purpose**

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

Name of Person Filing: Daniel Block

File Number C- 65743

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:

Conway Freight - Dallas TX

15.b. Trade Name, If any:**15.c. To Whom Paid**Name ☐ Javier ☐ WeitzmanTitle ☐ Independent Consultant

Organization

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

Street 13422 Durbridge Trail Dr

City Houston

State Texas ZIP Code + 4 77065

15.d. Amount 6,142**15.e. Purpose**

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

15.a. Employer Name:

P&R Paper Company

15.b. Trade Name, If any:**15.c. To Whom Paid**Name ☐ Javier ☐ WeitzmanTitle ☐ Independent Consultant

Organization

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

Street 13422 Durbridge Trail

City Houston

State Texas ZIP Code + 4

15.d. Amount 12,765**15.e. Purpose**

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

15.a. Employer Name:

Conway Freight - Houston Gazin

15.b. Trade Name, If any:**15.c. To Whom Paid**Name ☐ Javier ☐ WeitzmanTitle ☐ Independent Consultant

Organization

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

Street 13422 Durbridge Trail

City Houston

State Texas ZIP Code + 4 77065

15.d. Amount 5,000**15.e. Purpose**

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

Name of Person Filing: Daniel Block

File Number C- 65743

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:

Conway Freight - Memphis

15.b. Trade Name, If any:**15.c. To Whom Paid**Name ☐ Javier ☐ Weitzman

Title Independent Consultant

Organization

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

Street 13422 Durbridge Trail

City Houston

State Texas ZIP Code + 4 77065

15.d. Amount 5,165**15.e. Purpose**

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

15.a. Employer Name:

Conway Freight - Shreveport

15.b. Trade Name, If any:**15.c. To Whom Paid**Name ☐ Javier ☐ Weitzman

Title Independent Consultant

Organization

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

Street 13422 Durbridge Trail

City Houston

State Texas ZIP Code + 4 77065

15.d. Amount 3,357**15.e. Purpose**

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

15.a. Employer Name:

Trump International Hotel

15.b. Trade Name, If any:**15.c. To Whom Paid**Name ☐ Manuel ☐ Avalos

Title Independent Consultant

Organization

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

Street 7003 Sun Drive

City Pharr

State Texas ZIP Code + 4 78577

15.d. Amount 18,612**15.e. Purpose**

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

Name of Person Filing: Daniel Block

File Number C- 65743

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:

Conway Freight - Houston Fairbanks

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ☐ Manuel ☐ Avalos

Title Independent Consultant

Organization

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

Street 7003 Sun Drive

City Pharr

State Texas ZIP Code + 4 78577

15.d. Amount 2,623

15.e. Purpose

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of teh Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Managaement Standards (OLMS), Federal Mediation and Concilliation Services (FMCS), Department of Labor (DOL) and public forum.

15.a. Employer Name:

Conway Freight - Houston Gazin

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ☐ Manuel ☐ Avalos

Title Independent Consultant

Organization

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

Street 7003 Sun Drive

City Pharr

State Texas ZIP Code + 4 78577

15.d. Amount 5,151

15.e. Purpose

To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of teh Guide to the National Labor Relations Act and other union documents, available through Freedom of Information Act (FOIA), as obtained through the Office of Labor Managaement Standards (OLMS), Federal Mediation and Concilliation Services (FMCS), Department of Labor (DOL) and public forum.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ☐ ☐

Title

Organization

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

Street

City

State ZIP Code + 4

15.d. Amount

15.e. Purpose