

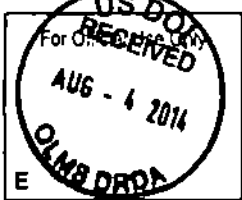
# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 12-31-2010

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 employers, 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

559974

1. File Number C- 00568	2. Period Covered By This Report From: 01/01/2013 Through: 12/31/2013
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### A. Person Filing

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

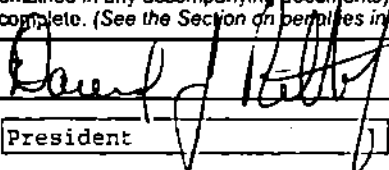
Name    
Title   
Organization   
P.O. Box, Building and Room Number, if any   
Street   
City   
State  ZIP Code + 4

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

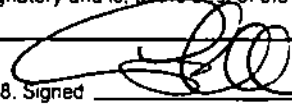
Name   
Title   
Organization   
P.O. Box, Building and Room Number, if any   
Street   
City   
State  ZIP Code + 4

### Signatures

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

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

On    
Date Telephone Number

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

On    
Date Telephone Number

Name of Person Filing: Raymond Rosenbach	File Number C- 00568
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**B. Statement of Receipts** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Employer:  Mailing Address:

Trade Name:  Street:

Attention To:  ☐  City:

Title:  State:  ZIP Code + 4:

5.b. Termination Date:  5.c. Amount:

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 476,839

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

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	9. Office and Administrative Expenses	40,262
EDWARD <input type="checkbox"/> D YOUNG JR	13,883	14,393	28,276		
GARY <input type="checkbox"/> RISELING	13,475	0	13,475	10. Publicity	0
GEORGE <input type="checkbox"/> HARTNETT	7,250	0	7,250	11. Fees for Professional Services	1,000
JAMES <input type="checkbox"/> A LEVYNE	42,691	10,879	53,570	12. Loans Made	0
TIMOTHY <input type="checkbox"/> J CURTIS	23,934	11,586	35,520	13. Other Disbursements	22,300
8. Total disbursements to officers and employees:	260,509			14. Total Disbursements (Sum of Items 8-13)	324,071

**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:

15.c. To Whom Paid

Name:  ☐

Title:

Organization:

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

Street:

City:

State:  ZIP Code + 4:

15.d. Amount:

15.e. Purpose

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 150,161

**7. Disbursements to Officers and Employers:**

Form LM-21 (2003)

**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:

BJC &amp; Associates, INC

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Byron J Clay

Title

Organization

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

Street 10108 Fehlborg Court

City St John

State Indiana

ZIP Code + 4 46373

15.d. Amount 66,240

## 15.e. Purpose

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

## 15.a. Employer Name:

O'Mara &amp; Associates LLC

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Patrick O'Mara

Title

Organization

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

Street 6 Drakewood Lane

City Novato

State California

ZIP Code + 4 94947

15.d. Amount 28,099

## 15.e. Purpose

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

## 15.a. Employer Name:

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Gerald R O'Brien

Title

Organization

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

Street 23 Summit Heights

City North Oaks

State Minnesota

ZIP Code + 4 55127

15.d. Amount 26,585

## 15.e. Purpose

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

**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.

<b>15.a. Employer Name:</b> Arena Communications	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Amed <input type="checkbox"/> Santana <input type="checkbox"/> Title Organization  P.O. Box, Building and Room Number, if any Suite 205 Street 279 Shaddow Mountain Rd City El Paso State Texas ZIP Code + 4 79912	<b>15.d. Amount</b> 24,151 <b>15.e. Purpose</b> Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

<b>15.a. Employer Name:</b> 	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name <input type="checkbox"/> <input type="checkbox"/> Title Organization  P.O. Box, Building and Room Number, if any  Street City State ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b> 

<b>15.a. Employer Name:</b> 	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name <input type="checkbox"/> <input type="checkbox"/> Title Organization  P.O. Box, Building and Room Number, if any  Street City State ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b> 

**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:

P.O. Box, Bldg., Room No., if any

Employer Strategia Resources Inc

Suite 600 West

Trade Name

Street 7927 Jones Branch Dr.

Attention To: Anita

Lawson

City McLean

Title Manager

State Virginia

ZIP Code + 4 22102

5.b. Termination Date Aug 2012 (paid in 2013)

5.c. Amount 16,341

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Bellagio

PO Box 7700

Trade Name

Street

Attention To: Mary

Kenneth

City Las Vegas

Title VP Human Resources

State Nevada

ZIP Code + 4 89177

5.b. Termination Date Oct 2012 (paid in 2013)

5.c. Amount 27,971

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Taylor Motors

P O Box 128

Trade Name

Street

Attention To: Greg

Delancey

City Hazel

Title Human Resources

State Kentucky

ZIP Code + 4 42049

5.b. Termination Date May 2013

5.c. Amount 38,799

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Gabriel Performance Products

2nd Floor

Trade Name

Street 600 State Rd

Attention To: Kenneth

R

Allen

City Ashtabula

Title President

State Ohio

ZIP Code + 4 44004

5.b. Termination Date May 2013

5.c. Amount 66,239

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Bethesda Lutheran Communities

Street 600 Hoffman Dr

Trade Name

City Watertown

Attention To: Jeffrey

A

Kaczmariski

State Wisconsin

Title Vice Pres. Legal Affairs

ZIP Code + 4 53094

5.b. Termination Date June 2013

5.c. Amount 166,240

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Excalibur

Street 3850 Las Vegas Blvd

Trade Name

City Las Vegas

Attention To: Barbara

Hewitt

State Nevada

Title Human Resources

ZIP Code + 4 89109

5.b. Termination Date August 2013

5.c. Amount 58,814

**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:

P.O. Box, Bldg., Room No., if any

Employer John Deere Reman Springfield

Trade Name

Street 4500 E Mustard Way

Attention To: Chelsea

Hafso

City Springfield

Title Employee Relations Manager

State Missouri

ZIP Code + 4 65803

5.b. Termination Date July 2013

5.c. Amount 35,076

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Bally Gaming Inc

Suite 603

Trade Name

Street 37 Elkay Dr

Attention To: Michael

Nickolich

City Chester

Title Senior Director of Operations

State New York

ZIP Code + 4 10918

5.b. Termination Date August 2013

5.c. Amount 37,057

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

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:

P.O. Box, Bldg., Room No., if any

Employer

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:

P.O. Box, Bldg., Room No., if any

Employer

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:

P.O. Box, Bldg., Room No., if any

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount