O.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

RECEIPTS AND DISBURSEMENTS REPORT

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

Month/Day/Year

12 / 31 / 2013

(mm/dd/yyyy)

Through:

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penetties 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)



1 . File Number C- 65668

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

By This Report From: Month/Day/Year (mm/dd/yyyy)

01 / 01 / 2013

3. Name and mailing address (include Z	IP Code):	4. Any other address where records necessary to verify this report are kept:				
Name Kirk	Cummings	Name Title Organization				
Title Member	-					
Organization Cummings Group,	LLC					
P.O. Box, Building and Room Numbe	r, if any	P.O. Box, Building and Room Number, if any				
P.O. Box 761		g and reading and				
Street		Street				
City Lapeer		City				
State ,Michigan	ZIP Code + 4 48446	State	de + 4			
	Sign	 natures	<u> </u>			
17. Signed	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)			
On 05/22/2014 248-21	0-1162	On/ /				
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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 Linc Logistics Trade Name SAA Attendion To John Locke Title Director State Michigan 5.c. Amount \$5271.86 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 render to the employers isled in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals (c) Expenses (d) Totals 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements made for the purposes described in Part D of instructions. 15.b. Trade Name, If any. 15.c. To Whom Paid Name Title Organization	Name of Person Filing:						File Number C-		
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P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any								
Street	Street								
City	City								
State Other ZIP Code + 4		ZIP Code + 4	4						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u> </u>								