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

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 or proof, including abor 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 ing. € 3 102014 E 550114 Month/Dey/Year Month/Day/Year 2. Period Covered 1 . File Number C- 65358 By This Report From: (mm/**dd/yyy**y) 01 / 2013 Through: A. Person Filling 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Julio Pablos Title Title Manager Organization Arena Communications Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Suite 205 Street 279 Shadow Mountain Street City El Paso City ZIP Code + 4 79912 State Texas 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). O 18. Signed President 17. Signed Treasurer (if other title, see (If other title, see Managing Partner Treasurer Title instructions) instructions) (915)449-8373 28 / 2014 Оп Date Telephone Number Telephone Number Date

Name of Person F	ling:	Julio Pablos					File Number C- 653	5 8	
B. Statement of I	lece	Ipts Report all receipts from or services.	n employers in	connecti	ion with	n labor relation	s advice or services regardless of the pu	прозез	of the advice
5.a. Name and Add	ess o	of Employer (including trade na	me, if any).	-			lailing Address: uilding and Room Number, if any		
Employer A	nig	o's Logistics				7.0.60,6	unding and Room Rumber, it any	-	
Trade Name	Am	igo's Foods		<u> </u>	-	Street 52	21 S. Millard Ave		
Attention To	Ma	nny Ra	ngel]	City Ct	nicago		
Title	Ch:	ief Financial Offi	cer			State [1]	linois ZIP C	ode + 4	60632
5.b. Termination	Date	12/21/2013				5.c. Amount	15,000		
6. TOTAL RECEI	PTS	FROM ALL EMPLOYERS	66,548						
7. Disbursements to			sbursements r yers listed in f		·		ation in connection with labor relations a	o epivic	services rendered
Julio		Pablos	816		0	816	9. Office and Administrative Expenses		5,891
							10. Publicity		0
							11. Fees for Professional Services		23,000
							12. Loans Made	$\neg \vdash$	0
							13. Other Disbursements		
8. Total disburser	nent	s to officers and employees				816	14. Total Disbursements (Sum of Items 8-	13)	29,707
D. Schedule of D		rsements for Reportable	-	Use this instruction		15.b. Trade	ly disbursements made for the purposes Name, If any: esenius Medical Care, NA	descri	bed in Part D of the
15.c. To Whom P	aid					15.d. Amou	nt 14,537		
Name [ar.	los Ort	iz			15.e. Purpo			
Title [on:	sultant			\neg		employee and supervisory	grow	n meetings.
		itions Labor Relat	iona Cona	.1++		on beha	alf of TruBlu, to inform an ipants about their rights,	nd edi	ucate
P.O. Box, Buil	ding 21 Che	and Room Number, if any 0-106 erry Ave.	P Code + 4			Labor F Board I collect bargain	sibilities as they pertain relations Act and National procedures such as secret being procedures, unfair labules and finances.	to the Laboration,	he National r Relations t elections, collective
16. TOTAL DISB	URS	EMENTS FOR ALL REPO	RTABLE ACTI	VITY 50	,007				

Form LM-21 (2003)

Name of Person Filing: Julio Pablos	File Number C- 65358
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:
TruBlue	Fresenius Medical Care, NA
15.c. To Whom Paid	15.d. Amount 8, 260
Name Laura Garcia	15.e. Purpose
Title Consultant	Conduct employee and supervisory group meetings, on behalf of TruBlu, to inform and educate
Organization	participants about their rights, duties and responsibilities as they pertain to the National
P.O. Box, Building and Room Number, if any Street 2805 Meade Dr.	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.
City Grand Prairie	
State Texas ZIP Code + 4 75052 - 8344	
15.a. Employer Name:	15.b. Trade Name, If any:
[Cali Carting	
15.c. To Whom Paid	15.d. Amount 20,351
Name Amed Santana	15.e. Purpose
Title Consultant Organization Santana International Inc.	Held meetings with employees to inform them of their section (7) rights to answer questions pertaining to union using NLRB documents and union documents for questions and answers.
P.O. Box, Building and Room Number, if any	
Street 5908 Via Cuesta Driv	İ
City El Paso	
State Texas ZIP Code + 4 79912	
15.a. Employer Name:	15.b. Trade Name, if any:
Amigo's Logistics	Amigo's Foods
15.c. To Whom Paid	15.d. Amount 6 , 859
Name Laura Garcia	15.e. Purpose
Title Consultant	Held meetings with employees to inform them of
Organization	their section (7) rights to answer questions pertaining to union using NLRB documents and union
P.O. Box, Building and Room Number, if any	documents for questions and answers.
Street 2805 Meade Dr.	
City Grand Prairie	
State Texas ZIP Code + 4 75052	

	iling: Julio Pablo	S			File Numb	er C- 65358
B. Statement of I	Receipts Report all re advice or service		ers in connection	with labor r	elations advice or services regi	ardless of the purposes of the
5.a. Name and Ad	dress of Employer (incl	luding trade name, if	any).		Mailing Address:	
Employer TI	ruBlue	<u> </u>		P.O. B	ox, Bldg., Room No., if any	·· - ···
Trade Name	Fresenius Medi	cal Care, NA		Street	920 Winter Street	
Attention To:	Erin	S Martino	 -1	City	Waltham	
Title	Asst. General	Counsel		State	Massachusetts	ZIP Code + 4 02451 - 154
5.b. Termination D	Date 03/29/2013			5.c. Amo	ount 27,397	
	dress of Employer (incl	luding trade name, if	any).	P.O. B	Mailing Address: ox, Bldg., Room No., if any	
Employer Ca	ali Carting					
Trade Name				Street	450 Bergen Ave.	
Attention To:	John	F Cali		City	Kearney	
Title	President			State	New Jersey	ZIP Code + 4 07032
5.b. Termination D	Date 10/15/2013			5.c. Ame	ount 24,151	
5.a. Name and Ad	Idress of Employer (inc	luding trade name, it	fany).	000	Mailing Address:	-
Employer _				P.O. B	ox. Bldg., Room No., if anv	
Trade Name				 Street		
Attention To:				City		
Title				State		ZIP Code + 4
5.b. Termination D	Date			5.c. Ame	ount	
5.a. Name and Ad	Idress of Employer (inc	luding trade name, it	any).	<u> </u>	Mailing Address:	····
					•	
_				P.O. B	ox, Bidg., Room No., if any	
Employer					ox, Bldg., Room No., if any	
Trade Name				Street	ox, Bidg., Room No., if any	
Trade Name Attention To:				Street City	ox, Bidg., Room No., if any	
Trade Name				Street	ox, Bidg., Room No., if any	ZIP Code + 4
Trade Name Attention To:	Date			Street City		ZIP Code + 4
Trade Name Attention To: Title 5.b. Termination (Date Idress of Employer (inc	luding trade name, if	f any).	Street City State	ount Mailing Address:	ZIP Code + 4
Trade Name Attention To: Title 5.b. Termination [5.a. Name and Ad		luding trade name, if	f any).	Street City State	ount	ZIP Code + 4
Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer		luding trade name, if	f any).	Street City State	ount Mailing Address:	ZIP Code + 4
Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer Trade Name		luding trade name, if	f any).	Street City State 5.c. Am P.O. B	ount Mailing Address:	ZIP Code + 4
Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer		luding trade name, if	f any).	Street City State 5.c. Am	ount Mailing Address:	ZIP Code + 4
Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer Trade Name Attention To: Title	idress of Employer (inc	luding trade name, if	f any).	Street City State 5.c. Am P.O. B Street City State	Mailing Address: ox. Bldg Room No if any	
Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer Trade Name Attention To:	idress of Employer (inc	luding trade name, if	f any).	Street City State 5.c. Am P.O. B Street City	Mailing Address: ox. Bldg Room No if any	
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Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer	Idress of Employer (inc			Street City State 5.c. Am P.O. B Street City State 5.c. Am	Mailing Address: ox. Bldg Room No if any ount Mailing Address:	
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Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer Trade Name Attention To: Trade Name Attention To:	Idress of Employer (inc			Street City State 5.c. Am P.O. B Street City State 5.c. Am P.O. B Street City State City State	Mailing Address: ox. Bldg Room No if any ount Mailing Address:	ZIP Code + 4
Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer Trade Name Attention To: Title 5.b. Termination I 5.a. Name and Ad Employer Trade Name	Idress of Employer (inc			Street City State 5.c. Am P.O. B Street City State 5.c. Am P.O. B Street	Mailing Address: ox. Bldg Room No if any mailing Address: ox. Bldg Room No if any	