

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

618919

1. File Number C- 675

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01 / 01 / 2015

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2015

A. Person Filing

3. Name and mailing address (include ZIP Code):

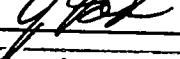
Name Jason ☐ Rodriguez
Title President / CEO
Organization Prestige Consulting Solutions LLC.
P.O. Box, Building and Room Number, if any
509 South Chickasaw Tr. #249
Street
City Orlando
State Florida ZIP Code + 4 32825

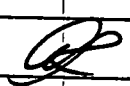
4. Any other address where records necessary to verify this report are kept:

Name Ana L Rodriguez
Title CFO
Organization Prestige Consulting Solutions LLC.
P.O. Box, Building and Room Number, if any
Street 9425 Walnut Crest Dr
City Orlando
State Florida ZIP Code + 4 32832

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed 
Title President
President
(if other title, see instructions)

18. Signed 
Title Treasurer
Treasurer
(If other title, see instructions)

On 3/30/2016 907-373-3800
Date Telephone Number

On 3/30/2016 907-538-2875
Date Telephone Number

Name of Person Filing: Jason Rodriguez	File Number C- 675
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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 Goya of Puerto Rico Trade Name Food Processing Plant Attention To Remigio Nieves Title VP of HR	Mailing Address: P.O. Box, Building and Room Number, if any Goya of PR Street Call Box 60-1467 City Bayamon State Puerto Rico ZIP Code + 4 00960-6067
5.b. Termination Date 10/31/2015	5.c. Amount 64,044.37
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <div style="text-align: right; font-size: 1.2em; font-weight: bold;">\$223,906.90</div>	

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	
Jason <input type="checkbox"/> Rodriguez	20,000	6981.87	26,981.87	9. Office and Administrative Expenses 500.00
				10. Publicity
				11. Fees for Professional Services 2500.00
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			26,981.87	14. Total Disbursements (Sum of Items 8-13) 3,000.00

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: Prestige Consulting Solutions LLC.	15.b. Trade Name, if any: Management Consulting Services	
15.c. To Whom Paid	15.d. Amount 26,981.87	
Name Jason Rodriguez Title President/CEO Organization Prestige Consulting solutions LLC. P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 300px; margin: 5px 0;"></div> Street 509 South Chickasaw Tr #249 City Orlando State Florida ZIP Code + 4 32825	15.e. Purpose To persuade employees as to the maker of exercising their right to organize and bargain collectively through representatives of their own choosing.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <div style="text-align: right; font-size: 1.2em; font-weight: bold;">\$172,944.40</div>		

Name of Person Filing: Jason Rodriguez	File Number C- 675
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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 Jose Santiago Inc. Trade Name Food Distribution Attention To Jose E Santiago Title Corporate Attorney	Mailing Address: P.O. Box, Building and Room Number, if any Jose Santiago Inc. Street P.O. Box 191795 City San Juan State Puerto Rico ZIP Code + 4 00919-1795
5.b. Termination Date 10/7/2015 5.c. Amount 56,509.97	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
7. Disbursements to Officers and Employees:					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Jason <input type="checkbox"/> Rodriguez	30150.00	4488.42	34,638.42	9. Office and Administrative Expenses	400.00
Cesar Lopez	8900.00	4071.55	12,971.55	10. Publicity	
				11. Fees for Professional Services	2500.00
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	\$ 2,900.00
				42,609.97	

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: Prestige Consulting Solutions LLC.	15.b. Trade Name, If any: Management Consulting Services	
15.c. To Whom Paid Name Jason Rodriguez Title President/CEO Organization Prestige Consulting solutions LLC. P.O. Box, Building and Room Number, if any Street 509 South Chickasaw Tr #249 City Orlando State Florida ZIP Code + 4 32825	15.d. Amount 47,609.97 15.e. Purpose To persuade employees as to the maker of exercising their right to organize and bargain collectively through representatives of their own choosing.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		
\$150,962.53 See Other Pages		

Name of Person Filing: JASON Rodriguez	File Number C- 675
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Adecco Group NA</p> <p>Trade Name Temporary Employment Agency</p> <p>Attention To Jeffrey <input type="checkbox"/> Watson</p> <p>Title Corporate Attorney</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any Adecco Group</p> <p>Street 10151 Deerwood Park Bldg. 200 Suite 40</p> <p>City Jacksonville</p> <p>State Florida ZIP Code + 4 32256</p>
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5.b. Termination Date **8/20/2015** 5.c. Amount **103.352.56**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Jason <input type="checkbox"/> Rodriguez	40,000	7156.29	47156.29
Miriam Navarro	20,000	4268.26	24268.26
Charles R Stephenson	27,500	4428.01	31928.01

9. Office and Administrative Expenses	550.00
10. Publicity	
11. Fees for Professional Services	2500.00
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of Items 8-13)	#3050.00

8. Total disbursements to officers and employees: **#103,352.56**

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>Prestige Consulting Solutions LLC.</p>	<p>15.b. Trade Name, If any:</p> <p>Management Consulting Services</p>
<p>15.c. To Whom Paid</p> <p>Name Jason Rodriguez</p> <p>Title President/CEO</p> <p>Organization Prestige Consulting solutions LLC.</p> <p>P.O. Box, Building and Room Number, if any </p> <p>Street 509 South Chickasaw Tr #249</p> <p>City Orlando</p> <p>State Florida ZIP Code + 4 32825</p>	<p>15.d. Amount 47,156.29</p> <p>15.e. Purpose To persuade employees as to the maker of exercising their right to organize and bargain collectively through representatives of their own choosing.</p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY **#103,352.56 See Other Pages**