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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

the of the specific 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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered By This Report Prom: Control 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).	603404
3. Name and mailing address (include ZIP Code): Name Title Organization International Labor Relations P.O. Box, Building and Room Number, if any Street 8086 S. Yale Ave Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 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,	By This Report (mm/dd/yyyy) (mm/dd/yyyy)
3. Name and mailing address (include ZIP Code): Name Title Organization International Labor Relations P.O. Box, Building and Room Number, if any Street 8086 S. Yale Ave Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 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,	
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Title Organization International Labor Relations P.O. Box, Building and Room Number, if any Street 8086 S. Yale Ave Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 State ZIP Code + 4 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,	Any other address where records necessary to verify this report are kept:
Organization International Labor Relations P.O. Box, Building and Room Number, if any Street 8086 S. Yale Ave Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 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,	Name [
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Street 8086 S. Yale Ave Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 State 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,	ions Organization
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State Oklahoma ZIP Code + 4 74136 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,	Street
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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,	Signatures
) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions) 18. Signed Treasurer (If other title, see instructions)	(if other title, see
On Date 800-555-7509 On 800-555-7509 Date Telephone Number Date Telephone Number Date Telephone Number Date Dat	On L//L//

Name of Person Filing:	File Number C- 65802
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer see Attached	
Trade Name	Street
Attention To	City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the report	orting 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
0 0	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:	0 14. Total Disbursements (Sum of Items 8-13) 0
	le to report only disbursements made for the purposes described in Part D of the
instructions.	T
15.a. Employer Name:	15.b. Trade Name, If any:
See Attached	
15.c. To Whom Paid	15.d. Amount 0
Name	15.e. Purpose
Title	
Organization	7
<u> </u>	4 ()
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0	

Name of Person F	iling:						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 Ai	rGas		· · · · · · · · · · · · · · · · · · ·		P.O. B	ox, Bldg., Room No.	., it any	
Trade Name]	 Street	1200 Farrow		
	Mike	Gu	yton	<u>, </u>	City	Ferndale		
Title	Labor Relation			 _	State	Michigan		ZIP Code + 4 48220
			1		F - A	<u> </u>		J [
5.b. Termination D	ate 05/28/2015				5.C. AMO	unt 135,327		
	dress of Employer (inclu	iding trad	le name, if any).		P.O. Bo	Mailing Address: ox, Bldg., Room No.		
Employer Am	erican Tug							
Trade Name				<u> </u>	Street	1010 Calle O	rchid # 110	4
Attention To:	Pedro	Ri	vera		City	San Juan		
Title					State	Puerto Rico		ZIP Code + 4 00926
5.b. Termination D	Date 03/17/2015				5.c. Amo	ount 6,519		
5.a. Name and Ad	dress of Employer (inclu	uding trac	de name, if any).			Mailing Address		
Employer Ar	vzta				P.O. B	ox. Blda Room No	if any	
Trade Name				1	I Street	111 N. North	west Ave	
Attention To:	Debra	Gr	av	<u>, </u>	City	Northlake]
Title	l l			<u> </u>	State	Illinois		ZIP Code + 4 60164
						TITITIOIS		1 100101
5.b. Termination D	ate 07/21/2015				5.c. Amo	ount 40,576		
		iding trac	de name, if any)		5.c. Amo			na t 100
5.a. Name and Ad	dress of Employer (inclu	uding trac	de name, if any).			Mailing Address:		
5.a. Name and Ad		uding trac	de name, if any).			Mailing Address		
5.a. Name and Ad	dress of Employer (inclu	uding trac	de name, if any).]	P.O. B	Mailing Address	., if any	
5.a. Name and Ad Employer Ba Trade Name	dress of Employer (inclu		de name, if any).]	P.O. Bo	Mailing Address: ox. Bldg., Room No	., if any	
5.a. Name and Ad Employer Ba Trade Name	dress of Employer (inclusive the latest depth of the latest depth				P.O. Bo	Mailing Address: ox. Bldg., Room No 297 N. Balls	., if any	ZIP Code + 4 12302
5.a. Name and Ad Employer Ba Trade Name Attention To: Title	dress of Employer (inclusive the alth				P.O. Bo	Mailing Address: OX. Bldg., Room No 297 N. Balls Scotia	., if any	ZIP Code + 4 12302
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C	dress of Employer (inclusive the latth Tim CEO	Baı	rtos		P.O. Bo Street City State	Mailing Address: ox. Bldg., Room No 297 N. Balls: Scotia New York ount 79,923 Mailing Address:	ton Ave	ZIP Code + 4 12302
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C	dress of Employer (included in the late	Bar uding trac	rtos		P.O. Bo Street City State	Mailing Address: ox. Bldg., Room No 297 N. Balls: Scotia New York ount 79,923	ton Ave	ZIP Code + 4 12302
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Ba	dress of Employer (included in the late	Bar uding trac	rtos		P.O. Bo	Mailing Address: DX. Bldg., Room No 297 N. Balls Scotia New York Dunt 79,923 Mailing Address: DX. Bldg., Room No	ton Ave	ZIP Code + 4 12302
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer Ba Trade Name	dress of Employer (included in the late	Baruding trace	rtos de name, if any).		P.O. Bo	Mailing Address ox. Bldg Room No 297 N. Balls Scotia New York ount 79,923 Mailing Address ox. Bldg Room No 700 National	ton Ave	ZIP Code + 4 12302
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Ba Trade Name Attention To:	dress of Employer (included in the late	Banding trace	rtos de name, if any).		P.O. Books Street Street 5.c. Amo P.O. Books Street City	Mailing Address: DX. Bldg., Room No 297 N. Balls: Scotia New York Dunt 79,923 Mailing Address: DX. Bldg., Room No 700 National Richmond	ton Ave	
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination D 5.a. Name and Ad Employer Ba Trade Name	dress of Employer (included in the late	Banding trace	rtos de name, if any).		P.O. Books Street Street 5.c. Amo P.O. Books Street City	Mailing Address ox. Bldg Room No 297 N. Balls Scotia New York ount 79,923 Mailing Address ox. Bldg Room No 700 National	ton Ave	ZIP Code + 4 12302 ZIP Code + 4 94804
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Ba Trade Name Attention To: Title	dress of Employer (included in the late	Banding trace	rtos de name, if any).		P.O. Books Street State 5.c. Amount Street City State	Mailing Address: DX. Bldg., Room No 297 N. Balls: Scotia New York Dunt 79,923 Mailing Address: DX. Bldg., Room No 700 National Richmond	ton Ave	
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C	dress of Employer (included in the second in	Banding trace	rtos de name, if any). hnson tor		P.O. Books Street Street City State P.O. Books Street City State 5.c. Amo	Mailing Address: OX. Bldg., Room No 297 N. Balls Scotia New York Ount 79,923 Mailing Address OX. Bldg., Room No 700 National Richmond California	ton Ave :if any Court	
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C	dress of Employer (included in the second in	Banding trace	rtos de name, if any). hnson tor		P.O. Books Street City State P.O. Books Street City State 5.c. Amo	Mailing Address ox. Bldg Room No 297 N. Balls Scotia New York ount 79,923 Mailing Address ox. Bldg Room No 700 National Richmond California ount 32,904 Mailing Address ox. Bldg Room No	ton Ave ton Ave :if anv Court :if anv	
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C	dress of Employer (included in the second in	Banding trace	rtos de name, if any). hnson tor		P.O. Books Street City State P.O. Books Street City State 5.c. Amo	Mailing Address: DX. Bldg., Room No 297 N. Balls: Scotia New York Dunt 79,923 Mailing Address: DX. Bldg., Room No 700 National Richmond California Dunt 32,904 Mailing Address	ton Ave ton Ave :if anv Court :if anv	
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C Title 5.b. Termination C Employer Ba Employer Ba Employer Ba Employer Ba Employer Ba Employer Ba	dress of Employer (included in the second in	Banding trace	rtos de name, if any). hnson tor		P.O. Books Street City State P.O. Books Street City State 5.c. Amo	Mailing Address ox. Bldg Room No 297 N. Balls Scotia New York ount 79,923 Mailing Address ox. Bldg Room No 700 National Richmond California ount 32,904 Mailing Address ox. Bldg Room No	ton Ave ton Ave :if anv Court :if anv	ZIP Code + 4 94804
5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Ba Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Ba Trade Name Attention To: Title	dress of Employer (included in the second in	Banding trace	rtos de name, if any). hnson tor de name, if any).		P.O. Books Street City State 5.c. Amount P.O. Books Street City State 5.c. Amount P.O. Books Street Street	Mailing Address: DX. Bldg., Room No 297 N. Balls: Scotia New York Dunt 79,923 Mailing Address: DX. Bldg., Room No 700 National Richmond California Dunt 32,904 Mailing Address DX. Bldg., Room No Mailing Address DX. Bldg., Room No	ton Ave ton Ave :if anv Court :if anv	

Name of Person Filing:					File Num	ber 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 In	nterstate			P.O. Bo	ox, Bldg., Room No., if any	
Trade Name				Street	11707 21st Ave Ct S	
	Laura	Edwards		City	Tacoma	
Title	Director of Re	lations		State	Washington	ZIP Code + 4 98444
5.b. Termination D	ate 07/01/2015			5.c. Amo	unt 90,568	
	dress of Employer (inclu	ding trade name, if an	у).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if any	
Employer Eu	recat					
Trade Name					13100 Baypark Rd	
	Fred	McCulloch		City	Pasadena	
Title	Plant Manager			State	Texas	ZIP Code + 4 77507
5.b. Termination D	Date 09/23/2015			5.c. Amo	ount 18,247	
5.a. Name and Ad	dress of Employer (inclu	uding trade name, if ar	ny).		Mailing Address: ox. Bldg., Room No., if any	
Employer Fr	eshpoint			P.O. B	DX. BIOG., HOUTH NO., II any	
Trade Name				 Street	5900 North Golden S	tate Blvd
Attention To:	Scott	Savage	7	City	Turlock	
Title	<u> </u>			State	California	ZIP Code + 4 95382
5.b. Termination D	Date 02/10/2015			5.c. Amo	ount 94,232	
5.a. Name and Ad	dress of Employer (inclu	ıding trade name, if ar	ny).	D 4 5	Mailing Address:	
	, , .	uding trade name, if ar	ıy).	P.O. B	Mailing Address: ox, Bldg., Room No., if any	
Employer Ga	dress of Employer (included and included architecture fields)	uding trade name, if ar	ny).		•	
Employer Ga	ardner Fields		iy).	Street	ox. Bldg., Room No., if any 4161 E. 7th Avenue	
Employer Ga	Gardner Gibson	Hyer	iy).	Street City	ox. Bldg., Room No., if any 4161 E. 7th Avenue Tampa	ZIP Code + 4 33605
Employer Ga Trade Name Attention To: Title	Gardner Gibson	Hyer	ly).	Street City State	ox. Bldg., Room No., if any 4161 E. 7th Avenue	ZIP Code + 4 33605
Employer Ga Trade Name Attention To: Title 5.b. Termination C	Gardner Fields Gardner Gibson Sean Chief Operating	Hyer g Officer		Street City State	ox. Bldg., Room No., if any 4161 E. 7th Avenue Tampa Florida	ZIP Code + 4 33605
Employer Ga Trade Name Attention To: Title 5.b. Termination C	Gardner Fields Gardner Gibson Sean Chief Operating Date 03/03/2015	Hyer g Officer		Street City State	ox. Bldg., Room No., if any 4161 E. 7th Avenue Tampa Florida ount 6,175	ZIP Code + 4 33605
Employer Ga Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer	Gardner Fields Gardner Gibson Sean Chief Operating Date 03/03/2015	Hyer g Officer		Street City State 5.c. Ame	ox. Bldg Room No if any 4161 E. 7th Avenue Tampa Florida ount 6,175 Mailing Address: ox. Bldg Room No if any	ZIP Code + 4 33605
Employer Ga Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer In Trade Name	Gardner Fields Gardner Gibson Sean Chief Operating Date 03/03/2015 Idress of Employer (inclusive)	Hyer g Officer uding trade name, if ar		Street City State 5.c. Ame	ox. Bldg Room No if any 4161 E. 7th Avenue Tampa Florida ount 6,175 Mailing Address: ox. Bldg Room No if any	ZIP Code + 4 33605
Employer Ga Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer In Trade Name Attention To:	Gardner Fields Gardner Gibson Sean Chief Operating Oate 03/03/2015 Idress of Employer (inclusive)	Hyer g Officer		Street City State 5.c. Amo	ox. Bldg Room No if any 4161 E. 7th Avenue Tampa Florida ount 6,175 Mailing Address: ox. Bldg Room No if any 78 Cypress Rd Goshen	
Employer Ga Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer In Trade Name Attention To: Title	Gardner Fields Gardner Gibson Sean Chief Operating Date 03/03/2015 Iddress of Employer (includes price) Marcel CEO	Hyer g Officer uding trade name, if ar		Street City State 5.c. Amo	ox. Bldg Room No if any 4161 E. 7th Avenue Tampa Florida ount 6,175 Mailing Address: ox. Bldg Room No if any	ZIP Code + 4 33605 ZIP Code + 4 10924
Employer Ga Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer In Trade Name Attention To: Title	Gardner Fields Gardner Gibson Sean Chief Operating Oate 03/03/2015 Idress of Employer (inclusive)	Hyer g Officer uding trade name, if ar		Street City State 5.c. Ame P.O. Be Street City State	ox. Bldg Room No if any 4161 E. 7th Avenue Tampa Florida ount 6,175 Mailing Address: ox. Bldg Room No if any 78 Cypress Rd Goshen	
Employer Ga Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination C	Gardner Fields Gardner Gibson Sean Chief Operating Date 03/03/2015 Idress of Employer (includes price) Marcel CEO Date 05/20/2015	Hyer g Officer uding trade name, if ar	ny).	Street City State 5.c. Ame P.O. Be Street City State 5.c. Ame	ox. Bldg Room No if any 4161 E. 7th Avenue Tampa Florida ount 6,175 Mailing Address: ox. Bldg Room No if any 78 Cypress Rd Goshen New York	
Employer Ga Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination C	Gardner Fields Gardner Gibson Sean Chief Operating Date 03/03/2015 Idress of Employer (includes price) Marcel CEO Date 05/20/2015	Hyer g Officer uding trade name, if ar	ny).	Street City State 5.c. Ame P.O. Be Street City State 5.c. Ame	ox. Bldg., Room No., if any 4161 E. 7th Avenue Tampa Florida ount 6,175 Mailing Address: ox. Bldg., Room No., if any 78 Cypress Rd Goshen New York ount 63,130 Mailing Address:	
Employer Ga Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination C	Gardner Fields Gardner Gibson Sean Chief Operating Oate 03/03/2015 Idress of Employer (inclusive property) Marcel CEO Date 05/20/2015	Hyer g Officer uding trade name, if ar	ny).	Street City State 5.c. Ame P.O. Be Street City State 5.c. Ame	ox. Bldg., Room No., if any 4161 E. 7th Avenue Tampa Florida ount 6,175 Mailing Address: ox. Bldg., Room No., if any 78 Cypress Rd Goshen New York ount 63,130 Mailing Address:	ZIP Code + 4 10924
Employer Ga Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Ad Employer Trade Name Attention To: Title	Gardner Fields Gardner Gibson Sean Chief Operating Date 03/03/2015 Iddress of Employer (includes) CEO Date 05/20/2015 Iddress of Employer (includes) CEO Date 05/20/2015	Hyer g Officer uding trade name, if ar	ny).	Street City State 5.c. Ame P.O. Be Street City State 5.c. Ame P.O. B	ox. Bldg Room No if any 4161 E. 7th Avenue Tampa Florida bunt 6,175 Mailing Address: ox. Bldg Room No if any 78 Cypress Rd Goshen New York bunt 63,130 Mailing Address: ox. Bldg Room No if any Mailing Address:	ZIP Code + 4 10924
Employer Ga Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer In Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer DS Trade Name	Gardner Fields Gardner Gibson Sean Chief Operating Date 03/03/2015 Iddress of Employer (includes) CEO Date 05/20/2015 Iddress of Employer (includes) CEO Date 05/20/2015	Hyer g Officer uding trade name, if ar Martino	ny).	Street City State 5.c. Ame P.O. Be Street City State 5.c. Ame P.O. B	DX. Bldg Room No if any 4161 E. 7th Avenue Tampa Florida Dunt 6,175 Mailing Address: DX. Bldg Room No if any 78 Cypress Rd Goshen New York Dunt 63,130 Mailing Address: DX. Bldg Room No if any Mailing Address: DX. Bldg Room No if any Mailing Address: DX. Bldg Room No if any Mailing Address: DX. Bldg Room No if any	ZIP Code + 4 10924

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 La	bcorp			_ P.O. Bo	ox, Bldg., Room No	o., if any	
Trade Name					531 S. Sprin	ng St	
	Drew	Chakeras	1	City	Burlington	.,	1
Title	Vice President	<u> </u>	-	State	North Caroli	ina	ZIP Code + 4 27215
5.b. Termination D				5.c. Amo	unt 90,134		
5 a Name and Add	dress of Employer (includi	ng trade name if any)			Mailing Address	······································	
	· · · · · · · · · · · · · · · · · · ·	ng trade name, ir ary).	 -	_P.O. Bo	ox, Bldg., Room No		
Employer Mr	sGreen						
Trade Name			_	Street	1 Bridge Str	eet, 2nd Fl	oor Suite 3
Attention To:	Sherry	Schultz		City	Irving		
Title				State	New York		ZIP Code + 4 10533
5.b. Termination D	ate			5.c. Amo	ount		
5.a. Name and Ad	dress of Employer (includi	ng trade name, if any).			Mailing Address		
On	trac	**************************************		P.O. B	ox, Blda., Room No	o if any	
Employer On	r r r r r r r r r r r r r r r r r r r			l Street	829 Smithway	Street	
Trade Name Attention To:	Pick	Chase	7	City	Commerce	bereet	/]
	<u> </u>				California		ZIP Code + 4 90040
		istration Officer					2 5555 [90040
5.b. Termination D	ate 03/02/2015		<u> </u>	5.c. Amo	ount 53,786		
5.a. Name and Add	dress of Employer (includi	ng trade name, if any).			Mailing Address		
Employer Pe	tro Star			_ P.O. Bo	ox, Bldg., Room No	o., if any	
				⊶l Street	3900 C. St.	# 802	
Trade Name Attention To:	<u> </u>			Ollect	3300 C. DC.	,, oor	
Allendon 10.	'Don II	Castle	7	City	Anghorago		1
Title		Castle]	- 1	Anchorage		ZIP Code + 4 00502
	Vice President o]	State	Alaska		ZIP Code + 4 99503
				State			ZIP Code + 4 99503
5.b. Termination D	Vice President o	f Marketing		State 5.c. Amo	Alaska ount 56,291 Mailing Address		ZIP Code + 4 99503
5.b. Termination C	Vice President o	f Marketing		State 5.c. Amo	Alaska		ZIP Code + 4 99503
5.b. Termination D 5.a. Name and Add Employer Qu	Vice President o	f Marketing		State 5.c. Amo	Alaska ount 56,291 Mailing Address ox. BldaRoom.No	o., if anv	ZIP Code + 4 99503
5.b. Termination E 5.a. Name and Add Employer Qu Trade Name	Vice President o	f Marketing] 	State 5.c. Amo	Alaska ount 56,291 Mailing Address ox. Blda Room No. 6551 Grant A	o., if anv	ZIP Code + 4 99503
5.b. Termination E 5.a. Name and Add Employer Qu Trade Name Attention To:	Vice President o Date 04/06/2015 dress of Employer (including ala Paul	Marketing ing trade name, if any). Woodbury]	State 5.c. Amo P.O. Bo Street City	Alaska Dunt 56,291 Mailing Address DX. Blda. Room No. 6551 Grant A	o., if anv	
5.b. Termination E 5.a. Name and Add Employer Qu Trade Name Attention To: Title	Vice President of Oate 04/06/2015 dress of Employer (including ala Paul VP of Human Reso	Marketing ing trade name, if any). Woodbury]	State 5.c. Amo P.O. Bo Street City State	Mailing Address ox. Blda Room No 6551 Grant A Cleveland Ohio	o., if anv	ZIP Code + 4 99503 ZIP Code + 4 44105
5.b. Termination E 5.a. Name and Add Employer Qu Trade Name Attention To: Title	Vice President o Date 04/06/2015 dress of Employer (including ala Paul	Marketing ing trade name, if any). Woodbury]	State 5.c. Amo P.O. Bo Street City State	Alaska Dunt 56,291 Mailing Address DX. Blda. Room No. 6551 Grant A	o., if anv	
5.b. Termination C 5.a. Name and Add Employer Qu Trade Name Attention To: Title 5.b. Termination C	Vice President of Oate 04/06/2015 dress of Employer (including ala Paul VP of Human Reso	Marketing Ing trade name, if any). Woodbury Purces]	State 5.c. Amo P.O. Bo Street City State 5.c. Amo	Mailing Address ox. Blda Room No 6551 Grant A Cleveland Ohio ount 107,790 Mailing Address	o., if anv	
5.b. Termination C 5.a. Name and Add Employer Qu Trade Name Attention To: Title 5.b. Termination C	Vice President of Paul VP of Human Resource [11/20/2015]	Marketing Ing trade name, if any). Woodbury Purces]	State 5.c. Amo P.O. Bo Street City State 5.c. Amo	Alaska Dunt 56,291 Mailing Address Dox. Blda Room No. 6551 Grant A Cleveland Ohio Dunt 107,790	o., if anv	
5.b. Termination C 5.a. Name and Add Employer Qu Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer Ry	Vice President of Paul VP of Human Resource [11/20/2015]	Marketing Ing trade name, if any). Woodbury Purces]	State 5.c. Amo P.O. Bo Street City State 5.c. Amo	Mailing Address ox. Blda Room No 6551 Grant A Cleveland Ohio ount 107,790 Mailing Address	o., if anv	ZIP Code + 4 44105
5.b. Termination C 5.a. Name and Add Employer Qu Trade Name Attention To: Title 5.b. Termination C	Vice President of Pate 04/06/2015 dress of Employer (including ala 14) Paul 1 VP of Human Resource 11/20/2015 dress of Employer (including ala 14) dress of Employer (including ala 14)	Marketing Ing trade name, if any). Woodbury Purces]	State 5.c. Amo P.O. Bo Street City State 5.c. Amo P.O. Bo Street	Mailing Address ox. Blda Room No. 6551 Grant A Cleveland Ohio ount 107,790 Mailing Address ox. Blda Room No.	o., if anv	ZIP Code + 4 44105
5.b. Termination C 5.a. Name and Add Employer Qu Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer Ry Trade Name Attention To:	Vice President o Date 04/06/2015 dress of Employer (including ala 14) Paul 17/20/2015 dress of Employer (including ala 14) Anthony 18/2015	Marketing ing trade name, if any). Woodbury ources ing trade name, if any).]	State 5.c. Amo P.O. Bo Street City State 5.c. Amo P.O. Bo Street City	Alaska Dunt 56,291 Mailing Address Dox. Blda Room No. 6551 Grant A Cleveland Ohio Ount 107,790 Mailing Address Dox. Blda Room No. 2205 W. 136t	o., if anv	ZIP Code + 4 44105
5.b. Termination C 5.a. Name and Add Employer Qu Trade Name Attention To: Title 5.b. Termination C 5.a. Name and Add Employer Ry Trade Name Attention To: Title	Vice President of Pate 04/06/2015 dress of Employer (including ala 14) Paul 1 VP of Human Resource 11/20/2015 dress of Employer (including ala 14) dress of Employer (including ala 14)	Marketing ing trade name, if any). Woodbury ources ing trade name, if any).]	State 5.c. Amo P.O. Bo Street City State 5.c. Amo P.O. Bo Street City State	Alaska Dunt 56,291 Mailing Address Dox. Blda. Room No. 6551 Grant A Cleveland Ohio Dunt 107,790 Mailing Address Dox. Blda. Room No. 2205 W. 136t Broomfield	o., if anv	ZIP Code + 4 44105

Name of Person F	iling:					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 Ad	dress of Employer (includ			D O D	Mailing Address		
Employee Sy	sco-Atlanta				ox, Bldg., Room No	o., it any	
Employer SY				Street	222 Riverdal	e Poad	
	Monte	Zucker	7	City	College Park		1
	Mark	Zucker		State		<u> </u>	ZIP Code + 4 30337
Title	СГО			State	Georgia		ZIF Code + 4 30337
5.b. Termination D	ate 04/13/2015			5.c. Amo	unt 33,525		·····
	dress of Employer (includ	ng trade name, if any).		P.O. Bo	Mailing Address ox, Bldg., Room No		
Employer Sy	sco-Dallas						
Trade Name				Street	800 Trinity	Dr.	
Attention To:	Terry	Ruiz	7	City	The Colony		
Title	VP Human Relatio	ons		State	Texas		ZIP Code + 4 75056
5.b. Termination D	pate 04/06/2015			5.c. Amo	ount 39,483		Name of the second seco
5.a. Name and Ad	dress of Employer (include	ing trade name, if any).			Mailing Address	<u> </u>	
				P.O. B	ox. Blda Room No		
Employer Sy	sco-Grand Rapids					***************************************	
Trade Name			_	Street	3700 Sysco C	Court SE	
Attention To:	Theodore	Twyman]	City	Grand Rapids	<u> </u>]
Title	Vice President			State	Michigan		ZIP Code + 4 49512
5.b. Termination D	ate 04/13/2015			5.c. Amo	ount 102,684		
5.a. Name and Ad	dress of Employer (includ	ing trade name, if any).			Mailing Address		
m-				P.O. B	ox. Bldg., Room No	o., if any	
	yota City						
Trade Name	<u> </u>				521 5th Ave		<u> </u>
Attention To:	James	McGrath, III		- 1	New York		
Title				State	New York		ZIP Code + 4 10175
5.b. Termination [Date 03/02/2015			5.c. Amo	ount 39,753		
5.a. Name and Ad	dress of Employer (includ	ing trade name, if any).			Mailing Address		
[P.O. B	ox. <u>Blda Room No</u>	if anv	
Employer We	stcoast			_)			
Trade Name			_		647 W. Ave,	L14	
Attention To:	Olga	Binman		City	Lancaster		
Title				State	California		ZIP Code + 4 93535
5.b. Termination [Date 10/16/2015			5.c. Amo	ount 129,728		
5.a. Name and Ad	dress of Employer (includ	ing trade name, if any).			Mailing Address		
		······		P.O. B	oxBldaRoom_No 	oif anv	
Employer L					<u> </u>		
Trade Name				Street	<u> </u>		
Attention To:		_};	1	City	.]
Title			=				7
				State			ZIP Code + 4

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Airgas	15.b. Trade Name, if any:
15.c. To Whom Paid Name Simon R Jara Title Organization Pinnacle Labor Solution P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 36,600 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: Airgas	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jason Greer Title Organization Greer Consulting, Inc P.O. Box, Building and Room Number, if any Street 6311 Ronald Regan Dr, Suite 162 City Lake St Louis State Missouri ZIP Code + 4 63367	15.d. Amount 29,642 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: American Tug	15.b. Trade Name, If any:
15.c. To Whom Paid Name Brad Gonzales 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 3,519 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 instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Aryzta	15.b. Trade Name, If any:
15.c. To Whom Paid Name Charles Stephenson Title Organization CRS Labor Relations Solution, LLC	15.d. Amount 11,054 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
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.a. Employer Name: Aryzta	15.b. Trade Name, If any:
Name Angel Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 11,522 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: Baptist Health	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose Palacios Title Organization Trident Labor Solution P.O. Box, Building and Room Number, if any Street 12059 Sheldon St City Sun Valley State California ZIP Code + 4 91352	15.d. Amount 21,822 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 instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Baptist Health	15.b. Trade Name, If any:
15.c. To Whom Paid Name Natasha Gordon	15.d. Amount 23,408
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any Street 4907 Ivey Vista Way City Oceanside State California ZIP Code + 4 92057	
15.a. Employer Name: Bay Area Beverage	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose Palacios Title Organization Trident Labor Solution P.O. Box, Building and Room Number, if any Street 12059 Sheldon St City Sun Valley State California ZIP Code + 4 91352	15.d. Amount 6,550 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	15.b. Trade Name, If any:
Name Angel Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 6,199 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln	

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Bay Area Beverage	
15.c. To Whom Paid	15.d. Amount 5,154
Name Simon R Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization Pinnacle Labor Solutions	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
Lancas and the same of the sam	
15.a. Employer Name:	15.b. Trade Name, If any:
Blick	
15.c. To Whom Paid	15.d. Amount 58,525
Name Christine Cibula	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization CC International	could make an informed decision regarding exercising their right to organize and bargain
Organization (CC International	collectively.
P.O. Box, Building and Room Number, if any	
T.O. Dox, Ballang and Hoom Names, in any	
Street 8086 S. Yale Ave, #268	
City Tulsa	
State Oklahoma ZIP Code + 4 74136	·
Landing and the second and the secon	
15.a. Employer Name:	15.b. Trade Name, If any:
Blick	
15.c. To Whom Paid	15.d. Amount 8,327
Name Christian B Teague	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 5300 W. Memorial Rd, Apt W	
City OKC	
State Oklahoma ZIP Code + 4 73142	

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: Blick	15.b. Trade Name, If any:			
15.c. To Whom Paid Name Floyd Hightower Title Organization	15.d. Amount 14,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain			
P.O. Box, Building and Room Number, if any P.O Box 222 Street City Carleton ZIP Code + 4 74081	collectively.			
15.a. Employer Name: Blick	15.b. Trade Name, If any:			
15.c. To Whom Paid Name Simon E Jara Title Organization Pinnale Lator Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 33,242 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	15.b. Trade Name, If any:			
15.c. To Whom Paid Name Zak D Langren Title Organization Langren Labor Relations 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 109,091 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 Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Blick	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 153,612
Name Carl Newman	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1261 East Old North Rd	
City Sands Springs	
State Oklahoma ZIP Code + 4 74063	
15.a. Employer Name:	15.b. Trade Name, If any:
Eurecat	
15.c. To Whom Paid	15.d. Amount 13,000
Name Jose Agraz	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 4010 Ivey Vista Way	
City Oceanside	
State California ZIP Code + 4 92057	
15.a. Employer Name:	15.b. Trade Name, If any:
Fresh Point	
15.c. To Whom Paid	15.d. Amount [17,630
Name Simon R Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any	exercising their right to organize and bargain collectively.
1.15. 55., Sanding and Froom Hambor, It diff	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	\

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:	15.b. Trade Name, If any:	
Fresh Point		
15.c. To Whom Paid	15.d. Amount 35,215	
Name Angel Cornejo	15.e. Purpose	
Title	Engaged to communicate with employees so they	
Organization Pinnacle Labor Relations	could make an informed decision regarding exercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane		
City Escalon		
State California ZIP Code + 4 95320		
Side Carronal		
15.a. Employer Name:	15.b. Trade Name, If any:	
Gardner		
15.c. To Whom Paid	15.d. Amount 4,175	
Name Simon R Jara		
Title	15.e. Purpose Engaged to communicate with employees so they	
Organization Pinnacle Labor Solution)	could make an informed decision regarding exercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any		
Street 10380 Rochelle Ave		
City Santee		
State California ZIP Code + 4 92071		
15.a. Employer Name:	15.b. Trade Name, If any:	
Inspire		
15.c. To Whom Paid	15.d. Amount 16,547	
Name Simon R Jara	15.e. Purpose	
Title	Engaged to communicate with employees so they could make an informed decision regarding	
Organization	exercising their right to organize and bargain	
P.O. Box, Building and Room Number, if any	collectively.	
Pinnacle Labor Solutions		
Street 10380 Rochelle Ave		
City Santee		
State California ZIP Code + 4 92071		

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Inspire	
15.c. To Whom Paid	15.d. Amount 18,175
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1557 Countrywood Lane	
City Escalon	
State California ZIP Code + 4 95320	
15.a. Employer Name:	15.b. Trade Name, If any:
Interstate	
15.c. To Whom Paid	15.d. Amount 20,000
Name Christian B Teague	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 5300 W. Memorial Rd , Apt W	
City OKC State Oklahoma ZIP Code + 4 73142	
Siate OKTATIONIA 21F Code + 4 //3142	
15.a. Employer Name:	15.b. Trade Name, If any:
Labcorp	
15.c. To Whom Paid	15.d. Amount 29,025
Name Simon R Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization Pinnacle Labor Solution	exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Labcorp	
15.c. To Whom Paid	15.d. Amount 23,109
Name Simon E Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Prinacle Latur Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
15.a. Employer Name:	15.b. Trade Name, If any:
FITS GLEEN	
15.c. To Whom Paid	15.d. Amount 36,538
Name Brad Gonzales	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
	correctively.
P.O. Box, Building and Room Number, if any	
Street 803 Mango Dr.	
City Casselberry	
State Florida ZIP Code + 4 32707	
15.a. Employer Name:	15.b. Trade Name, If any:
Mrs Green	
15.c. To Whom Paid	15.d. Amount 9,905
Name Carl Newman	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 1261 East Old North Rd	
City Sand Springs	
State Oklahoma ZIP Code + 4 74063	

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Mrs Green	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel Cornejo Title Organization Pinnacle Labor Relations	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.
P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	
15.a. Employer Name: Mrs Green	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Alarcon Title Organization P.O. Box, Building and Room Number, if any	15.d. Amount 5,139 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
Street 382 Nome Ave City Staten Island State New York ZIP Code + 4 10314	
15.a. Employer Name: Mrs Green	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon E Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 16,519 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:	15.b. Trade Name, If any:	
Mrs Green		
15.c. To Whom Paid	15.d. Amount 5,000	
Name Floyd Hightower	15.e. Purpose	
Title	Engaged to communicate with employees so they could make an informed decision regarding	
Organization	exercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any P.O Box 222 Street City Carleton State Oklahoma ZIP Code + 4 74081		
15 o Employer Name:	15.b. Trade Name, If any:	
15.a. Employer Name: Mrs Green	13.b. Hade Name, II arry.	
15.c. To Whom Paid	15.d. Amount [5,000	
Name Kimberly Teague	15.e. Purpose	
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any		
Chank		
Street 1306 N. Northridge Ct		
City Sand Springs		
State Oklahoma ZIP Code + 4 74063		
15 o Employer Name	15 h Trada Nama Hanu	
15.a. Employer Name: Mrs Green	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 5,000	
Name Zak D Langren	15.e. Purpose	
Title	Engaged to communicate with employees so they	
Organization Langren Labor Relations	could make an informed decision regarding exercising their right to organize and bargain	
P.O. Box, Building and Room Number, if any	collectively.	
Street 11450 W. Mockingbird Ln		
City Sand Springs		
State Oklahoma ZIP Code + 4 74063		

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: Mrs Green	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Christian B Teague Title	15.d. Amount 47,940 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding	
P.O. Box, Building and Room Number, if any Street 5300 W. Memorial Rd , Apt W City OKC State Oklahoma ZIP Code + 4 73142	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 Christian B Teague Title Organization P.O. Box, Building and Room Number, if any Street 5300 W. Memorial Rd, Apt W City OKC	15.d. Amount 38,075 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.	
State Oklahoma ZIP Code + 4 73142		
15.a. Employer Name: Ontrac	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 10,000	
Name Anthony Leaseman Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	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 Schedulinstructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Ontrac	
15.c. To Whom Paid	15.d. Amount 9,710
Name Natasha Gordon	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 4907 Bryant Dr.	
City Snellville	
State Georgia ZIP Code + 4 30039	
Incompany Language Control of the Co	
15.a. Employer Name:	15.b. Trade Name, If any:
Ontrac	
15.c. To Whom Paid	15.d. Amount 9,569
Name Jose Agraz	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain
<u> </u>	collectively.
P.O. Box, Building and Room Number, if any	
Street 4010 Ivey Vista Way	
City Ocean Side	
State California ZIP Code + 4 92057	
15.a. Employer Name:	15.b. Trade Name, If any:
Petro	
15.c. To Whom Paid	15.d. Amount 12,500
Name Eric Grumbrecht	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 200 Lago Cir, #201	
City Melbourne	
State Florida ZIP Code + 4 32904	

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: Quala	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Eric Grumbrecht Title Organization	15.d. Amount 35,862 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any Street 200 Lago Cir, #201 City Melbourne State Florida ZIP Code + 4 32904		
15.a. Employer Name: Ryder	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Oluseyi Olowolafe Title Organization Omega Labor Relations P.O. Box, Building and Room Number, if any Street 2307 Fenton Parkway , Ste 107-221 City San Diego State California ZIP Code + 4 92108	15.d. Amount 19,317 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 Charles Stephenson Title Organization CRS Labor Relations Solution, LLC P.O. Box, Building and Room Number, if any Street 1500 E. Katella Ave, Ste M City Orange State California ZIP Code + 4 92867	15.d. Amount 23,040 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: Sysco-Atlanta	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Jason Greer Title Organization Greer Consulting, Inc P.O. Box, Building and Room Number, if any Street 6311 Ronald Regan Dr., Ste 162	15.d. Amount 26,375 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.	
City Lake Saint Louis State Missouri ZIP Code + 4 63367		
15.a. Employer Name: Sysco-Atlanta	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Natasha Gordan 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 24,902 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:	15.b. Trade Name, If any:	
Sysco-Dallas	13.b. Trade Name, if any.	
15.c. To Whom Paid	15.d. Amount 13,739	
Name Simon R Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	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 Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Dallas	
15.c. To Whom Paid	15.d. Amount 7,744
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1557 Countrywood Ln	
City Escalon	
State California ZIP Code + 4 95320	
<u> </u>	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Grand Rapids	
15.c. To Whom Paid	15.d. Amount 52,767
Name Charles Stephenson	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization CRS Labor Relations Solution, LLC	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1500 E. Katella Ave, Ste M	
City Orange	
State California ZIP Code + 4 92867	
15.a. Employer Name:	15.b. Trade Name, if any:
Sysco-Grand Rapids	
15.c. To Whom Paid	15.d. Amount 4,913
Name Simon R Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization Pinnacle Labor Solution	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	Collectively.
Street 10380 Rochelle Ave,	
·	
City Santee 7/P Code + 4/92071	
State California ZIP Code + 4 92071	

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Grand Rapids	
15.c. To Whom Paid	15.d. Amount 1,203
Name Eric Grumbrecht	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 200 Lago Cir #201	
City Melbourne	
State Florida ZIP Code + 4 32904	
land and the state of the state	
15.a. Employer Name:	15.b. Trade Name, If any:
Toyota City	
15.c. To Whom Paid	15.d. Amount 19,671
Name Eric Grumbrecht	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
P.O. Box, Building and Hoom Number, if any	
Street 200 Lago Cir #201	
City Melbourne	
State Florida ZIP Code + 4 32904	
15.a. Employer Name:	15.b. Trade Name, If any:
Westcoast Ambulance	
15.c. To Whom Paid	15.d. Amount [11,803]
Name Christian B Teague	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 5300 W. Memorial Rd Apt W	
City OKC	
State Oklahoma ZIP Code + 4 73142	

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Westcoast Ambulance	
15.c. To Whom Paid	15.d. Amount 21,160
Name Simon E Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization Pinnacle Labor Solution	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State Florida ZIP Code + 4 92071	
15.a. Employer Name: Westcoast Ambulance	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 1,612
Name Simon R Jara	15.e. Purpose
Organization Pinnacle Labor Solution	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State Florida ZIP Code + 4 92071	
15.a. Employer Name: [DS Pipe & Stee1]	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 29,837
Name Tim Lewis	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization Lewis Labor Relations	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any]
Street 10731 Trailwood Dr	
City Chesterfield	
State Virginia ZIP Code + 4 23832	

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:	15.b. Trade Name, If any:
MrsGreen	
15.c. To Whom Paid	15.d. Amount 9,800
Name Matt Langren	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Integritex Contracting , LLC	could make an informed decision regaeding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 14520 W. Mockingbird Ln	
City Sand Springs	
State Oklahoma ZIP Code + 4 74063	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	45 - 8
Title	15.e. Purpose
Organization	
D.O. Dav. Building and Doom Number if any	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	
Citate	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	
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