

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



579576

1. File Number C- 65802	2. Period Covered By This Report From: 01/01/2014 Through: 12/31/2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/>	Name <input type="text"/>
Title <input type="text"/>	Title <input type="text"/>
Organization International Labor Relations	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street 8086 S. Yale Ave Suite 225	Street <input type="text"/>
City Tulsa	City <input type="text"/>
State Oklahoma ZIP Code + 4 74136	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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)	18. Signed 	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On 2/2/15 800-555-7509	Date Telephone Number	On 2/2/15 800-555-7509	Date Telephone Number

Name of Person Filing:		File Number C- 65802	
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>North Star Technology Corp</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>32 Mauchly Suite C</u>	
Attention To: <u>Frances</u> <input type="checkbox"/> <u>Chiang</u>		City <u>Irvine</u>	
Title <u>President</u>		State <u>California</u> ZIP Code + 4 <u>92618</u>	
5.b. Termination Date <u>06/24/2014</u>		5.c. Amount <u>11,256</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Dental Dream</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>350 North Clark Street, Suite 600</u>	
Attention To: <u>Peter</u> <input type="checkbox"/> <u>Stathakis</u>		City <u>Chicago</u>	
Title <u>Chief Financial Officer</u>		State <u>Illinois</u> ZIP Code + 4 <u>60654</u>	
5.b. Termination Date		5.c. Amount <u>125,999</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Dependability</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>3955 Frankford Ave</u>	
Attention To: <u>Gwendolyn</u> <input type="checkbox"/> <u>Simpkins</u>		City <u>Philadelphia</u>	
Title <u>Owner</u>		State <u>Pennsylvania</u> ZIP Code + 4 <u>19124</u>	
5.b. Termination Date <u>1/28/1014</u>		5.c. Amount <u>4,625</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Asphalt Paving Corp</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>P.O. Box 310</u>	
Attention To: <u>John</u> <input type="checkbox"/> <u>Gravenor</u>		City <u>378 Elmwood Ave</u>	
Title <u>Owner</u>		State <u>Malaga</u> ZIP Code + 4 <u>08328</u>	
5.b. Termination Date <u>03/31/2014</u>		5.c. Amount <u>22,498</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Sandstone Tires</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Scranton Dunlop Inc,</u>		Street <u>531 North Main Street</u>	
Attention To: <u>Patrick</u> <input type="checkbox"/> <u>Sandstone</u>		City <u>Taylor</u>	
Title <u>President</u>		State <u>Pennsylvania</u> ZIP Code + 4 <u>18517</u>	
5.b. Termination Date <u>01/31/2014</u>		5.c. Amount <u>6,000</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Gardner Fields</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Gardner Gibson</u>		Street <u>4161 E. 7th Avenue</u>	
Attention To: <u>Sean</u> <input type="checkbox"/> <u>Hyer</u>		City <u>Tampa</u>	
Title <u>Chief Operating officer</u>		State <u>Florida</u> ZIP Code + 4 <u>33605</u>	
5.b. Termination Date <u>07/07/2014</u>		5.c. Amount <u>108,530</u>	

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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Mercedes Benz of Omaha</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>14335 Hillside Ave</u>	
Attention To: <u>John</u> <input type="checkbox"/> <u>Langland</u>		City <u>Omaha</u>	
Title <u>General Sales Manager</u>		State <u>Nebraska</u> ZIP Code + 4 <u>68137</u>	
5.b. Termination Date <u>04/22/2014</u>		5.c. Amount <u>7,000</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Pine Ridge Farm, LLC</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>1800 Maury St</u>	
Attention To: <u>Brady</u> <input type="checkbox"/> <u>Stewart</u>		City <u>Des Moines</u>	
Title <u>Chief Operating Officer</u>		State <u>Iowa</u> ZIP Code + 4 <u>50317</u>	
5.b. Termination Date <u>02/11/2014</u>		5.c. Amount <u>31,018</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Carlisle Transportation Services</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>32001 32nd Ave South , Suite 200</u>	
Attention To: <u>James</u> <input type="checkbox"/> <u>Armstrong</u>		City <u>Federal Way</u>	
Title <u>President</u>		State <u>Washington</u> ZIP Code + 4 <u>98001</u>	
5.b. Termination Date <u>06/02/2014</u>		5.c. Amount <u>121,618</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Future Environmental</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>19701 97th Ave,</u>	
Attention To: <u>Steven</u> <input type="checkbox"/> <u>A Lempera</u>		City <u>Mokena</u>	
Title <u>President</u>		State <u>Illinois</u> ZIP Code + 4 <u>60448</u>	
5.b. Termination Date		5.c. Amount <u>78,586</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>American Renault Corporation</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>1207 E. Lincolnway</u>	
Attention To: <u>Ralph</u> <input type="checkbox"/> <u>Gut</u>		City <u>La Porte</u>	
Title <u>President</u>		State <u>Indiana</u> ZIP Code + 4 <u>46350</u>	
5.b. Termination Date		5.c. Amount <u>30,000</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Guitar Center, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>8917 Town and Country Circle</u>	
Attention To: <u>Gina</u> <input type="checkbox"/> <u>Villavicencio</u>		City <u>Knoxville</u>	
Title <u>Vice President, Human Resources</u>		State <u>Tennessee</u> ZIP Code + 4 <u>37923</u>	
5.b. Termination Date <u>05/21/2014</u>		5.c. Amount <u>72,355</u>	

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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Sysco</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>99 Spring Street</u>	
Attention To: <u>Chuck</u> <input type="checkbox"/> <u>Fraser</u>		City <u>Plympton</u>	
Title <u>President</u>		State <u>Massachusetts</u> ZIP Code + 4 <u>02367</u>	
5.b. Termination Date <u>03/10/2014</u>		5.c. Amount <u>24,057</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Wesley Enhanced Living</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>6300 Greene Street</u>	
Attention To: <u>Jeff</u> <input type="checkbox"/> <u>Petty</u>		City <u>Philadelphia</u>	
Title <u>President</u>		State <u>Pennsylvania</u> ZIP Code + 4 <u>19144</u>	
5.b. Termination Date <u>11/4/2014</u>		5.c. Amount <u>84,006</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>CommFed</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>111 South Calvert St, Suite 200</u>	
Attention To: <u>Paul</u> <input type="checkbox"/> <u>Tyshing</u>		City <u>Baltimore</u>	
Title <u>President</u>		State <u>Maryland</u> ZIP Code + 4 <u>21202</u>	
5.b. Termination Date <u>05/05/2014</u>		5.c. Amount <u>4,778</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Devon Nissan Dealership</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>459 W. Lancaster Ave</u>	
Attention To: <u>Diana</u> <input type="checkbox"/> <u>Trach</u>		City <u>Devon</u>	
Title <u>Chief Financial Officer</u>		State <u>Pennsylvania</u> ZIP Code + 4 <u>19333</u>	
5.b. Termination Date <u>08/28/2014</u>		5.c. Amount <u>2,626</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Rowell</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>15 Salt Creek Lane, Suite 205</u>	
Attention To: <u>Kyle</u> <input type="checkbox"/> <u>Kohlhass</u>		City <u>Hinsdale</u>	
Title <u>Vice President of Operations</u>		State <u>Illinois</u> ZIP Code + 4 <u>60521</u>	
5.b. Termination Date <u>07/09/2014</u>		5.c. Amount <u>18,524</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Elite Ambulance/ transportation</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>9850 West 190th Street, Suite B</u>	
Attention To: <u>Mark</u> <input type="checkbox"/> <u>Nicks</u>		City <u>Mokena</u>	
Title <u>Vice President of Operations</u>		State <u>Illinois</u> ZIP Code + 4 <u>60448</u>	
5.b. Termination Date		5.c. Amount <u>132,511</u>	

Name of Person Filing:		File Number C- 65802	
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>Sysco- Connecticut</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>100 Inwood Road</u>	
Attention To: <u>Alan</u> <input type="checkbox"/> <u>Rosenblatt</u>		City <u>Rocky Hill</u>	
Title <u>President</u>		State <u>Connecticut</u> ZIP Code + 4 <u>06067</u>	
5.b. Termination Date <u>05/09/2014</u>		5.c. Amount <u>2,168</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Blick Art Material</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>695 US HWY 150 E</u>	
Attention To: <u>Robert</u> <input type="checkbox"/> <u>Buchsbaum</u>		City <u>Galesburg</u>	
Title <u>CEO</u>		State <u>Illinois</u> ZIP Code + 4 <u>61401</u>	
5.b. Termination Date		5.c. Amount <u>718,749</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Eurecat U.S., Incorporated</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>13100 Bay Park Road</u>	
Attention To: <u>Fred</u> <input type="checkbox"/> <u>McCulloch</u>		City <u>Pasadena</u>	
Title <u>Plant Manager</u>		State <u>Texas</u> ZIP Code + 4 <u>77507</u>	
5.b. Termination Date		5.c. Amount <u>89,786</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Mitec Powertrain</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>400 Fostoria Ave</u>	
Attention To: <u>Martin</u> <input type="checkbox"/> <u>Barrington</u>		City <u>Findlay</u>	
Title <u>General Manager</u>		State <u>Ohio</u> ZIP Code + 4 <u>45840</u>	
5.b. Termination Date		5.c. Amount <u>49,704</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>ABB</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>4350 Semple Avenue</u>	
Attention To: <u>Rich</u> <input type="checkbox"/> <u>Poter</u>		City <u>Saint Louis</u>	
Title		State <u>Missouri</u> ZIP Code + 4 <u>63120</u>	
5.b. Termination Date		5.c. Amount <u>92,960</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Delta Western</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>420 L. Street Ste 101</u>	
Attention To: <u>Kirk</u> <input type="checkbox"/> <u>Payne</u>		City <u>Anchorage</u>	
Title <u>President</u>		State <u>Alaska</u> ZIP Code + 4 <u>99501</u>	
5.b. Termination Date <u>07/15/2015</u>		5.c. Amount <u>21,675</u>	

Name of Person Filing:		File Number C- 65802	
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>Petro Star</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <u>3900 C. St. #802</u>		
Attention To: <u>Don</u> <input type="checkbox"/> <u>Castle</u>	City <u>Anchorage</u>		
Title <u>Vice President of Marketing</u>	State <u>Alaska</u>	ZIP Code + 4 <u>99503</u>	
5.b. Termination Date <u>11/03/2014</u>		5.c. Amount <u>31,291</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Mrs Green Natural Market</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <u>1 Bridge Street, 2nd Floor Suite 3</u>		
Attention To: <u>Sherry</u> <input type="checkbox"/> <u>Schultz</u>	City <u>Irving</u>		
Title	State <u>New York</u>	ZIP Code + 4 <u>10533</u>	
5.b. Termination Date		5.c. Amount <u>160,375</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Bay Area Beverage Company</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <u>700 National Court</u>		
Attention To: <u>William</u> <input type="checkbox"/> <u>Johnson</u>	City <u>Richmond</u>		
Title <u>Human Resource Director</u>	State <u>California</u>	ZIP Code + 4 <u>94804</u>	
5.b. Termination Date <u>07/07/2014</u>		5.c. Amount <u>10,633</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Sysco-Atlanta</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <u>222 Riverdale Road</u>		
Attention To: <u>Mark</u> <input type="checkbox"/> <u>Zucker</u>	City <u>College Park</u>		
Title <u>CFO</u>	State <u>Georgia</u>	ZIP Code + 4 <u>30337</u>	
5.b. Termination Date		5.c. Amount <u>333,899</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Robert Mann Packaging</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <u>340 El Camino Real South, #36</u>		
Attention To: <u>Steve</u> <input type="checkbox"/> <u>Carroll</u>	City <u>Salinas</u>		
Title <u>President</u>	State <u>California</u>	ZIP Code + 4 <u>93901</u>	
5.b. Termination Date <u>06/27/2014</u>		5.c. Amount <u>23,145</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Xpedx</u>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <u>901 Bilter Rd, Ste 200</u>		
Attention To: <u>Chris</u> <input type="checkbox"/> <u>Ferrin</u>	City <u>Aurora</u>		
Title	State <u>Illinois</u>	ZIP Code + 4 <u>60502</u>	
5.b. Termination Date <u>09/26/2014</u>		5.c. Amount <u>20,375</u>	

Name of Person Filing:		File Number C- 65802	
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>Sygma- Kansas City</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>11400 N. Congress Ave</u>	
Attention To: <u>Bob</u> <input type="checkbox"/> <u>Willming</u>		City <u>Kansas City</u>	
Title		State <u>Missouri</u> ZIP Code + 4	
5.b. Termination Date <u>09/08/2014</u>		5.c. Amount <u>15,376</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Ontrac</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>829 Smithway Street</u>	
Attention To: <u>Rick</u> <input type="checkbox"/> <u>Chase</u>		City <u>Commerce</u>	
Title <u>VP & Chief Administration Officer</u>		State <u>California</u> ZIP Code + 4 <u>90040</u>	
5.b. Termination Date		5.c. Amount <u>135,396</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>World VW</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>4075 Highway 33</u>	
Attention To: <u>Justine</u> <input type="checkbox"/> <u>Simcox</u>		City <u>Neptune</u>	
Title <u>General Manager</u>		State <u>New Jersey</u> ZIP Code + 4 <u>07753</u>	
5.b. Termination Date <u>05/05/2014</u>		5.c. Amount <u>5,120</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Ideal Ready Mix</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>3902 West Mt Pleasant St</u>	
Attention To: <u>Jay</u> <input type="checkbox"/> <u>Johnson</u>		City <u>West Burlington</u>	
Title <u>President</u>		State <u>Iowa</u> ZIP Code + 4 <u>52655</u>	
5.b. Termination Date <u>10/17/2014</u>		5.c. Amount <u>37,641</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Quala</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>6551 Grant Ave</u>	
Attention To: <u>Paul</u> <input type="checkbox"/> <u>Woodbury</u>		City <u>Cleveland</u>	
Title <u>Vice President of Human Resources</u>		State <u>Ohio</u> ZIP Code + 4 <u>44105</u>	
5.b. Termination Date		5.c. Amount <u>17,841</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>FreshPoint</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>5900 North Golden State Blvd</u>	
Attention To: <u>Scott</u> <input type="checkbox"/> <u>Savage</u>		City <u>Turlock</u>	
Title		State <u>California</u> ZIP Code + 4 <u>95382</u>	
5.b. Termination Date		5.c. Amount <u>65,370</u>	

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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Sysco- Grand Rapids</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>3700 Sysco Ct. SE</u>	
Attention To: <u>Theodore</u> <input type="checkbox"/> <u>Twyman</u>		City <u>Grand Rapids</u>	
Title <u>Vice President</u>		State <u>Michigan</u> ZIP Code + 4 <u>49512</u>	
5.b. Termination Date		5.c. Amount <u>22,677</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Interstate Distribution</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>11707 21st Ave Court St</u>	
Attention To: <u>Laura</u> <input type="checkbox"/> <u>Edwards</u>		City <u>Tacoma</u>	
Title <u>Director of Relations</u>		State <u>Washington</u> ZIP Code + 4 <u>98444</u>	
5.b. Termination Date		5.c. Amount <u>18,415</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Cascade Water Service</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>113 Bloomingdale Rd</u>	
Attention To: <u>Eugene</u> <input type="checkbox"/> <u>Klochhoff</u>		City <u>Hicksville</u>	
Title <u>President</u>		State <u>New York</u> ZIP Code + 4 <u>11801</u>	
5.b. Termination Date <u>04/22/2014</u>		5.c. Amount <u>7,000</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Sysco-Albany</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>One Liebich Lane</u>	
Attention To: <u>Bill</u> <input type="checkbox"/> <u>Cartier</u>		City <u>Halfmoon</u>	
Title <u>President</u>		State <u>New York</u> ZIP Code + 4 <u>12065</u>	
5.b. Termination Date <u>04/02/14</u>		5.c. Amount <u>38,305</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing:

File Number C- 65802

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:

North Star

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Charles

☐

Stephenson

Title

Organization

CRS Labor Relations Solution, LLC

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

Street

1500 E. Katella Ave Suite M

City

Orange

State

California

ZIP Code + 4

92867

15.d. Amount

4,162

15.e. Purpose

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

15.a. Employer Name:

Dental Dreams

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Simon

☐

Jara

Title

Organization

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

Street

10380 Rochelle Ave,

City

Santee

State

California

ZIP Code + 4

92071

15.d. Amount

4,734

15.e. Purpose

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

15.a. Employer Name:

Dental Dreams

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Natasha

☐

Gordon

Title

Organization

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

Street

4907 Ivey Vista Way

City

Oceanside

State

California

ZIP Code + 4

92057

15.d. Amount

42,093

15.e. Purpose

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

Name of Person Filing:	File Number C- 65802
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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:</p> <p>Dental Dreams</p>	<p>15.b. Trade Name, if any:</p> <p></p>
<p>15.c. To Whom Paid</p> <p>Name Christian Blaine Teague</p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 5300 W. Memorial Rd Apt W.</p> <p>City OKC</p> <p>State Oklahoma ZIP Code + 4 73142</p>	<p>15.d. Amount 22,500</p> <p>15.e. Purpose</p> <p>Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</p>

15.a. Employer Name: <div>Dependability</div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid Name <div>Joe</div> <div>Mieluchowski</div> Title <div></div> Organization <div></div> P.O. Box, Building and Room Number, if any <div></div> Street <div>47 E. Johnathan Ct</div> City <div>Kenneth Square</div> State <div>Pennsylvania</div> ZIP Code + 4 <div>19348</div>	15.d. Amount <div>2,325</div> 15.e. Purpose <div>Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div>Asphalt Paving</div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid Name <div>James</div> <input type="checkbox"/> <div>Clegg</div> Title <div></div> Organization <div>Clegg & Associate Managment Group</div> P.O. Box, Building and Room Number, if any <div></div> Street <div>25889 152nd St</div> City <div>Surrey,BC, CA V3S0A4</div> State <div>Other</div> ZIP Code + 4 <div></div>	15.d. Amount <div>9,886</div> 15.e. Purpose <div>Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

Name of Person Filing:	File Number C- 65802
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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: Asphalt Paving	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joe <input type="checkbox"/> Mieluchowski Title Organization P.O. Box, Building and Room Number, if any Street 47 E. Johnathon Ct City Kenneth Square State Pennsylvania ZIP Code + 4 19348	15.d. Amount 500 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sandstone	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 3,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Gardner-Gibson	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 16,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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;">Gardner-Gibson</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;">Simon</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Jara</div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">10380 Rochelle Ave</div> City <div style="border: 1px solid black; padding: 2px;">Santee</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">92071</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">40,280</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Mercedes Benz of Omaha</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;">Joe</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Mieluchowski</div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">47 E. Johnathan Ct</div> City <div style="border: 1px solid black; padding: 2px;">Kenneth Square</div> State <div style="border: 1px solid black; padding: 2px;">Pennsylvania</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">19348</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">7,000</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Pine Ridge Farm, 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;">Charles</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Stephenson</div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">CRS Labor Relations Solution, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">1500 E. Katella Ave Suite M</div> City <div style="border: 1px solid black; padding: 2px;">Orange</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">92867</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">7,145</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

Name of Person Filing:	File Number C- 65802
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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: Pine Ridge Farms, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name James <input type="checkbox"/> Clegg Title Organization Clegg & Associate Management Group P.O. Box, Building and Room Number, if any Street 25889 152nd St City Surrey, BC, CA V3SoA4 State ZIP Code + 4	15.d. Amount 7,430 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Pine Ridge Farms, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Estevan Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave, City Santee State California ZIP Code + 4 92071	15.d. Amount 5,944 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Carlile Transportation Services	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Ruiz Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 27,559 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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;">Carlile Transportation Services</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Christian</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Blaine Teague</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">5300 W. Memorial Rd Apt W</div> City <div style="border: 1px solid black; padding: 2px;">OKC</div> State <div style="border: 1px solid black; padding: 2px;">Oklahoma</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">73142</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">32,620</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Future Enviromental</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Joe</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Mieluchowski</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">47 E. Johnathan Ct</div> City <div style="border: 1px solid black; padding: 2px;">Kenneth Square</div> State <div style="border: 1px solid black; padding: 2px;">Pennsylvania</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">19348</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">4,625</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">American Renolt Corporation</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">James</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Clegg</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Clegg & Associate Management Group</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">25889 152nd St</div> City <div style="border: 1px solid black; padding: 2px;">Surrey, BC, CA V3S0A4</div> State <div style="border: 1px solid black; height: 15px; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">11,149</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

Name of Person Filing:	File Number C- 65802
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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;">American Renolt</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Joe</div> <div style="border: 1px solid black; padding: 2px;">Mieluchowski</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">47 E. Johnathan Ct</div> City <div style="border: 1px solid black; padding: 2px;">Kenneth Square</div> State <div style="border: 1px solid black; padding: 2px;">Pennsylvania</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">19348</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">3,750</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Guitar Center, Inc</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Angel</div> <div style="border: 1px solid black; padding: 2px;">Cornejo</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Pinnacle Labor Relations</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">1557 Countrywood Lane</div> City <div style="border: 1px solid black; padding: 2px;">Escalon</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">95320</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">26,528</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Guitar Center, Inc</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">James</div> <div style="border: 1px solid black; padding: 2px;">Clegg</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Clegg & Associate Management Group</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">5889 152nd St</div> City <div style="border: 1px solid black; padding: 2px;">Surrey, BC, CA V3S0A4</div> State <div style="border: 1px solid black; height: 15px; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">12,577</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

Name of Person Filing:	File Number C- 65802
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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;">Sysco- Boston</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Simon</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Jara</div> Title <div style="border: 1px solid black; height: 15px;"></div> Organization <div style="border: 1px solid black; height: 15px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px;"></div> Street <div style="border: 1px solid black; padding: 2px;">10380 Rochelle Ave,</div> City <div style="border: 1px solid black; padding: 2px;">Santee</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">92071</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">5,002</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Sysco- Boston</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">James</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Clegg</div> Title <div style="border: 1px solid black; height: 15px;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Clegg & Associate Management Group</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px;"></div> Street <div style="border: 1px solid black; padding: 2px;">25889 152nd St</div> City <div style="border: 1px solid black; padding: 2px;">Surrey, BC, CA V3S0A4</div> State <div style="border: 1px solid black; height: 15px;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 15px;"></div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">4,169</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Sysco-Boston</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Joe</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Mieluchowski</div> Title <div style="border: 1px solid black; height: 15px;"></div> Organization <div style="border: 1px solid black; height: 15px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px;"></div> Street <div style="border: 1px solid black; padding: 2px;">47 E. Johnathan Ct</div> City <div style="border: 1px solid black; padding: 2px;">Kenneth Square</div> State <div style="border: 1px solid black; padding: 2px;">Pennsylvania</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">19348</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">1,533</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

Name of Person Filing:	File Number C- 65802
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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: Sysco-Boston	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> Blaine Teague Title Organization P.O. Box, Building and Room Number, if any Street 5300 W. Memorial Rd Apt W City OKC State Oklahoma ZIP Code + 4 73142	15.d. Amount 3,694 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Wesley Enhanced Living	15.b. Trade Name, If any:
15.c. To Whom Paid Name Natasha <input type="checkbox"/> Gordon Title Organization P.O. Box, Building and Room Number, if any Street 4907 Bryant Dr City Snellville State Georgia ZIP Code + 4 30039	15.d. Amount 22,068 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Wesley Enhanced Living	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joe <input type="checkbox"/> Mieluchowski Title Organization P.O. Box, Building and Room Number, if any Street 47 E. Johnathan Ct City Kenneth Square State Pennsylvania ZIP Code + 4 19348	15.d. Amount 19,500 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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: CommFed	15.b. Trade Name, If any:
15.c. To Whom Paid Name Charles <input type="checkbox"/> Stephenson Title Organization CRS Labor Relations Solution, LLC P.O. Box, Building and Room Number, if any Street 1500 E. Katella Ave SuiteM City Orange State California ZIP Code + 4 92867	15.d. Amount 1,653 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.

15.a. Employer Name: Devon Nissan Dealership	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joe <input type="checkbox"/> Mieluchowski Title Organization P.O. Box, Building and Room Number, if any Street 47 E. Johnathan Ct City Kenneth Square State Pennsylvania ZIP Code + 4 19348	15.d. Amount 1,313 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.

15.a. Employer Name: Rowell Chemical Corporation	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joe <input type="checkbox"/> Mieluchowski Title Organization P.O. Box, Building and Room Number, if any Street 47 E. Johnathan Ct City Kenneth Square State Pennsylvania ZIP Code + 4 19348	15.d. Amount 11,524 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

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:

Rowell Chemical Corporation

15.b. Trade Name, If any:

15.c. To Whom Paid

Name James ☐ Clegg

Title

Organization Clegg & Associate Management Group

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

Street 25889 152nd St

City Surrey, BC, CA

State ZIP Code + 4

15.d. Amount 3,247

15.e. Purpose

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

15.a. Employer Name:

Elite Ambulance/ Elite Transportation

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Charles ☐ Stephenson

Title

Organization CRS Labor Relations Solution, LLC

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

Street 1500 E. Katella Ave Suite M

City Orange

State California ZIP Code + 4 92867

15.d. Amount 36,750

15.e. Purpose

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

15.a. Employer Name:

Elite Ambulance/ Elite Transportation

15.b. Trade Name, If any:

15.c. To Whom Paid

Name James ☐ Clegg

Title

Organization Clegg & Associate Management Group

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

Street 25889 152nd St

City Surrey, BC, CA V3S0A4

State ZIP Code + 4

15.d. Amount 36,750

15.e. Purpose

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

Name of Person Filing:	File Number C- 65802
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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: Blick Art Materials	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 54,581 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Blick Art Material	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carl <input type="checkbox"/> Newman Title Organization P.O. Box, Building and Room Number, if any Street 2161 East Old North Road City Okmulgee State Oklahoma ZIP Code + 4 74063	15.d. Amount 41,329 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Blick Art Materials	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zack <input type="checkbox"/> David Langren Title Organization P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Lane City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 25,245 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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: Blick Art Material	15.b. Trade Name, If any:
15.c. To Whom Paid Name Floyd <input type="checkbox"/> Hightower Title Organization P.O. Box, Building and Room Number, if any P.O. Box 222 Street City Carleton State Oklahoma ZIP Code + 4 74081	15.d. Amount 7,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Blick Art Material	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christine <input type="checkbox"/> Cibula Title Organization CC International P.O. Box, Building and Room Number, if any Street 8086 S. Yale Ave Suite 268 City Tulsa State Oklahoma ZIP Code + 4 74136	15.d. Amount 23,009 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Blick Art Material	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> Blaine Teague Title Organization P.O. Box, Building and Room Number, if any Street 5300 W. Memorial Road Apt W City OKC State Oklahoma ZIP Code + 4 73142	15.d. Amount 94,071 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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: Blick Art Material	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Estevan Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave, City Santee State California ZIP Code + 4 92071	15.d. Amount 58,971 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Eurecat U.S., Incorporated	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose <input type="checkbox"/> Agraz Title Organization P.O. Box, Building and Room Number, if any Street 4010 Ivey Vista Way City Oceanside State California ZIP Code + 4 92057	15.d. Amount 22,890 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Eurecat, U.S. , Incorporated	15.b. Trade Name, If any:
15.c. To Whom Paid Name Charles <input type="checkbox"/> Stephenson Title Organization CRS Labor Relations Solution, LLC P.O. Box, Building and Room Number, if any Street 1500 E. Katella Ave Suite M City Orange State California ZIP Code + 4 92867	15.d. Amount 11,427 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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;">Mitec Powertrain</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Charles</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Stephenson</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">CRS Labor Relations Solution, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">1500 E. Katella Ave, Suite M</div> City <div style="border: 1px solid black; padding: 2px;">Orange</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">92867</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">26,704</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">ABB Corporation</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Brad</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Gonzalez</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">803 Mango Dr.</div> City <div style="border: 1px solid black; padding: 2px;">Casselberry</div> State <div style="border: 1px solid black; padding: 2px;">Florida</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">32707</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">18,602</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">ABB</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Eric</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Grumbrecht</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">200 Lago Circle #201</div> City <div style="border: 1px solid black; padding: 2px;">Melbourne</div> State <div style="border: 1px solid black; padding: 2px;">Florida</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">32904</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">13,038</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

Name of Person Filing:	File Number C- 65802
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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: Delta Western	15.b. Trade Name, If any:
15.c. To Whom Paid Name James <input type="checkbox"/> Clegg Title Organization Clegg & Associate Management Group P.O. Box, Building and Room Number, if any Street 25889 152nd St City Surrey, BC, CA V3S0A4 State ZIP Code + 4	15.d. Amount 11,335 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Petro Star	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric <input type="checkbox"/> Grumbrecht Title Organization P.O. Box, Building and Room Number, if any Street 200 Lago Circle #201 City Melbourne State Florida ZIP Code + 4 32904	15.d. Amount 13,375 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mrs Green Natural Market	15.b. Trade Name, If any:
15.c. To Whom Paid Name Brad <input type="checkbox"/> Gonzalez Title Organization P.O. Box, Building and Room Number, if any Street 803 Mango Dr. City Casselberry State Florida ZIP Code + 4 32707	15.d. Amount 92,205 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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: Mrs Green Natural Market	15.b. Trade Name, If any:
15.c. To Whom Paid Name Edgardo Villanueva Title Organization Effective Management Systems P.O. Box, Building and Room Number, if any Street 1340 N. Astor #2205 City Chicago State Illinois ZIP Code + 4 60610	15.d. Amount 32,108 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mrs Green Natural Market	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 1,335 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Bay Area Beverage Company	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochell Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 6,133 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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: Sysco-Atlanta	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 20,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-Atlanta	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jason <input type="checkbox"/> Greer Title Organization Greer Consulting, Inc P.O. Box, Building and Room Number, if any Street 6311 Ronald Regan Dr Suite 162 City Lake Saint Louis State Missouri ZIP Code + 4 63367	15.d. Amount 44,895 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-Atlanta	15.b. Trade Name, If any:
15.c. To Whom Paid Name Natasha <input type="checkbox"/> Gordon Title Organization P.O. Box, Building and Room Number, if any Street 4907 Bryant Dr. City Snellville State Georgia ZIP Code + 4 30039	15.d. Amount 16,500 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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: Sysco-Atlanta	15.b. Trade Name, If any:
15.c. To Whom Paid Name Charles <input type="checkbox"/> Stephenson Title Organization CRS Labor Relations Solution, LLC P.O. Box, Building and Room Number, if any Street 1500 E. Katella Ave Suite M City Orange State California ZIP Code + 4 92867	15.d. Amount 38,592 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-Atlanta	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> Blaine Teague Title Organization P.O. Box, Building and Room Number, if any Street 5300 W. Memorial Rd Apt W City OKC State Oklahoma ZIP Code + 4 73142	15.d. Amount 5,559 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Robert Mann Packaging	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose <input type="checkbox"/> Agraz Title Organization P.O. Box, Building and Room Number, if any Street 4010 Ivey Vista Way City Oceanside State California ZIP Code + 4 92057	15.d. Amount 18,645 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

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: Xpedx	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 13,375 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 5,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sygma- Kansas City	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 9,376 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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: Ontrac	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Ruiz Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 20,313 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Ontrac	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Estevan Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 6,967 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Ontrac	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose Agraz Title Organization P.O. Box, Building and Room Number, if any Street 4010 Ivey Vista Way City Oceanside State California ZIP Code + 4 92057	15.d. Amount 30,568 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

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>Ontrac</div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid Name <div>Charles</div> <input type="checkbox"/> <div>Stephenson</div> Title <div></div> Organization <div>CRS Labor Relations Solution, LLC</div> P.O. Box, Building and Room Number, if any <div></div> Street <div>1500 E. Katella Ave Suite M</div> City <div>Orange</div> State <div>California</div> ZIP Code + 4 <div>92867</div>	15.d. Amount <div>635</div> 15.e. Purpose <div>Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div>World VW</div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid Name <div>Joe</div> <input type="checkbox"/> <div>Mieluchowski</div> Title <div></div> Organization <div></div> P.O. Box, Building and Room Number, if any <div></div> Street <div>47 E. Johnathan Ct.</div> City <div>Kenneth Square</div> State <div>Pennsylvania</div> ZIP Code + 4 <div>19348</div>	15.d. Amount <div>2,560</div> 15.e. Purpose <div>Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div>Ideal Ready Mix</div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid Name <div>Charles</div> <input type="checkbox"/> <div>Stephenson</div> Title <div></div> Organization <div>CRS Labor Relations Solution, LLC</div> P.O. Box, Building and Room Number, if any <div></div> Street <div>1500 E. Katella Ave SuiteM</div> City <div>Orange</div> State <div>California</div> ZIP Code + 4 <div>92867</div>	15.d. Amount <div>21,640</div> 15.e. Purpose <div>Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.</div>

Name of Person Filing:	File Number C- 65802
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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: Quala	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric <input type="checkbox"/> Grumbrecht Title Organization P.O. Box, Building and Room Number, if any Street 200 Lago Circle # 201 City Melbourne State Florida ZIP Code + 4 32904	15.d. Amount 19,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Fresh Point	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 13,562 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Fresh Point	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Ruiz Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 20,260 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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: Fresh Point	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose <input type="checkbox"/> Agraz Title Organization P.O. Box, Building and Room Number, if any Street 4010 Ivey Vista Way City Oceanside State California ZIP Code + 4 92057	15.d. Amount 1,686 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-Albany	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Ruiz Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 8,774 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-Albany	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> Blaine Teague Title Organization P.O. Box, Building and Room Number, if any Street 5300 W. Memorial Rd Apt W City OKC State Oklahoma ZIP Code + 4 73142	15.d. Amount 15,532 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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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;">Cascade Water Service</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;">Angel</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Cornejo</div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">1557 Countrywood Lane</div> City <div style="border: 1px solid black; padding: 2px;">Escalon</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">95320</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">3,500</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></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;"></div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; height: 20px; width: 100%;"></div> State <div style="border: 1px solid black; height: 20px; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

15.a. Employer Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></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;"></div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; height: 20px; width: 100%;"></div> State <div style="border: 1px solid black; height: 20px; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>