

FORM LM-21

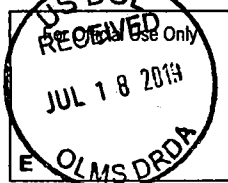
RECEIPTS AND DISBURSEMENTS REPORT

AMENDED

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

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 for 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

707081

1. File Number C- 00322	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2018		12 / 31 / 2018

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Peter A List
Title	Founder & CEO
Organization	Kulture Consulting LLC
P.O. Box, Building and Room Number, if any	PO Box 2877
Street	
City	Pawleys Island
State	South Carolina ZIP Code + 4 29585
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	Other (Specify) Founder & CEO	
On	07 / 16 / 2019	843-314-0383
	Date	Telephone Number
18. Signed		Treasurer (If other title, see instructions)
Title	Other (Specify) Manager of Administration	
On	07 / 16 / 2019	843-314-0383
	Date	Telephone Number

Name of Person Filing: Peter List	File Number C- 00322
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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	Mailing Address:
Trade Name	P.O. Box, Building and Room Number, if any
Attention To	Street
Title	City
	State
	ZIP Code + 4
5.b. Termination Date	5.c. Amount 0
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 3,136,582	

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
	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: HP Hood, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 47,232
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
Organization The Alton Group, LLC	
P.O. Box, Building and Room Number, if any #433	
Street 712 Bancroft Road	
City Walnut Creek	
State California	ZIP Code + 4 94598
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 2,396,830	

Name of Person Filing: Peter List

File Number C- 00322

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: Phillips Feed Service, Inc.	15.b. Trade Name, If any: Phillips Pet Food & Supply
15.c. To Whom Paid Name Ronn English Title CEO Organization The Alton Group, LLC P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 25,236 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
15.a. Employer Name: Saks Incorporated	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ronn English Title CEO Organization The Alton Group, LLC P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 25,472 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
15.a. Employer Name: Carlow University	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ronn English Title CEO Organization The Alton Group, LLC P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 13,313 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: Essendant, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ronn English Title CEO Organization The Alton Group, LLC P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 27,678 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: ZEP Manufacturing	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ronn English Title CEO Organization The Alton Group, LLC P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 19,113 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Brose North America	15.b. Trade Name, If any: Brose Belvidere, Inc.
15.c. To Whom Paid Name Ronn English Title CEO Organization The Alton Group, LLC P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 36,703 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List	File Number C- 00322
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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: JG Kern Enterprises Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ronn English Title CEO Organization The Alton Group, LLC P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 34,291 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Ingersoll Rand	15.b. Trade Name, If any: Trane Commercial HVAC
15.c. To Whom Paid Name Ronn English Title CEO Organization The Alton Group, LLC P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 30,009 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Marathon Cheese Corporation	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ronn English Title CEO Organization The Alton Group, LLC P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 12,920 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: Sugar House Casino	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joanne G Davis Title Individual Organization P.O. Box, Building and Room Number, if any Suite 140 Street 1700 Bent Creek Boulevard City Mechanicsburg State Pennsylvania ZIP Code + 4 17050	15.d. Amount 29,503 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Rev Group Inc.	15.b. Trade Name, If any: Kovatch Mobile Equip T/A KME Fire
15.c. To Whom Paid Name Joseph Brock Title Sole Proprietor Organization East Coast Labor Relations, LLC P.O. Box, Building and Room Number, if any Street 515 S Gull Lake Drive City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 20,843 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Chen-Tech Industries, Inc.	15.b. Trade Name, If any: ATI Forged Products
15.c. To Whom Paid Name Trinh VanNgo Title Individual Organization P.O. Box, Building and Room Number, if any Suite A1 Street 6988 Wilcrest Drive City Houston State Texas ZIP Code + 4 77072	15.d. Amount 44,998 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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:

United Natural Foods, Inc.

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Kirk

Cummings

Title

President

Organization

Cummings Group, LLC

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

PO Box 882

Street

City

Lapeer

State

Michigan

ZIP Code + 4

48446

15.d. Amount 50,687

15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name:

Brenntag Great Lakes, LLC

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Kirk

Cummings

Title

President

Organization

Cummings Group, LLC

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

PO Box 882

Street

City

Lapeer

State

Michigan

ZIP Code + 4

48446

15.d. Amount 5,156

15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name:

Readington Farms, Inc.

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Kirk

Cummings

Title

President

Organization

Cummings Group, LLC

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

PO Box 882

Street

City

Lapeer

State

Michigan

ZIP Code + 4

48446

15.d. Amount 47,246

15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List	File Number C- 00322
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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: <div style="border: 1px solid black; padding: 2px;">Calumet Specialty Products Partners LP</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;">Kirk</div> <div style="border: 1px solid black; padding: 2px;">Cummings</div> Title <div style="border: 1px solid black; padding: 2px;">President</div> Organization <div style="border: 1px solid black; padding: 2px;">Cummings Group, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">PO Box 882</div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; padding: 2px;">Lapeer</div> State <div style="border: 1px solid black; padding: 2px;">Michigan</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">48446</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">51,292</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses. </div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Meritor, Inc.</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;">Kirk</div> <div style="border: 1px solid black; padding: 2px;">Cummings</div> Title <div style="border: 1px solid black; padding: 2px;">President</div> Organization <div style="border: 1px solid black; padding: 2px;">Cummings Group, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">PO Box 882</div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; padding: 2px;">Lapeer</div> State <div style="border: 1px solid black; padding: 2px;">Michigan</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">48446</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">7,684</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses. </div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Brose North America</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;">Kirk</div> <div style="border: 1px solid black; padding: 2px;">Cummings</div> Title <div style="border: 1px solid black; padding: 2px;">President</div> Organization <div style="border: 1px solid black; padding: 2px;">Cummings Group, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">PO Box 882</div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; padding: 2px;">Lapeer</div> State <div style="border: 1px solid black; padding: 2px;">Michigan</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">48446</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">20,732</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.. </div>

Name of Person Filing: Peter List

File Number C- 00322

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: Interlake Mecalux	15.b. Trade Name, If any:
15.c. To Whom Paid Name Kirk Cummings Title President Organization Cummings Group, LLC P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	15.d. Amount 6,015 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Brose North America	15.b. Trade Name, If any: Brose Belvidere, Inc.
15.c. To Whom Paid Name Kirk Cummings Title President Organization Cummings Group, LLC P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	15.d. Amount 43,321 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: JG Kern Enterprises, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Kirk Cummings Title President Organization Cummings Group, LLC P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	15.d. Amount 38,845 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: TECT Aerospace, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Kirk Cummings Title President Organization Cummings Group, LLC P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	15.d. Amount 11,823 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
15.a. Employer Name: Rev Group, Inc.	15.b. Trade Name, If any: E-One, Inc
15.c. To Whom Paid Name Kirk Cummings Title President Organization Cummings Group, LLC P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	15.d. Amount 7,584 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
15.a. Employer Name: Ingersoll Rand	15.b. Trade Name, If any: Trane Commercial HVAC
15.c. To Whom Paid Name Kirk Cummings Title President Organization Cummings Group, LLC P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	15.d. Amount 21,701 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List	File Number C- 00322
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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.

<p>15.a. Employer Name: <input type="text" value="Calumet Specialty Products Partners LP"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p>
<p>15.c. To Whom Paid</p> <p>Name <input type="text" value="Kirk"/> <input type="text" value="Cummings"/></p> <p>Title <input type="text" value="President"/></p> <p>Organization <input type="text" value="Cummings Group, LLC"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text" value="PO Box 882"/></p> <p>Street <input type="text"/></p> <p>City <input type="text" value="Lapeer"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48446"/></p>	<p>15.d. Amount <input type="text" value="2,868"/></p> <p>15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.</p>

<p>15.a. Employer Name: <input type="text" value="Second City Theater"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p>
<p>15.c. To Whom Paid</p> <p>Name <input type="text" value="Rian"/> <input type="text" value="Wathen"/></p> <p>Title <input type="text" value="President"/></p> <p>Organization <input type="text" value="Independent Center for Worker Education"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text" value="#201"/></p> <p>Street <input type="text" value="8206 Rockville Road"/></p> <p>City <input type="text" value="Indianapolis"/></p> <p>State <input type="text" value="Indiana"/> ZIP Code + 4 <input type="text" value="46214"/></p>	<p>15.d. Amount <input type="text" value="8,009"/></p> <p>15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.</p>

<p>15.a. Employer Name: <input type="text" value="Becton Dickinson"/></p>	<p>15.b. Trade Name, If any: <input type="text" value="BD Medical. & Procedural Solutions"/></p>
<p>15.c. To Whom Paid</p> <p>Name <input type="text" value="Rian"/> <input type="text" value="Wathen"/></p> <p>Title <input type="text" value="President"/></p> <p>Organization <input type="text" value="Independent Center for Worker Education"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text" value="#201"/></p> <p>Street <input type="text" value="8206 Rockville Road"/></p> <p>City <input type="text" value="Indianapolis"/></p> <p>State <input type="text" value="Indiana"/> ZIP Code + 4 <input type="text" value="46214"/></p>	<p>15.d. Amount <input type="text" value="75,596"/></p> <p>15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.</p>

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: Genco Infrastructure Solutions Inc.	15.b. Trade Name, If any: FedEx Supply Chain
15.c. To Whom Paid Name: Rian Wathen Title: President Organization: Independent Center for Worker Education P.O. Box, Building and Room Number, if any: #201 Street: 8206 Rockville Road City: Indianapolis State: Indiana ZIP Code + 4: 46214	15.d. Amount 8,687 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: NutraBlend, LLC	15.b. Trade Name, If any: Land O' Lakes, LLC
15.c. To Whom Paid Name: Rian Wathen Title: President Organization: Independent Center for Worker Education P.O. Box, Building and Room Number, if any: #201 Street: 8206 Rockville Road City: Indianapolis State: Indiana ZIP Code + 4: 46214	15.d. Amount 15,994 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: New Hudson Facades, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name: Rian Wathen Title: President Organization: Independent Center for Worker Education P.O. Box, Building and Room Number, if any: #201 Street: 8602 Rockville Road City: Indianapolis State: Indiana ZIP Code + 4: 46214	15.d. Amount 13,412 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: Bakerly Barn LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Rian Wathen Title President Organization Independent Center for Worker Education P.O. Box, Building and Room Number, if any #201 Street 8206 Rockville Road City Indianapolis State Indiana ZIP Code + 4 46214	15.d. Amount 22,016 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Moran Foods, LLC	15.b. Trade Name, If any: Save-A-Lot, LTD
15.c. To Whom Paid Name Rian Wathen Title President Organization Independent Center for Worker Education P.O. Box, Building and Room Number, if any #201 Street 8206 Rockville Road City Indianapolis State Indiana ZIP Code + 4 46214	15.d. Amount 10,967 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Rev Group Inc.	15.b. Trade Name, If any: Kovatch Mobile Equip T/A KME Fire
15.c. To Whom Paid Name Rian Wathen Title President Organization Independent Center for Worker Education P.O. Box, Building and Room Number, if any #201 Street 8206 Rockville Road City Indianapolis State Indiana ZIP Code + 4 46214	15.d. Amount 20,131 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: DaVita, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Linda Broderick Title Sole Proprietor Organization Linda Inez Consulting, LLC P.O. Box, Building and Room Number, if any Suite 200 Street 460 King Street City Charleston State South Carolina ZIP Code + 4 29403	15.d. Amount 269,659 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Sugar House Casino	15.b. Trade Name, If any:
15.c. To Whom Paid Name Quentin Nelson Title Sole Proprietor Organization Noslen & Associates, LLC P.O. Box, Building and Room Number, if any PO Box 561 Street City Blackwood State New Jersey ZIP Code + 4 08012	15.d. Amount 9,681 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: HP Hood, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Quentin Nelson Title Sole Proprietor Organization Noslen & Associates, LLC P.O. Box, Building and Room Number, if any PO Box 561 Street City Blackwood State New Jersey ZIP Code + 4 08012	15.d. Amount 23,650 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: Phillips Feed Service Inc.	15.b. Trade Name, If any: Phillips Pet Food & Supply
15.c. To Whom Paid Name: Quentin Nelson Title: Sole Proprietor Organization: Noslen & Associates, LLC P.O. Box, Building and Room Number, if any: PO Box 561 Street: City: Blackwood State: New Jersey ZIP Code + 4: 08012	15.d. Amount 17,515 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Pincus Elevator Company, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name: Quentin Nelson Title: Sole Proprietor Organization: Noslen & Associates P.O. Box, Building and Room Number, if any: PO Box 561 Street: City: Blackwood State: New Jersey ZIP Code + 4: 08012	15.d. Amount 35,729 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: New Hudson Facades, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name: Quentin Nelson Title: Sole Proprietor Organization: Noslen & Associates, LLC P.O. Box, Building and Room Number, if any: PO Box 561 Street: City: Blackwood State: New Jersey ZIP Code + 4: 08012	15.d. Amount 2,100 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: Vivid Mechanical, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name: Quentin Nelson Title: Sole Proprietor Organization: Noslen & Associates, LLC P.O. Box, Building and Room Number, if any: PO Box 561 Street: City: Blackwood State: New Jersey ZIP Code + 4: 08012	15.d. Amount 31,783 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Ingersoll Rand	15.b. Trade Name, If any: Trane Commercial HVAC
15.c. To Whom Paid Name: Quentin Nelson Title: Sole Proprietor Organization: Noslen & Associates, LLC P.O. Box, Building and Room Number, if any: PO Box 561 Street: City: Blackwood State: New Jersey ZIP Code + 4: 08012	15.d. Amount 64,153 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Security Guard, Inc.	15.b. Trade Name, If any: dba Imperial Security
15.c. To Whom Paid Name: Quentin Nelson Title: Sole Proprietor Organization: Noslen & Associates, LLC P.O. Box, Building and Room Number, if any: PO Box 561 Street: City: Blackwood State: New Jersey ZIP Code + 4: 08012	15.d. Amount 8,662 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: United Natural Foods, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Luisa Perez Title Individual Organization P.O. Box, Building and Room Number, if any Ste 155, #132 Street 1751 Pine Island Road City Cape Coral State Florida ZIP Code + 4 33909	15.d. Amount 41,146 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
15.a. Employer Name: Village Supermarkets, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Luisa Perez Title Individual Organization P.O. Box, Building and Room Number, if any Ste 155, #132 Street 1751 Pine Island Road City Cape Coral State Florida ZIP Code + 4 33909	15.d. Amount 21,253 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
15.a. Employer Name: Rev Group, Inc.	15.b. Trade Name, If any: E-One, Inc.
15.c. To Whom Paid Name Luisa Perez Title Individual Organization 1751 Pine Island Road P.O. Box, Building and Room Number, if any Ste 155, #132 Street 1751 Pine Island Road City Cape Coral State Florida ZIP Code + 4 33909	15.d. Amount 8,460 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List	File Number C- 00322
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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;">Ingersoll Rand</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; padding: 2px;">Trane Commercial HVAC</div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Luisa</div> <div style="border: 1px solid black; padding: 2px;">Perez</div> Title <div style="border: 1px solid black; padding: 2px;">Individual</div> Organization <div style="border: 1px solid black; padding: 2px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">Ste 155, #132</div> Street <div style="border: 1px solid black; padding: 2px;">1751 Pine Island Road</div> City <div style="border: 1px solid black; padding: 2px;">Cape Coral</div> State <div style="border: 1px solid black; padding: 2px;">Florida</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">33909</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">74,582</div> 15.e. Purpose <div style="border: 1px solid black; padding: 2px;">Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Party Rental, LTD</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; padding: 2px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Luisa</div> <div style="border: 1px solid black; padding: 2px;">Perez</div> Title <div style="border: 1px solid black; padding: 2px;">Individual</div> Organization <div style="border: 1px solid black; padding: 2px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">Ste 155, #132</div> Street <div style="border: 1px solid black; padding: 2px;">1751 Pine Island Road</div> City <div style="border: 1px solid black; padding: 2px;">Cape Coral</div> State <div style="border: 1px solid black; padding: 2px;">Florida</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">33909</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">16,718</div> 15.e. Purpose <div style="border: 1px solid black; padding: 2px;">Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">P&B Intermodal Services, LLC</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; padding: 2px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">John</div> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">Negroni</div> Title <div style="border: 1px solid black; padding: 2px;">Sole Proprietor</div> Organization <div style="border: 1px solid black; padding: 2px;">The Tally Consultancy, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">PO Box 494</div> Street <div style="border: 1px solid black; padding: 2px;"></div> City <div style="border: 1px solid black; padding: 2px;">Norwalk</div> State <div style="border: 1px solid black; padding: 2px;">Connecticut</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">06852</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">32,008</div> 15.e. Purpose <div style="border: 1px solid black; padding: 2px;">Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.</div>

Name of Person Filing: Peter List

File Number C- 00322

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: Saint Goban Corp	15.b. Trade Name, If any: dba CertainTeed Corp
15.c. To Whom Paid Name John A Negroni Title Sole Proprietor Organization The Tally Consultancy, LLC P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	15.d. Amount 12,291 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Five Star Custom Foods, LTD	15.b. Trade Name, If any: Cargill Meat Solutions
15.c. To Whom Paid Name John A Negroni Title Sole Proprietor Organization The Tally Consultancy, LLC P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	15.d. Amount 38,777 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Becton Dickinson	15.b. Trade Name, If any: BD Medical & Procedural Solutions
15.c. To Whom Paid Name John A Negroni Title Sole Proprietor Organization The Tally Consultancy, LLC P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	15.d. Amount 42,512 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List	File Number C- 00322
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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: <div style="border: 1px solid black; padding: 2px;">New Hudson Facades, LLC</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;">John</div> A <div style="border: 1px solid black; padding: 2px;">Negroni</div> Title <div style="border: 1px solid black; padding: 2px;">Sole Proprietor</div> Organization <div style="border: 1px solid black; padding: 2px;">The Tally Consultancy, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">PO Box 494</div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; padding: 2px;">Norwalk</div> State <div style="border: 1px solid black; padding: 2px;">Connecticut</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">06852</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">6,988</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses. </div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Golden Nugget Atlantic City</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;">John</div> A <div style="border: 1px solid black; padding: 2px;">Negroni</div> Title <div style="border: 1px solid black; padding: 2px;">Sole Proprietor</div> Organization <div style="border: 1px solid black; padding: 2px;">The Tally Consultancy, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">PO Box 494</div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; padding: 2px;">Norwalk</div> State <div style="border: 1px solid black; padding: 2px;">Connecticut</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">06852</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">26,343</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses. </div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Chetak New York, LLC</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;">John</div> A <div style="border: 1px solid black; padding: 2px;">Negroni</div> Title <div style="border: 1px solid black; padding: 2px;">Sole Proprietor</div> Organization <div style="border: 1px solid black; padding: 2px;">The Tally Consultancy, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">PO Box 494</div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; padding: 2px;">Norwalk</div> State <div style="border: 1px solid black; padding: 2px;">Connecticut</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">06852</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">28,481</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses. </div>

Name of Person Filing: Peter List

File Number C- 00322

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: PaintTech Painting & Wallcovering, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name John A Negroni Title Sole Proprietor Organization The Tally Consultancy, LLC P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	15.d. Amount 2,590 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Ingersoll Rand	15.b. Trade Name, If any: Trane Commercial HVAC
15.c. To Whom Paid Name John A Negroni Title Sole Proprietor Organization The Tally Consultancy, LLC P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	15.d. Amount 29,757 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Halcyon Condominium	15.b. Trade Name, If any:
15.c. To Whom Paid Name John A Negroni Title Sole Proprietor Organization The Tally Consultancy, LLC P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	15.d. Amount 3,615 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List	File Number C- 00322
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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: Marine Repair Services, Inc.	15.b. Trade Name, If any: dba CMC Logistics, LLC
15.c. To Whom Paid Name Oscar Wilmington Title Individual Organization P.O. Box, Building and Room Number, if any Box 115 Street 2017 Lomita Boulevard City Lomita State California ZIP Code + 4 90717	15.d. Amount 29,556 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Voss Industries, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Oscar Wilmington Title Individual Organization P.O. Box, Building and Room Number, if any Box 115 Street 2017 Lomita Boulevard City Lomita State California ZIP Code + 4 90717	15.d. Amount 95,778 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Rev Group, Inc.	15.b. Trade Name, If any: E-One, Inc
15.c. To Whom Paid Name Oscar Wilmington Title Individual Organization P.O. Box, Building and Room Number, if any Box 115 Street 2017 Lomita Boulevard City Lomita State California ZIP Code + 4 90717	15.d. Amount 10,066 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List	File Number C- 00322
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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: <div style="border: 1px solid black; padding: 2px;">TIMCO Aerosystems, LLC</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; padding: 2px;">dba HAECO Cabin Solutions</div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Oscar</div> <div style="border: 1px solid black; padding: 2px;">Wilmington</div> Title <div style="border: 1px solid black; padding: 2px;">Individual</div> Organization <div style="border: 1px solid black; padding: 2px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">Box 115</div> Street <div style="border: 1px solid black; padding: 2px;">2017 Lomita Boulevard</div> City <div style="border: 1px solid black; padding: 2px;">Lomita</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">90717</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">13,889</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Ingersoll Rand</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; padding: 2px;">Trane Commercial HVAC</div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Oscar</div> <div style="border: 1px solid black; padding: 2px;">Wilmington</div> Title <div style="border: 1px solid black; padding: 2px;">Individual</div> Organization <div style="border: 1px solid black; padding: 2px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">Box 115</div> Street <div style="border: 1px solid black; padding: 2px;">2017 Lomita Boulevard</div> City <div style="border: 1px solid black; padding: 2px;">Lomita</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">90717</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">25,145</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">ZEP Manufacturing</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; padding: 2px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Oscar</div> <div style="border: 1px solid black; padding: 2px;">Wilmington</div> Title <div style="border: 1px solid black; padding: 2px;">Individual</div> Organization <div style="border: 1px solid black; padding: 2px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">Box 115</div> Street <div style="border: 1px solid black; padding: 2px;">2017 Lomita Boulevard</div> City <div style="border: 1px solid black; padding: 2px;">Lomita</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">90717</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">15,480</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.</div>

Name of Person Filing: Peter List

File Number C- 00322

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: P&B Intermodal Services LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 23,538 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: HP Hood, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 27,072 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Security Guard, Inc.	15.b. Trade Name, If any: dba Imperial Security
15.c. To Whom Paid Name Carlos Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 29,521 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: Pincus Elevator Company, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 38,233 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
15.a. Employer Name: InSteel Industries, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 4,723 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
15.a. Employer Name: Vivid Mechanical LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 37,640 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

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: Essendant, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 18,371 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice, and expenses.

15.a. Employer Name: Phillips Feed Service Inc.	15.b. Trade Name, If any: Phillips Pet Food & Supply
15.c. To Whom Paid Name Carlos Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 14,600 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Ingersoll Rand	15.b. Trade Name, If any: Trane Commercial HVAC
15.c. To Whom Paid Name Carlos Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 55,051 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

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: DaVita, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Adriana Ortiz Title Managing Partner Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite 210-106 Street 7426 Cherry Avenue City Fontana State California ZIP Code + 4 92336	15.d. Amount 163,629 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

15.a. Employer Name: Albert Einstein Healthcare Network	15.b. Trade Name, If any:
15.c. To Whom Paid Name Linda Broderick Title Sole Proprietor Organization Linda Inez Consulting, LLC P.O. Box, Building and Room Number, if any Suite 200 Street 460 King Street City Charleston State South Carolina ZIP Code + 4 29403	15.d. Amount 24,987 15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.

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