

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432	448						
1 . File Number <b>C</b> - 00525	· · ·	2. Period Covered	Month/Da ( mm/dd/y			Month/Da ( mm/dd/y	
		By This Report From:	1/1	12008	Through:	12/31	/2008
A. Person Filing							
3. Name and mailing address (include ZIP Code):		4. Any other address	s where reco	rds necessa	ry to verify	this report are	kept:
Name		Name					
Title		Title					
Organization LRI Consulting Services, In	c.	Organization					
P.O. Box, Building and Room Number, if any		P.O. Box, Building	g and Room	Number, if a	ny		
Street 7850 S Elm Place, Suite E		Street					
City Broken Arow		City					
State Oklahoma ZIP Code	+4 74011	State			ZIP Cod	e + 4	
		atures	1			/	
Each of the undersigned declares, under penalty of perjury and information contained in any accompanying documents) hat correct, and comparete. (See the pection on penalties in the	d other applicable penalished by the instructions).	ties of law, that all of the le signatory and is, to	information su ne best of the	ubmitted in the undersigned	is report find I's knowled	tuding the ge and belief,	true,
internal / MA	President	18. Signed	AS 1	11/0		_ Treasurer	
Title President	(if other title, see instructions)	Title Trea	surer			(If other title instructions	
On 06 / 30 / 2010 918-455-9995		On 06 / 30	/ 2010	918-455-	9995		
Date Telephone Number		Dat	e	Telephon	e Number	-	

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 tade name, if any).  Employer Aegis Communications Group Trade Name  Attention To Mary  Mullen  City Irving  Title Vice President HR  State Texas  ZIP Code + 4 75063  5.b. Termination Date 10/3/08  5.c. Amount 198366  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursements  Report all disbursements made by the reporting organization in connection with labor relations advice or services render 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  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  8. Total disbursements to officers and employees:  14. Total Disbursements (Sum of Items 8-13)		(4-1)	6/ Z	
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 regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purposes of the advice or services regardless or the purpose of the purposes of the advice or services regardless or the purpose of the advice or services regardless or the purpose of the purpose of the advice or services regardless or the purpose of the purpose of the advice or services regardless or the purpose of the advice or services regardless or the purpose of the advice or services regardless or the purpose of the advice or services regardless or the purpose of the advice or services regardless or the purpose of the advice or services regardless or the purpose of the advice or services regardless or the advice or services rega	Name of Person Filing: LLI Crane ( 6-in die	1. Just	File Number C-	155
For services  5. A Name and Address of Employer (including tade rame, if any).  Employer Aggis Communications Group Tride Name Attention To Mary Mullen Attention To Mary M				
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Employer Aegis Communications Group Trade Name Attention To Mary Mullen Title Vice President HR State Texas  © ZIP Code + 4 75063  5.b. Termination Date 10/3/08 5.c. Amount 198366  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursementa Report eff disbursementa made by the reporting organization in connection with labor relations advice or services render 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 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Diabursements to officers and amployees: 14. Total Disbursements (Sum of Itams 8-18)  D. Schedule of Diabursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of sinstructions.  15.a. Employer Name: 15.b. Trade Name. If any.  15.d. Amount 82056  Title Independent Contractor Organization Rest Coast Labor Relations, LLC  P.O. Box, Building and Room Number, if any  Sireet 151 Forge Road  City Deliran Slate New Jersey  2 ZIP Code + 4 98075	5.a. Name and Address of Employer (including trade name, if any).	•		
Attention To Mary Mullen City Irving  Title Vice Preaident HR State Texas	Employer Pagis Communications Group	P.O. Box, Building an	o Hoom Number, If any	
Attention To Mary  Title Vice Preaident HR  State Texas  5.c. Amount 198366  5.c. Amount 198366  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursementa Report all disbursementa made by the reporting organization in connection with labor relations advice or services render to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name  (b) Selary  (c) Expenses (d) Totals  9. Office and Administrative Expenses  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements Services  14. Total Disbursements (Sum of terms 8-13)  D. Schedule of Diabursements for Reportable Activity  Use this Schedule for report only disbursements made for the purposes described in Part D of this functions.  15.b. Trade Name, if any.  15.c. To Whom Paid  Name  Joe  Brock  Title  Independent Contractor  Organization Rast Coast Labor Relations, LLC  P.O. Box, Building and Room Number, if any  Sirael 151 Porge Road  City Delran  State Texas  State Texas  5.c. Amount 198366  5.c. Amount 198366  5.c. Amount 198366  5.c. Amount 198366  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  5.c. Amount 198366  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  11. Fees for Professional Services renders  12. Loans Made  13. Other Disbursements  14. Total Disbursements (Sum of terms 8-13)  15.b. Trade Name, if any.  15.b. Trade Name, if any.  15.c. Purpose  Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		Street pant pic	broint Drive	
State Texas	Attention To Marris Muli Jon	Ch.	wbotur prive	
5.b. Termination Date 10/3/08 5.c. Amount 198366 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursementa Report all disbursements made by the reporting organization in connection with labor relations advice or services render to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Selary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 112. Loans Made 113. Other Disbursements 8. Total disbursements to officers and employees: 114. Total Disbursements (Sum of Items 8-13)  D. Schedule of Diabursements for Reportable Activity Use his Schedule to report only disbursements made for the purposes described in Part D of instructions.  15.a. Employer Name: 15.b. Trade Name. If any.  15.c. To Whom Paid Name Joe Brock Title Independent Contractor Organization Rast Coast Labor Relations, LLC  P.O. Box, Sudding and Room Number, if any  Street 151 Forge Road City Delran State New Jersey  2 ZIP Code + 4 08075	-			
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15.a. Employer Name:  15.b. Trade Name, If any.  15.c. To Whom Paid  Name Joe Brock  Title Independent Contractor  Organization East Coast Labor Relations, LLC  P.O. Box, Building and Room Number, if any  Street 151 Forge Road  City Delran  State New Jersey  215.b. Trade Name, If any.  15.d. Amount 82056  15.e. Purpose  Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		nedule to report only disburs	ements made for the purposes des	cribed in Part D of t
15.c. To Whom Paid  Name Joe Brock  Title Independent Contractor  Organization Rast Coast Labor Relations, LLC  P.O. Box, Building and Room Number, if any  Street 151 Forge Road  City Delran  State New Jersey  15.d. Amount 82056  15.e. Purpose  Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		15 h Trada Nama I	2004	
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Title Independent Contractor  Organization Rast Coast Labor Relations, LLC  P.O. Box, Building and Room Number, if any  Street 151 Forge Road  City Delran  State New Jersey  Disc. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	15.c. To Whom Paid	15.d. Amount 8205	6	
Title Independent Contractor  Organization Rast Coast Labor Relations, LLC  P.O. Box, Building and Room Number, if any  Street 151 Forge Road  City Delran  State New Jersey  Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	Name Joe Brock	15 e Purpose		
Organization Rast Coast Labor Relations, LLC  P.O. Box, Building and Room Number, if any  Street 151 Forge Road  City Delran  State New Jersey  © ZIP Code + 4 08075	Title Independent Contractor	Employed to g	ive speeches to employe	es regarding
P.O. Box, Building and Room Number, if any  Street 151 Forge Road  City Delran  State New Jersey  ZIP Code + 4 08075			eir right to organize a	nd bargain
Street 151 Forge Road  City Delran  State New Jersey  ZIP Code + 4 08075	hast coast hand ketations, had			
City Delran State New Jersey	P.O. Box, Building and Room Number, if any			
City Delran State New Jersey	Street 151 Forge Road			
State New Jersey				
	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

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Name of Person Filing:		··ce	Juc.	File Number C	45
B. Statement of Receipts Report all receipts from employers in cor or services.	nnection v	with labor relati	ons advice or se	rvices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade name, if any).		P.O. Box,	Mailing Address Building and Ro	i: om Number, if any	
Employer Aegis Communications Group					
Trade Name		Street	3201 Richpo	int Drive	
Attention To Mary Mullen		City	[rving		
Title Vice President HR		State	Texas	ZIP Code	+4 75063
5.b. Termination Date 10/3/08		5.c. Amol	Int 198366		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				······································	
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C. Statement of Disbursements Report all disbursements mad to the employers listed in Part	e by the n B.	eporting organ	ization in connec	tion with labor relations advice	e or services render
7. Disbursements to Officers and Employees:	-				
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8. Total disbursements to officers and employees:			14. Total Diso	ursements (Sum of Items 8-13)	
				+	
	this Sche	dule to report	only disburseme	nts made for the purposes des	cribed in Part D of t
15.a. Employer Name:		15.b. Tra	de Name, If any		
15.c. To Whom Paid		15.d. Am	ount 27061	· <u></u>	
Name Scot Michel		15.e. Pun	oose		
Title Independent Contractor		Employ	red to give	speeches to employe	
Organization			tively.	right to organize a	nd bargain
P.O. Box, Building and Room Number, if any					
Street 819 Herman Road					
City Horsham		-			
State Pennsylvania	r.at				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: If ( Consulting Issue	Car in File Number C- (CT2)
B. Statement of Receipts Report all receipts from employers in connection w	
or services.	
S.a Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Alliance Transportation	P.O. Box, Building and Room Number, it any
Trade Name	Street 431 W 23rd Street
Attention To silvia Beruman-Garner	City Tulsa
Title HR Manager	State Oklahoma
5.b. Termination Date 5/27/09	5.c. Amount 4043
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the re to the employers listed in Part B.	porting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees:	
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	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity Use this Schedinstructions.	dule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 2543
Name Joe Brock	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding
	exercising their right to organize and bargain collectively.
Organization East Coast Labor Relations, LLC	•
P.O. Box, Building and Room Number, if any	
P.O. Box, Building and Room Number, if any	
P.O. Box, Building and Room Number, if any Street 151 Forge Road	
P.O. Box, Building and Room Number, if any	

				Allstate 101	:2
Name of Person Filing:	1 Consultin	Lin.	men	Sir File Number C- CC.	5 <sup></sup>
B. Statement of Receipts Report or services	all receipts from employers in	<del></del>		ons advice or services regardless of the purp	poses of the advice
5.a. Name and Address of Employer (i				Mailing Address: Building and Room Number, if any	
Trade Name	er vac		Street o		
			Olivi	28 E Hazelwood Avenue	
Attention To Mike	Dello		City R	ahway	
Title			State I	New Jersey 🗘 ZIP Co	de + 4 07065
5.b. Termination Date 9/12/	08	·	5.c. Amou	nt 57732	
6. TOTAL RECEIPTS FROM ALL	EMPLOYERS				
C. Statement of Disbursements 7. Disbursements to Officers and Em	to the employers listed in ployees:	Part B.		zation in connection with labor relations adv	ice or services render
(a) Name	(b) Salary	(c) Expenses (	u) rotais	Office and Administrative Expenses	<b>T</b>
				10. Publicity	
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			-	12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers	and employees:	<del></del> -	<u> </u>	14. Total Disbursements (Sum of Items 8-13	(1)
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D. Schedule of Disbursements f	for Reportable Activity	Use this Sche	edule to report o	only disbursements made for the purposes o	described in Part D of t
15.a. Employer Name:			15.b. Trac	de Name, if any:	
15.c. To Whom Paid	_ <del>-</del>	<u> </u>	15.d. Amo	ount 23144	<del></del>
Name Frank Title Independent	Barbera			ed to give speeches to emplo	
Title Independent Organization	Contractor			sing their right to organize tively.	and bargain
P.O. Box, Building and Room I	Number, if any				·
Street 3308 Ariba Stree	ət				
City Las Vegas			-		
State Nevada	ZIP Code + 4 8	39129			
16. TOTAL DISBURSEMENTS FO	OR ALL REPORTABLE ACT	IVITY			

·	Cont	HULF	Tic,	·	Allatate	242
Name of Person Filing: LK/	Contraction	Liner	× , 3	res	File Number C-	ر سار
B. Statement of Receipts Report all or services.	receipts from employers i	in connection w	ith labor relat	tions advice or serv	rices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (Incl.	rding trade name, if any).		P.O. Box	Mailing Address: K, Building and Roor	n Number, if any	
Employer AllState Power	Vac					
Trade Name			Street	928 E Hazelw	ood Avenue	
Attention To Mike	Dello		City	Rahway		
Title			State	New Jersey	ZIP Code	3+4 07065
5.b. Termination Date 9/12/08			5.c. Amo	unt 57732		
6. TOTAL RECEIPTS FROM ALL EM	PLOYERS					
	Report all disbursements to the employers listed in		porting organ	nization in connecti	on with labor relations advic	e or services rendered
7. Disbursements to Officers and Employ						
(a) Name	(b) Salary	(c) Expenses (c	d) Totals	<del></del>		т
					Administrative Expenses	<u> </u>
				10. Publicity		
					rofessional Services	
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				13. Other Disb		
8. Total disbursements to officers and	employees:			14. Total Disbui	rsements (Sum of Items 8-13)	<u> </u>
D. Schedule of Disbursements for I	Reportable Activity	Use this Sche-	dule to report	only disbursement	ts made for the purposes de	scribed in Part D of th
15.a. Employer Name:			15.b. Tr	ade Name, If any:		
15.c. To Whom Paid			15.d. An	nount 10025		
Name Hector	Barcenas		15.e. Pu			
Title Independent Co	ntractor		Emplo	yed to give	speeches to employ- right to organize	
Organization				ctively.	right to organize	and bubyean
P.O. Box, Building and Room Num	nber, if any					
Street 6217 Crossfire Cou	rt					
City Corona						
State California	ZIP Code + 4	92880				
16. TOTAL DISBURSEMENTS FOR	ALL REPORTABLE ACT	IVITY				

	Cile Number C
Name of Person Filing: LKI I Translation Survey	File Number C - CC 5-25
<u> </u>	
<ul> <li>Statement of Receipts Report all receipts from employers in connection with or services.</li> </ul>	abor relations advice or services regardless or the purposes of the advice
5.a. Name and Address of Employer (including trade name, it any).	Mailing Address:
Employer	P.O. Box, Building and Room Number, if any
Employer Area 10 Agency on Aging	Clanat
Trade Name	Street 630 West Edgewood Drive
Attention To Jewel Echelbarger	City Ellettsville
Title	State Indiana SziP Code + 4 47429
5.b. Termination Date 9/23/08	5.c. Amount 56656
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the report	rling organization in connection with labor relations advice or services rendere
to the employers listed in Part B.	• •
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	otals
	9. Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity Use this Schedule	e 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	15.d. Amount 25875
Name Pat O'Mara	15.e. Purpose
Title Independent Contractor	,
Organization Omara & Associates LLC	
Sinta a indoctated my	
P.O. Box, Building and Room Number, if any	
PO Box 2624	
Street	
City Novata	
State Arkansas	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Form LM-21 (2003)

Name of Person Filling: LAI Connection	ng divine	Aug	File Number C- CC 527	
	jek	<u> </u>		
B. Statement of Receipts Report all receipts from em or services.	ployers in connection wit	th tabor relation	s advice or services regardless of the purposes of the advic	96
5.a. Name and Address of Employer (including trade name,	if any).		lailing Address:	
Employer Astoria Park		r.Q. box, b	uilding and Room Number, if any	
Trade Name		Street 72	5 Park Avenue	
A., ., ~		72		
Attention 10 Michael Fiore	•	_	idgeport	
Title		State Co	onnecticut	
5.b. Termination Date 6/13/08		5.c. Amount	31137	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		_		
<u></u>				
C. Statement of Disbursements Report all disbur to the employers		porting organiza	ation in connection with labor relations advice or services rer	ndere
7. Disbursements to Officers and Employees.				
(a) Name (b)	Salary (c) Expenses (d)	Totals	,	
			Office and Administrative Expenses	
			10. Publicity	
			11. Fees for Professional Services	
			12. Loans Made	_
			13. Other Disbursements	<u>.</u> .
Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)	_
D. Schedule of Disbursements for Reportable Acti	vity Use this Sched instructions.	ule to report on	ly disbursements made for the purposes described in Part D	D of th
15.a. Employer Name:		15.b. Trade	Name, if any:	
15 c. To Whom Paid		15.d. Amou	nt 16163	
Name Mike Rosado		15.e. Purpo		
Title Independent Contractor			d to give speeches to employees regardi ing their right to organize and bargain	
Organization M. Rosado Consultants, Li	LC	collect		-
P.O. Box, Building and Room Number, If any				
Street 5 Quail Court				
City Englewood				
State New Jersey 🖸 ZIP Co	ode + 4 07631			
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	BLE ACTIVITY			

Name of Person Filing: / D/	1100 114	1	•	File Number C- ((5)	15
LRI	Consulting	18617	Cis,		2 7
B. Statement of Receipts Report all r or services.	eceipts from employers in cor	nection wit	th labor relati	ons advice or services regardless of the purposes	of the advice
5.a. Name and Address of Employer (Inclu- Employer Avcorr, Inc	ding trade name, if any).		P.O. Box,	Mailing Address: Building and Room Number, if any	-
Trade Name			Street -		
				3 College Hill Road, Suite 15A	
Attention To Anthony	Ventetuolo, Jr		City <sub>1</sub>	larwick	
Title			State	Rhode Island	4 02886
5.b. Termination Date			5.c. Amou	int 17684	
6. TOTAL RECEIPTS FROM ALL EMP	PLOYERS				
C. Statement of Diabursements	Report all disbursements made the employers listed in Part	e by the rep	porting organ	zation in connection with labor relations advice o	r services rendere
7. Disbursements to Officers and Employe	• •	<b>D</b> .			
(a) Name		Expenses (d)	Totals		
				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:			14. Total Disbursements (Sum of Items 8-13)	
D. Schedule of Disbursements for F		this Sched ructions	ule to report	only disbursements made for the purposes descri	bed in Part D of the
15.a. Employer Name:			15.b. Tra	de Name, If any:	
15.c. To Whom Paid		~	15.d. Am	ount 9788	
Name Peter	Quist		15.e. Pun	oose	
Title Independent Cor	ntractor		Employ	ed to give speeches to employees	
Organization Grubb Quist & A				sing their right to organize and tively.	1 bargain
P.O. Box, Building and Room Num	ber, if any				
Street 12 South Main Stree	et				
City Waterbury					
State Vermont	ZIP Code + 4 0567	6			
16. TOTAL DISBURSEMENTS FOR	ALL REPORTABLE ACTIVITY	,			

Jame of Person Filing: LRI Circultury Sens	File Number C- CC5 25
<u> </u>	
<ul> <li>Statement of Receipts Report all receipts from employers in connection was or services.</li> </ul>	th labor relations advice or services regardless of the purposes of the advice
a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer B & C Cartage, Inc.	, , , , , , , , , , , , , , , , , , , ,
Trade Name	Street 851 W McKimmey Road
Attention To Charlie Helms	City Gladwin
Title	State Michigan
.b. Termination Date	5.c. Amount 1575
TOTAL RECEIPTS FROM ALL EMPLOYERS	
Statement of Disbursements Report all disbursements made by the re	porting organization in connection with labor relations advice or services rendere
to the employers listed in Part B.	porting organization in connection with rapor rotations at the or so weed follows
. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (0)	I) Totals
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Sum of items 8-13)
	dule to report only disbursements made for the purposes described in Part D of t
instructions.	15 h Trada Nama II nov
5.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 1575
Name Joe Brock	
	15.e. Purpose Employed to give speeches to employees regarding
Title Independent Contractor	exercising their right to organize and bargain collectively.
Organization East Coast Labor Relations, LLC	collectively.
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
City Delran State New Jersey	

Name of Person Filing: LEI Course Uting Sec. C	File Number C- C.(5.25
<i>--</i>	with 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 Bay Area Beverage Company	
Trade Name	Street 700 National Court
Attention To T J Louderback	City Richmond
Title	State California 🕏 ZIP Code + 4 94804
5.b. Termination Date 4/11/08	5.c. Amount 80474
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
to the employers listed in Part 8.	reporting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses	(d) Totals
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this Schinstructions.	edule to report only disbursements made for the purposes described in Part D of t
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 42974
Name Ed Villanueva	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding exercising their right to organize and bargain
Organization EMSI Consulting, Inc.	collectively.
P.O. Box, Building and Room Number, if any	
Street 1340 N Astor Street, # 2205	
City Chicago	
State Illinois	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

•			Diraie /	0/2
Name of Person Filing: L£1 ("5722 L£ 72: )	Sice	( بدن-	File Number C- City	125
.//				
B. Statement of Receipts Report all receipts from employers in connor services.	nection w	ith labor relatio	ons advice or services regardless of the pur	poses of the advice
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address:	
Employer Birnie Bus Service		F.O. 80X,	Building and Room Number, if any	
Trade Name		Street 2	486 State Route 12-B	
Attention To Tim Birnie		City H	amilton	
Title		State 1	New York	ode + 4 13345
5.b. Termination Date 4/11/08		5.c. Amou	nt 18306	<u> </u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
		<u> </u>		
C. Statement of Disbursements Report all disbursements made to the employers listed in Part B		porting organi	zation in connection with labor relations ad	vice or services rendere
7. Disbursements to Officers and Employees. (a) Name (b) Salary (c) Ex	xpenses (d	f) Totals		•
(a) realing (b) Surary (c) S		7, 102.0	9. Office and Administrative Expenses	<del></del>
			10. Publicity	
			11. Fees for Professional Services	
			12. Loans Made	
			13. Other Disbursements	
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-1	3)
	his Scheo	dule to report o	only disbursements made for the purposes	described in Part D of th
15.a. Employer Name:	içudi is.	15.b. Trac	de Name, If any:	
			·	
15.c. To Whom Pald		15.d. Amo	ount 6000	
Name Denise Malwitz		15.e. Pun	00S8	
Title Independent Contractor		Employ	ed to give speeches to emplo sing their right to organize	
Organization			tively.	s and burgurn
P.O. Box, Building and Room Number, if any				
Street 3530 Milford Haven				
City Las Vegas				
State Nevada	2			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

· 		116 mt	N. 6.7	<u>်းပဲ\</u>	Birne	2012
Name of Person Filing: LE/	Corpeltin	رز کی بر		. Dic	File Number C-C(5.	25-0
		/				
B. Statement of Receipts Report all or services.	receipts from employers in	n connection	with labor r	elations advice or se	ervices regardless of the pur	poses of the advice
5.a. Name and Address of Employer (incli	uding trade name, if any).		P.O.	Mailing Addres Box, Building and Ro		
Employer Birnie Bus Ser	vice					
Trade Name			Stree	t 2486 State	Route 12-B	
Attention To Tim	Birnie		City	Hamilton		
Title			State	New York	🧔 ZIP Çü	ode + 4 13345
5.b. Termination Date 4/11/08			5.c. /	Amount 18306	<del></del>	
6. TOTAL RECEIPTS FROM ALL EM	IPLOYERS					
				·		
			e reporting o	rganization in conne	ection with labor relations ad	vice or services rendere
	to the employers listed in	Part B.				
<ul> <li>7 Disbursements to Officers and Employ</li> <li>(a) Name</li> </ul>	yees. (b) Salary	(c) Expense	s (d) Totals			
		<u> </u>		9. Office ar	nd Administrative Expenses	
				10. Publicity	1	
				11. Fees for	Professional Services	
_				12. Loans M	lade	
				13. Other D	isbursements	
8. Total disbursements to officers and	d employees:			14. Total Dis	bursements (Sum of Items 8-1	3)
D. Schedule of Disbursements for	неропаріє Аспулу	Use this Sc instructions		ort only disburseme	ents made for the purposes	described in Part D of th
15.a. Employer Name:			15.b	Trade Name, If an	y:	
15.c. To Whom Paid		<u> </u>	15.d.	Amount 3306		
Name Chris	Borusso		15.8	Purpose		
Title Independent Co	ontractor		Emp	loyed to give	speeches to emplo	
				rcising their lectively.	right to organize	and Dargain
Organization Axiomatix, LLC	3					
P.O. Box, Building and Room Num	mber, if any					
Street 323 Mariners Way						
			J			
City Copiague	A 710 0-J 4					
State New York	Ø ZIP Code + 4 ₁		L_			
16. TOTAL DISBURSEMENTS FOR	ALL REPORTABLE ACTI	VITY				

						Deander	/	1.1.3
Name of Person Filing:	LEI	Cornelto	<u> </u>	زردر	الاوري	Bèandyi. Irc	File Number C-	1. 5577
B. Statement of Receip	ts Report all re or services.	ecelpts from employe	ers in connection	on with I	labor rela	tions advice or sen	vices regardless of the p	ourposes of the advice
5.a. Name and Address of I		-	i.		P.O. Bo	Mailing Address: x, Building and Roo		
Employer Brandy	wine Seni	or Living						
Trade Name					Street	525 Fellowsh	ip Road, Suite	360
Attention To Kenn	eth	Segarnic	k		City	Mount Laurel		
Title Gene	ral Counci	i1			State	New Jersey	<b>⊘</b> ZIP (	Code + 4 08054
5.b. Termination Date			<u>.</u>		5.c. Ame	ount 249,848		
6. TOTAL RECEIPTS FF	ROM ALL EMP	PLOYERS						*.
- ·-· - ·-·	P		•					
C. Statement of Disbur				ne repoi	rting orga	nization in connect	ion with labor relations a	advice or services rendere
		o the employers lister	d in Part B.					
Disbursements to Office     (a) Name	rs and Employe	ees: (b) Salary	(c) Expens	es (d) To	otals			
<u></u>						9. Office and	Administrative Expenses	s .
						10. Publicity		
						11. Fees for P	rofessional Services	
						12. Loans Mad	ia	
						13. Other Dist	oursements	
8. Total disbursements to	o officers and	employees:				14. Total Disbu	rsements (Sum of Items 8	3-13)
D. Schedule of Disburs	ements for R	leportable Activity	Use this S		e to repor	t only disbursemen	ts made for the purpose	es described in Parl D of t
15.a. Employer Name:					15.b. T	rade Name, If any:		
45 - T- 145 9-14					15 d A	mount 58034		
15.c. To Whom Paid					13.U. AI	110uit 58034		
Name Mike		Rosado			15.e. Pu		anagabaa ta ama	lovene rogardine
Title Indep	endent Cor	ntractor					right to organi:	loyees regarding ze and bargain
Organization M. Ro	ваdo Малаç	gement Consult	ants, LLC		colle	ectively.		
P.O. Box, Building ar	ıd Room Numi	ber, if any						
Street 96 Linwood	d Plaza, S	Suite 103						
City Fort Lee								
State New Jerse	у	ZIP Code +	4 07024					
16. TOTAL DISBURSE	MENTS FOR A	ALL REPORTABLE A	CTIVITY		•			

·			Dea.	due on 2	e/ 5
Name of Person Filing: LEI Cottailing Lenine	در روری	Sne		File Number C-	2/3-
Statement of Receipts Report all receipts from employers in connection or services.				ices regardless of the purp	poses of the advice
5.a. Name and Address of Employer (including trade name, if any).	P.O		ailing Address: uilding and Roor	n Number, if any	
Employer Brandywine Senior Living					
Trade Name	Stre	et 52	5 Fellowsh	ip Road, Suite 36	)
Attention To Kenneth Segarnick	City	Mo	unt Laurel		
Title General Council	Stat	e Ne	w Jersey	<b>⊘</b> ZIP Coo	le + 4 08054
5.b. Termination Date	5.c.	Amount	249,848		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements  Report all disbursements made by the to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expense		organiza	tion in connecti	on with labor relations adv	ce or services rendere
	Ť		9. Office and	Administrative Expenses	
			10. Publicity	<u> </u>	
			11. Fees for Pi	rofessional Services	
			12. Loans Mad	8	
			13. Other Disb	ursements	
Total disbursements to officers and employees:			14. Total Disbur	sements (Sum of Items 8-13	)
				····	
D. Schedule of Disbursements for Reportable Activity  Use this Scinstructions		port on	y disbursement	s made for the purposes d	escribed in Part D of th
15.a. Employer Name:	15.1	o. Trade	Name, If any:		
15.c. To Whom Paid	15.0	I. Amou	nt 57769		
Name Jason Greer		. Purpo			
Tille Independent Contractor				speeches to employ right to organize	
Organization Greer Consulting, Inc.	co	llect	ively.		
P.O. Box, Building and Room Number, if any					
Street 33 Mallory Bend Court					
City Lake St Louis					
State Missouri					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

· .				Priendywine	343
Name of Person Filing: LCI Consul	ting bere	سرهي.	Janes	File Number C-	00525
B. Statement of Receipts Report all receipts from or services.	employers in conn	ection wit	th labor relation	s advice or services regardless of	f the purposes of the advice
5.a. Name and Address of Employer (Including trade nan	ne, if any).			lailing Address:	
Employer Brandywine Senior Livin	a		P.O. BOX. B	uilding and Room Number, if any	
Trade Name	,		Street 52	5 Fellowship Road, Sui	ite 360
Attention To Kenneth Seq	arnick		O4	unt Laurel	
Title General Council			State Ne	w Jersey 🛇	ZIP Code + 4 08054
S.b. Termination Date		<del></del>	5.c. Amount	249,848	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				·	
to the employ 7. Disbursements to Officers and Employees:	ers listed in Part B.			ation in connection with labor relat	ions advice or services rendere
				9. Office and Administrative Exp	penses
				10. Publicity	
				11. Fees for Professional Servic	es
			<del></del>	12. Loans Made	
		1		13. Other Disbursements	
8. Total disbursements to officers and employees.				14. Total Disbursements (Sum of It	ems 8-13)
D. Schedule of Disbursements for Reportable A		nis Sched ctions.	ule to report on	ly disbursements made for the pu	irposes described in Part D of th
15.a. Employer Name:			15.b. Trade	Name, If any:	
15.c. To Whom Paid	4444444	-	15.d. Amou	nt 28045	
Name Natasha Gord	ac		15.e. Purpo		
Title Independent Contractor				d to give speeches to ing their right to org	
Organization			collect		, <b>-</b>
P.O. Box, Building and Room Number, if any					
Street 2108 Windy Hill Point					
City Lawrenceville					
State Georgia 🔵 ZIP	Code + 4 30045				
16. TOTAL DISBURSEMENTS FOR ALL REPORT	ABLE ACTIVITY				

Name of Person Filling: LE/ Consulting Significant	File Number C- (1657)
B. Statement of Receipts Report all receipts from employers in connection wo or services.	rith 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:
Employer Calumite Company LLC	P.O. Box, Building and Room Number, if any
Trade Name	Street 1575 Adler Circle Suite B
	1373 Maid: Clicity Ballot B
Attention To Don Rossetti	City Portage
Title	State Indiana
5.b. Termination Date 8/28/08	5.c. Amount 12859
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
	eporting organization in connection with labor relations advice or services rende
to the employers listed in Part B.	
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (	d) Totals
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this Sche instructions.	dule to report only disbursements made for the purposes described in Part D of
15.a. Employer Name:	15.b. Trade Name, If any:
Total Employer Name.	
15.c. To Whom Paid	15.d. Amount 7234
Name Timoth J Hunt	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding
	exercising their right to organize and bargain collectively.
Organization Fast Break Labor Consultant	1021200110171
P.O. Box, Building and Room Number, if any	
Street 2939 E 77th Place	
City Tulsa	
State Oklahoma	

Name of Person Filing: LLI Constitution	Å	c. 2. 1.	File Number	ar C- (11 57)
Statement of Receipts Report all receipts from employer or services.	s in connection	with labor relation	ns advice or services regardle	ess of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: Building and Room Number, if a	any
<sup>Employer</sup> Central Hockey League				
Trade Name		Street 1	600 N Desert Drive,	Suite 300
Attention To Duane Lewis		City T	empe	
Title		State A	rizona	<b>⊘</b> ZIP Code + 4 85281
5.b. Termination Date 3/14/08		5.c. Amour	19455	<u></u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements  Report all disbursement to the employers listed	ts made by the in Part B.	reporting organiz	zation in connection with labor	relations advice or services rende
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses	(d) Totals		
			9. Office and Administrative	Expenses
			10. Publicity	
		1	11. Fees for Professional S	ervices
			12. Loans Made	
			13. Other Disbursements	
8. Total disbursements to officers and employees:		,	14. Total Disbursements (Sun	n of Items 8-13)
	<u></u>			
D. Schedule of Disbursements for Reportable Activity	Use this Schinstructions.	edule to report o	nly disbursements made for th	ne purposes described in Part D of
15.a. Employer Name:	<u> </u>	15.b. Trad	le Name, If any:	
15.c. To Whom Paid		15.d. Amo	unt 14012	
Name		15.e. Purp	088	
Title		Employe	ed to give speeches	to employees regarding
Organization EMSI Consulting, Inc.			tively.	organize and bargain
P.O. Box, Building and Room Number, if any				
Street 1340 N Astor Street, #2205				
Chy chicago				
State Illinois 🔘 ZIP Code + 4	60610			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	YIVITY			

Name of Danier Fillians 1 C 11				File Number C	
Name of Person Filling: LKI (1 Start to ma	Acces	Cn 27	<u> </u>	File Number C- Cicion	<u> </u>
B. Statement of Receipts Report all receipts from employers in coor services.				ices regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade name, if any).			falling Address: Juilding and Roor	n Number, if any	
Employer Chicago International Trucks, LLC			•		
Trade Name		Street 18	327 Walden	Office Square, Ste	275
Attention To Julie Bartell		City So	haumburg		
Title Vice President Ruman Resources		State I	llinois		+4 60173
5.b. Termination Date		5.c. Amoun	1 109		. <u> </u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements  Report all disbursements made to the employers listed in Part		orting organiz	ation in connecti	on with labor relations advice	or services rendere
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c)	Expenses (d)	Totals			
			9. Office and	Administrative Expenses	
			10. Publicity		
			11. Fees for P	rofessional Services	
			12. Loans Mad	e	
			13. Other Disb	ursements	
8. Total disbursements to officers and employees:			14. Total Disbui	rsements (Sum of Items 8-13)	
	e this Schedu tructions.	ale to report or	nly disbursement	s made for the purposes des	cribed in Part D of t
15.a. Employer Name;		15.b. Trade	Name, If any:	<del>-</del>	
15.c. To Whom Paid	<u> </u>	15.d. Amoi	ınt 109	·	
Name Bradley White		15.e. Purpo	ose	— · · · · · · · · · · · · · · · · · · ·	
Title Independent Contractor				speeches to employeright to organize a	
Organization Interlate Systems, Inc.		collect		right to organize a	mu bargarn
P.O. Box, Building and Room Number, if any					
Street 145 S Lincolnway					
City North Aurora					
State Illinois	42				·
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVIT	·Y				

					File Number C-	
B. Statement of Receipts Report all receipts from or services.	employers in co	nnection w	th labor relatio	ns advice or servi	ces regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade nar	me, if any).			Mailing Address:	Number if any	
Employer Community Education Cen	tor		P.O. BOX,	Building and Room	i Number, ir any	
Trade Name	icer		Street 3	c	<b>71</b>	
			٠	5 Fairfield		
Attention To Charles Gio	ordano		- "	est Caldwell		
Title			State N	lew Jersey		+4 07006
5.b. Termination Date 7/17/08			5.c. Amou	nt 10469		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						_
C. Statement of Disbursements Report all dis to the employ	bursements mad rers listed in Part	de by the re	porting organiz	zation in connection	on with labor relations advice	or services rende
7. Disbursements to Officers and Employees:		~ .				
(a) Name	(b) Salary (c)	Expenses (d	) lotals	T		
				· · · · · · · · · · · · · · · · · · ·	dministrative Expenses	
				10. Publicity		
					ofessional Services	
			<u> </u>	12. Loans Made		
				13. Other Disb		<del></del>
8. Total disbursements to officers and employees:				I 14 Total Diebur	sements (Sum of Items 8-13)	
	<u>.</u>	<b>J</b>		14. Total Diaban		
D. Schedule of Disbursements for Reportable A	Activity Use	this Scheotructions.	ule to report o		made for the purposes des	cribed in Part D of
D. Schedule of Disbursements for Reportable A	Activity Use		·		s made for the purposes des	cribed in Part D of
D. Schedule of Disbursements for Reportable A	Activity Use		15.b. Trad	nly disbursements	made for the purposes des	cribed in Part D of
D. Schedule of Disbursements for Reportable A  15.a. Employer Name:	<b>Activity</b> Use		15.b. Trad	nly disbursements le Name, If any: unt 5969	s made for the purposes des	cribed in Part D of
D. Schedule of Disbursements for Reportable A  15.a. Employer Name:  15.c. To Whom Paid	Activity Use inst		15.b. Trad	inly disbursements le Name, If any: unt 5969 lose ed to give s	peeches to employe	es regarding
D. Schedule of Disbursements for Reportable A  15.a. Employer Name:  15.c. To Whom Paid  Name Pat O'Ma:	Activity Use inst		15.b. Trad 15.d. Amo 15.e. Purp Employ exerci	inly disbursements le Name, If any: unt 5969 lose ed to give s		es regarding
D. Schedule of Disbursements for Reportable A  15.a. Employer Name:  15.c. To Whom Paid  Name Pat O'Ma:  Title Independent Contractor  Organization O'Mara & Associates LLA  P.O. Box, Building and Room Number, if any  PO Box 2624	Activity Use inst		15.b. Trad 15.d. Amo 15.e. Purp Employ exerci	inly disbursements le Name, If any:  unt 5969  ose ed to give s sing their r	peeches to employe	es regarding
D. Schedule of Disbursements for Reportable A  15.a. Employer Name:  15.c. To Whom Paid  Name Pat O'Ma:  Title Independent Contractor  Organization O'Mara & Associates LLA  P.O. Box, Building and Room Number, if any  PO Box 2624  Street	Activity Use inst		15.b. Trad 15.d. Amo 15.e. Purp Employ exerci	inly disbursements le Name, If any:  unt 5969  ose ed to give s sing their r	peeches to employe	es regarding
D. Schedule of Disbursements for Reportable A  15.a. Employer Name:  15.c. To Whom Paid  Name Pat O'Ma.  Title Independent Contractor  Organization O'Mara & Associates LLA  P.O. Box, Building and Room Number, if any  PO Box 2624  Street  City Novata	Activity Use inst	tructions.	15.b. Trad 15.d. Amo 15.e. Purp Employ exerci	inly disbursements le Name, If any:  unt 5969  ose ed to give s sing their r	peeches to employe	es regarding

Form LM-21 (2003)

Name of Person Filing: LEI Cora.	Ctina	Since	بنل. در	r;	File Number C-	CC 5 75
	.//					
B. Statement of Receipts Report all receipts from or services.	m employers in	connection w	rith labor relation	ons advice or serv	rices regardless of t	he purposes of the advice
5.a. Name and Address of Employer (including trade na	ame, if any).			Malling Address:		
Employer Coral Option 1, LLC			P.O. Box,	Building and Rooi	m Number, if any	
Trade Name Andalusia Country Cl			Street p	1 570 gamba		
			0"	1-570 Carbo	neras	
Attention To Grady Sp	arks			a Quinta	_	
Title			State C	California	<b>6</b>	ZIP Code + 4 92253
5.b. Termination Date			5.c. Amou	nt 188,584		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<del></del>					
					<u> </u>	
			porting organi	zation in connecti	on with tabor relation	ons advice or services render
•	oyers listed in P	art B.				
Disbursements to Officers and Employees:     (a) Name	(b) Salary (	(c) Expenses (	d) Totals			
				9. Office and	Administrative Expe	nses
				10. Publicity		
				11. Fees for P	rofessional Service:	S
				12. Loans Mad	le	
				13. Other Disb	oursements	
8. Total disbursements to officers and employees	:			14. Total Disbu	rsements (Sum of Ite	ms 8-13)
D. Schedule of Disbursements for Reportable		Jse this Schenstructions.	dule to report o	only disbursement	ts made for the purp	poses described in Part D of
15.a. Employer Name:			15.b. Trac	de Name, If any:		
15.c. To Whom Paid			15.d. Amo	unt 97084		
Name David Acor	sta		15.e. Purp	oose	<u> </u>	
Title Independent Contractor	r		Employ	ed to give : sing their :	speeches to e right to orga	employees regarding inize and bargain
Organization Redstone Enterprises				tively.		
P.O. Box, Building and Room Number, if any						
Street 5415 East Willowick						
City Anaheim						
State California 🔘 Zi	P Code + 4 92	807				
16. TOTAL DISBURSEMENTS FOR ALL REPOR				<del></del>		

Name of Person Filing:		File Number C-	00525

B. Statement of Receipts Report all receipts from employers in conne or services.	nection with 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 CRC Cooperative Response Center	
Trade Name	Street 207 Resource Avenue
Attention To Todd Penske	City Dunlap
Title	State Tennessee ZIP Code + 4 37327
5.b. Termination Date 6/26/08	5.c. Amount 7,675
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7,675	

C. Statement of Disbursements	Report all disbursements to the employers listed in	s made by the reporting on Part B.	rganization in connection with labor relations advice or services rende
7. Disbursements to Officers and Emp (a) Name	loyees: (b) Salary	(c) Expenses (d) Totals	
			Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
8. Total disbursements to officers a	nd employees:		14. Total Disbursements (Sum of Items 8-13)

instructions.	
5.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 4,675
Name Rosalyn Warren	15.e. Purpose
Title	Employed to give speeches to employees regarding
Organization Labor Relations Services, Inc.	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 24 Corporate Plaza, Suite 100	
City Newport Beach	
State California ZIP Code + 4 92660	

Empkyer Doyon Utilities, LLC  Trade Name St  Attention To Tim Wallis Ci	Mailing O. Box, Building Po Box reet	Address: and Room Number, if any 74040  nks			
B. Statement of Receipts Report all receipts from employers in connection with labour services.  5.a. Name and Address of Employer (including trade name, if any).  Employer Doyon Utilities, LLC  Trade Name Statemation To Tim Wallis Ci	Mailing O. Box, Building Po Box reet  Y Fairba	Address: and Room Number, if any 74040  nks			
or services.  5.a. Name and Address of Employer (including trade name, if any).  P. Employer Doyon Utilities, LLC  Trade Name St  Attention To Tim Wallis	Mailing O. Box, Building Po Box reet Y Fairba ate Alaska	Address: and Room Number, if any 74040  nks			
Employer Doyon Utilities, LLC  Trade Name St  Attention To Tim Wallis Ci	O. Box, Building Po Box reet  Y Fairba ate Alaska	and Room Number, if any 74040  nks  Q ZIP Code +	4 99707		
Employer Doyon Utilities, LLC  Trade Name St  Attention To Tim Wallis Ci	Po Box reet 'y Fairba ate Alaska	74040 nks 1	4 99707		
Trade Name St Attention To Tim Wallis Ci	y Fairba <sub>Rie</sub> Alasks	ZIP Code +	4 99707		
700220	Rie Alaska	ZIP Code +	4 99707		
Title St			4 99707		
	c. Amount 233	,649			
5.b. Termination Date 11/12/08 5.					
8. TOTAL RECEIPTS FROM ALL EMPLOYERS	<u> </u>				
2. TOTAL TIEGET TO THOMPALE ELIM EO TENO					
C. Statement of Disbursements  Report all disbursements made by the reporting to the employers listed in Part B.	organization in	connection with labor relations advice o	or services rend		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Total	3		· · · · · · · · · · · · · · · · · · ·		
	9. C	Office and Administrative Expenses			
	10. F	Publicity			
	11. F	ees for Professional Services	<del></del>		
		oans Made			
		Other Disbursements			
B. Total disbursements to officers and employees:	14. T	otal Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to instructions.	report only disb	ursements made for the purposes descri	ribed in Part D o		
15.a. Employer Name:	i.b. Trade Name	e, If any:			
15.c. To Whom Paid	i.d. Amount 28	1643	<del></del>		
Name Pat O'Mara	15.e. Purpose				
Title Independent Contractor	i.e. ruipose				
-					
Organization OMara & Associates LLC					
P.O. Box, Building and Room Number, if any					
РО Вож 2624					
Street					
City Novata					
State Arkansas					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

	<b>'.</b>				•				
•				(':	11+1176-	( tiun)		Dogon	20/3
Nan	ne of Person Filing:	LEI	/1max	to the second	intine.		-1:1 .4 ,	File Number C-	75-
L		~ <u></u>	(11.20	exercise !	Alan Jan		<u> </u>	1 002	<u> </u>
B. 9		ts Report all r	eceipts from	employers	in connection w	vith labor rela	tions advice or ser	vices regardless of the purp	oses of the advice
5.a.	Name and Address of	Employer (inclu	ding trade nar	ne, if any).		P.O. Bo	Mailing Address: x, Building and Roo		
	Employer Doyon	Utilities	, LLC				Po Box 74040	•	
	Trade Name					Street			
	Attention To Tim		Wal	lis		City	Fairbanks		
,	Title					State	Alaska	<b>⊘</b> ZIP Coo	le + 4 99707
5.b.	Termination Date	11/12/08				5.c. Amo	ount 233,649		
6 T	OTAL RECEIPTS FF	ROM ALL EME	PLOYERS						-
		TO THE EIGH					<u> </u>		
C. S	Statement of Disbur	sements f	Report all dis	bursements	made by the re	eporting orga	nization in connect	tion with labor relations advi	ce or services render
7 D	isbursements to Office			era nateu iri	7 an D.				
	a) Name			(b) Salary	(c) Expenses (	d) Totals			
	<u>-</u>				<u> </u>		9. Office and	Administrative Expenses	
						_	10. Publicity		
							11. Fees for P	Professional Services	ļ
							12. Loans Mad		
					<u> </u>		13. Other Dist		<u> </u>
8. T	otal disbursements to	o officers and	employees:				14. Total Disbu	irsements (Sum of Items 8-13	<u> </u>
D, 9	Schedule of Disburs	sements for F	Reportable A	Activity	Use this Sche	dule to repor	t only disbursemen	its made for the purposes d	escribed in Part D of t
15.	a. Employer Name:				ii isti dodorio.	15.b. Tr	ade Name, If any:		
15.0	c. To Whom Paid	<del>, _</del>				15.d. Ar	mount 48535		
ı	Name Rebec	ca	Smit	h		15.e. Pt	ırpose		
T	itle Indep	endent Co	ntractor				•		
c	Organization								
	-								
F	P.O. Box, Building ar	nd Room Num	iber, if any						
S	Street 4836 Cast]	le Lake Ci	ŧ						
_	City Las Vegas								
8	State Arkansas		O ZIP	Code + 4	89139				
	TOTAL DISBURSE	MENTS FOR A				1			
					* *				

Continuention

					1/ey 2/7	7.1 J
Name of Person Filing:	Consulting	de Liza	دلني ر	انري	File Number C-	25-1
8. Statement of Receipts Report all					ilong regardless of the nume	non of the advice
or services.	ecepts from employers i	in connection wi	IT IADOI TEIRI	Ons advice or serv	ces regardiess of the purpo	ses of the advice
S.a. Name and Address of Employer (inch	iding trade name, if any).			Mailing Address:		<del></del>
Employer Doyon Utilities				Building and Roor	n Number, if any	
Trade Name	s, LLC		Street	Po Box 74040		
			0.5			
Attention To Tim	Wallis		_	Fairbanks		
Title			State	Alaska	<b>⊘</b> ZIP Code	+4 99707
5.b. Termination Date 11/12/08	3		5.c. Amou	unt 233,649		·
6. TOTAL RECEIPTS FROM ALL EM	PLOYERS			••		
			<del></del>			
D. Chatamant of Blahaman and	D - 4 11 4'-b			instinction in annual		
C. Statement of Disbursements i	Heport all disbursements to the employers listed in	made by the repart B.	poning organ	ization in connecti	on with labor relations advice	e or services rendere
7. Disbursements to Officers and Employ	ees: (b) Salary	(c) Expenses (d	\ Tatale			
(a) Name	(b) Salary	(c) Expenses (d	, TOIZIS	9. Office and	Administrative Expenses	1
	- <del></del>			10. Publicity	Administrative Expenses	
<del></del>	<del></del>	-		<del></del>	rofessional Services	<del></del>
	<del>-  </del>			12. Loans Mad		
		<del>                                     </del>		13. Other Disb	ursements	
8. Total disbursements to officers and	employees:	<del></del>		14. Total Disbu	rsements (Sum of Items 8-13)	
D. Schedule of Disbursements for I	Reportable Activity	Use this Scheo	lule to report	only disbursement	s made for the purposes de	scribed in Part D of t
		instructions.				
15.a. Employer Name:			15.b. Tra	de Name, if any:		
15.c. To Whom Paid			15.d. Am	ount 48470		
Name Terry	Cuba		15.e. Pur	pose		
Title Independent Co	ntractor	*		,		
Organization						
0. <b>3</b>						
P.O. Box, Building and Room Num	nber, if any					
Street 10815 Argonite Dri	ve, NW					
City Albuquerque						
State New Mexico	ZIP Code + 4	B711 <b>4</b>				
16. TOTAL DISBURSEMENTS FOR	<del></del>					
10. TO THE DISSURDENCIAL OF TON	ALL TIEL OTT ADEL NOT	. •				

						EPIC	•	142
Name of Person Filing: LE/ (	Desilters.	ميارنيك	Les	بريد.	nz,	File Number C-	6.65	2 a -
B. Statement of Receipts Report all rece or services.	ipts from employers in	n connection v	with labor re	lations	advice or serv	ices regardless o	of the purpos	ses of the advice
5.a. Name and Address of Employer (Including					ailing Address: ilding and Room	n Number, if any		
Employer Enterprise for Pro	ogress in the	Community						
Trade Name			Street	290		ale Road, Si	uite A	
Attention To Steve	Mitchell		City	Yak	ima	_		
Title			State	Wa	shington	Ø	ZIP Code	+4 98902
5.b. Termination Date 9/27/09	<u> </u>		5.c. Ar	nount	21149			
6. TOTAL RECEIPTS FROM ALL EMPLO	YERS				-			
					<u>-</u>			
	ort all disbursements e employers listed in		eporting org	janizat	llon in connection	on with labor rela	tions advice	or services rendere
7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses	(d) Totals		•			
(4)				$\Box$	9. Office and	Administrative Ex	penses	
<del> </del>					10. Publicity			
					11. Fees for Pr	rofessional Service	ces	
					12. Loans Mad	Ө		
					13. Other Disb	ursements		
8. Total disbursements to officers and emp	oloyees:				14. Total Disbur	sements (Sum of I	Items 8-13)	
D. Schedule of Diabursements for Repo	ortable Activity	Use this Scheinstructions.	edute to rep	ort only	y disbursement	s made for the pu	urposes des	scribed in Part D of th
15.a. Employer Name:			15.b.	Trade	Name, If any:		-	
15.c. To Whom Paid			15.d. /	Amoun	8208			
Name Ed	Villanueva		15 e. l	Purpos			- <del></del>	
Title Independent Contr	actor		Emp]	loyed	l to give :			es regarding
Organization EMSI Consulting, Inc.				exercising their right to organize and bargain collectively.				
P.O. Box, Building and Room Number	, it any							
Street 1340 N Astor Street,	#2205							
City Chicago								
State Illinois	ZIP Code + 4 6	0610						
16. TOTAL DISBURSEMENTS FOR ALL	REPORTABLE ACTI	VITY						

i T	Can	Timat	i Tom		EPIC 2	6/2
Name of Person Filling: LEI Con	Cen-	ly core	5	(c)	File Number C COS	x/5-
	٠٠/					
B. Statement of Receipts Report all receip or services.	ots from employers in	connection with	labor relation	ons advice or serv	rices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (Including I	-			Mailing Address: Building and Roor	m Number, if any	
Employer Enterprise for Pro	gress in the C	Community				
Trade Name			Street 2	902 Castlev	ale Road, Suite A	
Attention To Steve	Mitchell		City y	akima		
Title			State V	Washington	C ZIP Code	+4 98902
5.b. Termination Date 9/27/09		<del>- v</del>	5.c. Amou	nt 21149		
6. TOTAL RECEIPTS FROM ALL EMPLOY	/ERS					
C. Statement of Disbursements Repo	ert all disbursements n e employers listed in F	made by the repo Part B.	orting organi	zation in connecti	on with labor relations advice	e or services rendere
Disbursements to Officers and Employees:     (a) Name	(b) Salary	(c) Expenses (d)	Totals			
				9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for P	rofessional Services	
				12. Loans Mad	le	
				13. Other Dish	oursements	
8. Total disbursements to officers and emp	loyees:			14. Total Disbu	rsements (Sum of Items 8-13)	
D. Schedule of Disbursements for Repo		Use this Schedu instructions.	le to report o	only disbursement	is made for the purposes de	scribed in Part D of th
15.a. Employer Narπe:			15.b. Trac	de Name, If any:		
15.c. To Whom Paig			15.d. Amo	ount 3941		
Name Denise	Malwitz		15.e. Pur	oose		
Title Independent Contr	actor		Employ	ed to give	speeches to employe	ees regarding
Organization				tively.	right to organize a	ing baryain
Olga #Zaton						
P.O. Box, Building and Room Number,	if any					
Street 3530 Milford Haven						
City Las Vegas						
State Nevada	ZIP Code + 4 8	9122				
16, TOTAL DISBURSEMENTS FOR ALL	REPORTABLE ACTIV	VITY			· · · · · · · · · · · · · · · · · · ·	

Name of Person Filing: Al Consultania	Wir	<i>Si</i> .c	File Number C-	x 5
<u>.                                    </u>				naces of the advice
B. Statement of Receipts Report all receipts from employers or services.	in connection v	WITH HELDOT FEHALIOF	is advice or services regardless of the por	poses of the advice
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: luilding and Room Number, if any	
Employer Gemini Manufacturing LLC				
Trade Name Jetline		Street 30	Warren Place	
Attention To Rric Levin		City Mc	ount Vernon	
Title CEO		State N	ew York	de + 4 10550
5.b. Termination Date 7/17/08		5.c. Amoun	1 33164	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			**************************************	- <del>-</del>
	·			
C. Statement of Disbursements  Report all disbursement to the employers listed in		eporting organiz	ation in connection with labor relations adv	vice or services rendered
7. Disbursements to Officers and Employees:	(a) Evenence (	-A T-t-I-		
(a) Name (b) Salary	(c) Expenses (	o) rotais	9. Office and Administrative Expenses	
			10. Publicity	
		<u> </u>	11. Fees for Professional Services	
			12. Loans Made	
			13. Other Disbursements	
8. Total disbursements to officers and employees:	<u> </u>		14. Total Disbursements (Sum of Items 8-1)	3)
	<b>J</b>			
D. Schedule of Disbursements for Reportable Activity	Use this Sche	dule to report or	nly disbursements made for the purposes	described in Part D of th
15.a. Employer Name:		15.b. Trad	e Name, If any:	
15.c. To Whom Paid		15.d. Amou	unt 16654	
Name Mike Rosado		15.e. Purpo		
Title Independent Contractor			ed to give speeches to emplo sing their right to organize	
Organization M. Rosado Consultants, LLC		collect		J
P.O. Box, Building and Room Number, if any				
Street 5 Quail Court				
City Englewood				
State New Jersey State New Jersey	07631			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	TIVITY			

Name of Person Filing: IRI Copy City Lity	12 Your File Number C 2 ( 5.25
B. Statement of Receipts Report all receipts from employers in connection with or services.	h 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 Global Sign, Inc.	• •
Trade Name	Street 913 William Leigh Drive, Unit 1
Attention To Michael Seserko	City Tullytown
Title	State Pennsylvania 🛇 ZIP Code + 4 19007
5.b. Termination Date 3/19/08	5.c. Amount 3375
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements  Report all disbursements made by the rep to the employers listed in Part B.	porting organization in connection with labor relations advice or services rendered
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this Schedule instructions.	ule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d, Amount 3938
Name Joe Brock	
	15.e. Purpose Employed to give speeches to employees regarding
Title Independent Contractor	exercising their right to organize and bargain collectively.
Organization East Coast Labor Relations, LLC	correctivery.
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State New Jersey	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filling: J_R1 (1616.266 t. z.	1 Liz:	ركو , مون	Z Cノ File N	umber C- (165.2)
B. Statement of Receipts Report all receipts from employer or services.	<u>/</u>			ardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: Building and Room Numbe	er, if any
Employer Goodwill Industries				
Trade Name		Street 1	800 Appleton Road	i
Attention To Doug Berman			enasha	
Title		State V	Visconsin	<b>⊘</b> ZIP Code + 4 54952
5.b. Termination Date 4/24/08		5.c. Amou	nt 13943	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursement to the employers listed	nts made by the in Part B.	reporting organi	zation in connection with	labor relations advice or services rend
7. Disbursements to Officers and Employees. (a) Name (b) Salary	(c) Expenses	(d) Totals		
			9. Office and Administ	rative Expenses
			10. Publicity	
			11. Fees for Profession	nal Services
			12. Loans Made	
			13. Other Disburseme	nts
Total disbursements to officers and employees:			14. Total Disbursements	(Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity	Use this Sch	edule to report of	only disbursements made	for the purposes described in Part D o
15.a. Employer Name:		15.b. Trac	le Name, If any:	
15.c. To Whom Paid		15.d. Amo	unt 7943	
Name Joseph Brock		15.e. Purp		
Title Independent Contractor				hes to employees regardin to organize and bargain
Organization East Coast Labor Relations, 1	LLC		tively.	
P.O. Box, Building and Room Number, if any				
Street 151 Forge Road				
City Delran				
State New Jersey	4 08075			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AG	CTIVITY			

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, it any).  Employer Hann & Hann, Inc.  Trade Name  Attention To Terry  Hann  City Rockville  State Maryland  ZIP Code + 4 20852  5.b. Termination Date 2/11/08  5.c. Amount 16550  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  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  8. Total disbursements (Sum of Items 8-13)	Name of Person Filing:	Connetting	2 St 21	1.Clar	inco	File Number C CV 52	5
Attention To Terry Bann State Maryland Maryla		- 1)	1				
P.O. Box, Building and Room Number, if any  Frade Name  Attention To Terry  Hann  Title  State  Street 12307 Washington Avenue  Attention To Terry  Hann  City Rockville  State Maryland  Title  Title  State Maryland  Title  State Maryland  Title  State Maryland  Title  Title  State Maryland  Title  State Maryland  Title  State Maryland  Title  State Maryland  Title  Title  State Maryland  Title  Title  State Maryland  Title  State Maryland  Title  State Maryland  Title  Title  State Maryland  Title  Ti		eceipts from employers i	in connection v	vith labor relat	tions advice or ser	vices regardless of the purpos	es of the advice
Employer Hann & Hann, Inc. Trade Name  Attention To Terry  Hann  City Rockville  State Maryland  2 ZIP Code + 4 20852  S.b. Termination Date 2/11/08  5.c. Amount 16550  S. Total RECEIPTS FROM ALL EMPLOYERS  C. Statement of Disbursements  (a) Name  (b) Salary  (c) Expenses (d) Totals  (d) Expenses (d) Totals  (e) Salary  (f) Expenses (d) Totals  (g) Salary  (h) Full Check  (h) Salary  (h) Salary  (h) Salary  (h) Salary  (h)	5.a. Name and Address of Employer (Included)	ding trade name, if any).	-	P.O. Box	•		
Trade Name Attention To Terry Bann City Rockville State Maryland  City Rockville Raryland  City Rockville State Maryland  City Rockville Raryland  City Ralland  City Fallbrook State California  City State Independent Contractor City Fallbrook State California  City Ralland  City Fallbrook State California  City Fallbrook Sta	Employer Hann & Hann, In	ıc.		, ,,,,,			
Attention To Terry Hann City Rockville State Maryland 2 ZIP Code + 4 20852  5.b Termination Date 2/11/08 5.c Amount 16550  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursements Report all disturpments made by the reporting organization in connection with labor relations advice or services renders to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (f) Totals  (c) Expenses (f) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Publicity 11. Fees for Professional Services 12. Loans Made 11. Control Disbursements 13. Total disbursements (Sum of Items 8-13)  D. Schedule of Disbursements (Sum of Items 8-13)  15. Loans Made 15. Loans Made 15. Disbursements (Sum of Items 8-13)  15. Trade Name, If any:  15. Trade Name, If any:  15. Disbursements to employees regarding exercising the part D of the professional Services 15. Disbursements (Sum of Items 8-13)				Street	12307 Washin	oton Avenue	
State Maryland  \$ 5.6. Amount 16550  5.6. Termination Date 2/11/08  5.6. Total RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursements Report all disbursements made by the reporting organization in connection with labor relations advice or services renders to the employers isled in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Diabursements 15. Loans Made 14. Total Diabursements (Sum of Items 8-13)  D. Schedule of Diabursements to officers and employees:  15. Loans Made 15. Loans Made 15. Direct Diabursements (Sum of Items 8-13)  15. Loans Made 15. Direct Diabursements (Sum of Items 8-13)  15. Tride Name, If any:  15. Loans Name 15. Direct Name, If any:  15. Direct Diabursements to employees regarding exercising their right to organize and bargain collectively.  Street 1119 S Mission Road City Fallbrook State California  2 ZIP Code +4 92028	Attention To marry	Hann				-	
5.b. Termination Date 2/11/08  5.c. Amount 16550  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursements The port all diabursements made by the reporting organization in connection with labor relations advice or services renders to the employees: (b) Salary (c) Expenses (d) Totals  (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Diabursements  8. Total diabursements to officers and employees: (a) Name  14. Total Diabursements (Sum of Items 8-13)  D. Schedule of Diabursements for Reportable Activity  15.a. Employer Name:  15.b. Trade Name, if any:  15.c. To Whom Paid  Name Alex Casillas  Title Independent Contractor  Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California	_					A 7IP Code	. 4 20052
6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statament of Diabursements 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 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Diabursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of trinstructions.  15. Employer Name: 15. Trade Name, If any: 15. Purpose 15. Amount 9361 15. Purpose 15. Amount 9361 15. Purpose 15. Pu	i me			Siale	ini jina	2 ZIF Code	+ 4 20652
C. Statement of Diabursements  Report all diabursements made by the reporting organization in connection with labor relations advice or services rendent to the employees:  (a) Name  (b) Salary  (c) Expenses (d) Totals  9. Office and Administrative Expenses  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Diabursements  8. Total diabursements to officers and employees:  14. Total Diabursements  15. Total diabursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of this instructions.  15. Trade Name, If any:  15. Trade Name, If any:  15. Purpose  Independent Contractor  Organization Action Resources  P.O. Box, Building and Room Number, If any  Street 1119 \$ Mission Road  City Fallbrook  State California  2 IP Code + 4 92028	5.b. Termination Date 2/11/08			5.c. Amo	ount 16550		
To Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of tinstructions.  15.a. Employer Name: 15.b. Trade Name, if any: 15.c. To Whom Paid Name Alex Casillas Title Independent Contractor Organization Action Resources P.O. Box, Building and Room Number, if any Street 1119 S Mission Road City Fallbrook State California   ZIP Code + 4 92028	6. TOTAL RECEIPTS FROM ALL EMP	PLOYERS					
to the employers listed in Part B.  7. Disbursaments to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursaments 14. Total Disbursaments (Sum of Items 8-13)  D. Schedule of Disbursaments for Reportable Activity Use this Schedule to report only disbursaments 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 Alex Casillas Trite Independent Contractor Organization Action Resources P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road City Fallbrook State California   20 ZIP Code + 4 92028							
(a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. Other Disbursements for Reportable Activity 15. Employer Name: 15. Trade Name, If any:  15. Trade Name, If any:  15. Trade Name, If any:  15. Amount 9361 15. Purpose 2mployed to give speeches to employees regarding exerciaing their right to organize and bargain collectively.  Street 1119 5 Mission Road City Fallbrook State California				eporting organ	nization in connect	tion with labor relations advice	or services rendere
9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.  15.a. Employer Name: 15.b. Trade Name, if any:  15.c. To Whom Paid Name Alex Casillas Title Independent Contractor Organization Action Resources P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road City Fallbrook State California © ZIP Code + 4 92028				. N. <b></b>			
10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of trinstructions.  15.a. Employer Name: 15.b. Trade Name, If any:  15.c. To Whom Paid Name Alex Casillas Title Independent Contractor Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road City Fallbrook State California	(a) Name	(b) Salary	(c) Expenses (	d) I otals	A 075 - mad	Addition Francis	
11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of trinstructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid Name Alex Casillas Title Independent Contractor Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road City Fallbrook State California © ZIP Code + 4 92028					<del></del>	Administrative Expenses	
12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 6-13)  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 Alex Casillas Title Independent Contractor Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road City Fallbrook State California  21. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 6-13)  15. Purpose Employed Name, If any:  15. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.				<u> </u>	<del>-</del>	Professional Santons	
B. Total disbursements to officers and employees:  14. Total Disbursements (Sum of Items 8-13)  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 Alex Casillas Title Independent Contractor Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road City Fallbrook State California			<u> </u>				
B. Total disbursements to officers and employees:  14. Total Disbursements (Sum of Items 8-13)  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 Alex Casillas Title Independent Contractor Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road City Fallbrook State California				<del> </del>			
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 Alex Casillas  Title Independent Contractor  Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California   22P Code + 4 92028	8 Total dishurpaments to officers and	emulovees.	<del>1</del>	<u></u>			
instructions.  15.a. Employer Name:  15.b. Trade Name, if any:  15.c. To Whom Paid  Name Alex Casillas  Title Independent Contractor  Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California	o. Total digosponiono to omocio ano	omployees.			11	(000	
instructions.  15.a. Employer Name:  15.b. Trade Name, if any:  15.c. To Whom Paid  Name Alex Casillas  Title Independent Contractor  Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California	D. Sabodiula of Blahumananata for E	Ionariable Activity			anh dish	ato made for the numerous does	eribed in Dest D of t
15.c. To Whom Paid  Name Alex Casillas  Title Independent Contractor  Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California  15.d. Amount 9361  15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	o. Scheduje of Dispursements for h	reportable Activity		equie to report	only dispursemen	its made for the purposes des	cribed in Part D or t
Name Alex Casillas  Title Independent Contractor  Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California	15.a. Employer Name:			15.b. Tra	ade Name, If any:		
Name Alex Casillas  Title Independent Contractor  Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California							· <b>-</b> ·· · · · · · · · · · · · · · · · · · ·
Title Independent Contractor  Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California	15.c. To Whom Paid			15.d. Arr	nount 9361		
Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California	Name Alex	Casillas		15.e. Pu	rpose		
Organization Action Resources  P.O. Box, Building and Room Number, if any  Street 1119 S Mission Road  City Fallbrook  State California	Title Independent Co	ntractor					
Street 1119 S Mission Road  City Fallbrook  State California	Organization Action Resource	es				<b>, ,</b>	,
City Fallbrook State California	P.O. Box, Building and Room Num	ber, if any					
City Fallbrook State California	Street 1119 S Mission Road	d.					
State California							
		Ø ZIP Code + 4	92028				
	16. TOTAL DISBURSEMENTS FOR A				· · · · · · · · · · · · · · · · · · ·		

Name of Person Filling: LLI Cl. 112c. L	time die	i. 2/10	ا د	File Number C- (1652)	5
	.)	<del></del>			
B. Statement of Receipts Report all receipts from empor services.	oloyers in connection	with labor relation	ns advice or service	es regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name, if	any).		Mailing Address:		
Employer Jeff Dobbs Crane Rental		P.O. Box, E	Building and Room N	lumber, if any	
Trade Name		Street o			
4M		<b>5</b>	Econard Lan	le	
Attention 10 Jeff Dobbs			norefare	_	
Title		State N	ew Jersey		+4 08086
5.b. Termination Date 2/29/08		5.c. Amoun	t 4500		· · · · · · · · · · · · · · · · · · ·
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
		<u>-</u>			
C. Statement of Disbursements Report all disburs to the employers	ements made by the listed in Part B.	reporting organiz	ation in connection	with labor relations advice	or services rendere
7. Disbursements to Officers and Employees:					
(a) Name (b) S	alary (c) Expenses	(d) Totals	To 0"	1	
			<del>                                     </del>	ministrative Expenses	
		<del>                                     </del>	10. Publicity	and Danier	
		,	12. Loans Made	essional Services	
		<del> </del>	13. Other Disburs	coments	
Total disbursements to officers and employees:		.!		ments (Sum of Items 8-13)	
C. Total disoblection is to entirely access			14. Total Disburse	Menta (our or nema o 10)	
D. Schedule of Disbursements for Reportable Activ	Ity Use this Sch instructions.	edule to report or	nly disbursements r	made for the purposes des	cribed in Part D of th
15.a. Employer Name:	manuchoris.	15.b. Trade	e Name, If any:		
io.a. Employer Harro.		10.5.	o reality.		
15.c. To Whom Paid		15.d. Amou	ınt 2250		
Name Joe Brock		15 a Duma			
Title Independent Contractor			d to give sp	eeches to employe	
		exercis		ght to organize a	nd bargain
Organization East Coast Labor Relation	s, LLC		<b>,</b> .		
P.O. Box, Building and Room Number, if any					
Street 151 Forge Road					
City Delran					
State New Jersey 🗘 ZIP Cod	te + 4 08075				
16. TOTAL DISBURSEMENTS FOR ALL REPORTAB	LE ACTIVITY	•			

Name of Person Filing: LL/ // / / / / / / / / / / / / / / / /	ting Se	MVian	Du	File Number C. (1/57)5	
B. Statement of Receipts Report all receipts from empl	• 7			rvices regardless of the ourooses of the a	advice
or services.		317 WHAT 1023 1 1 3.			
5.a. Name and Address of Employer (Including trade name, if a	any).		Mailing Address		
Employer L-3 Communications		P.O. B	ox, Building and Roo	om Number, if any	
		Street			
Trade Name				erica Blvd., Suite 500	
Attention To Linda Mandel		City	Oklahoma Ci	ty	
Title		State	Oklahoma	<b>⊘</b> ZIP Code + 4 7313	5
5.b. Termination Date 1/15/08		5.c. An	nount 9890		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			<del>-</del>		
			<del></del>		
				N	
C. Statement of Disbursements Report all disburse to the employers ill	ments made by ti sted in Part B.	ne reporting org	anization in connec	tion with labor relations advice or service	s renger
7. Disbursements to Officers and Employees:		(d) Tatala			
(a) Name (b) Sa	iary (c) Expens	ses (d) Totals	0.000	d A decisionation Frances	
			9. Office and	d Administrative Expenses	
			<del></del>	Professional Services	
			12. Loans Ma		
			13. Other Dis		
Total disbursements to officers and employees:		<b>L</b>		ursements (Sum of Items 8-13)	
b. Total disputs and officers and officers.			14. 1000 5135	discribing (our or notice of to)	
				<u> </u>	
D. Schedule of Disbursements for Reportable Activi	ty Use this S Instruction		ort only disburseme	nts made for the purposes described in P	art D of
15.a. Employer Name:			rade Name, If any	·	
15.c. To Whom Paid		15.d. #	Amount 5671		
Name Matt Perovic		15 e F	urpose		
Title Independent Contractor		Empl	oyed to give	speeches to employees rega	
Organization Quantum Consulting			cising their ectively.	right to organize and barg	jain
- gamam consultant					
P.O. Box, Building and Room Number, if any					
Street 10917 Kilpatrick					
City Oak Lawn					
		1			
State Illinois	0+4 60453	1			

<u> </u>	160.20 14.3				
Name of Person Filing: LRI Clausett Senerce	l · · -				
B. Statement of Receipts Report all receipts from employers in connection with or services.	abor relations advice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any).	Malling Address: P.O. Box, Building and Room Number, if any				
Employer Mears Transportation					
Trade Name	Street 324 Wet Gore Street				
Attention To Chuck Carns	City Orlando				
Title	State Florida				
5.b. Termination Date 8/29/08	5.c. Amount 45402				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements  Report all disbursements made by the report to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (d) To	ting organization in connection with labor relations advice or services rendere				
	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:	14. Total Disbursements (Sum of Items 8-13)				
D. Schedule of Disbursements for Reportable Activity  Use this Schedule instructions.	to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 8655				
Name Mike Rosado	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.				
Title Independent Contractor					
Organization M. Rosado Consultants, LLC					
P.O. Box, Building and Room Number, if any					
Street 5 Quail Court					
City Englewood					
State New Jersey					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

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Name of Person Filing: LL (L.7.)	30.17-1-4	ين ماء		. در بر معد	n.	File Number C- (( 5)	25		
B. Statement of Receipts Report all receipts for services.	rom employers	in connection	on wit	th labor relati	ons advice or ser	vices regardless of the purpor	ses of the advice		
			P.O. Box	Mailing Address: P.O. Box, Building and Room Number, if any					
Employer Mears Transportation									
Trade Name				Street	324 Wet Gore	Street			
Attention To Chuck	Carns			City	Orlando				
Title					Florida	lorida 🛇 ZIP Code + 4 32086			
5.b. Termination Date 8/29/08				5.c. Amou	unt 45402				
6. TOTAL RECEIPTS FROM ALL EMPLOYER	S								
C. Statement of Disbursements Report all to the em	disbursements ployers listed in	made by ti Part B.	ne rep	oorting organ	ization in connect	tion with labor relations advice	e or services rendere		
7. Disbursements to Officers and Employees:									
(a) Name	(b) Salary	(c) Expens	es (d)	Totals			,		
		ļ	_			Administrative Expenses			
		<b></b>	_		10. Publicity				
		<del> </del>		-		Professional Services			
		<del>                                     </del>	_		12. Loans Ma				
		<u> </u>			13. Other Dis				
Total disbursements to officers and employe	es:				14. Total Disbu	irsements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportab	le Activity	Use this S		ule to report	only disbursemen	its made for the purposes des	scribed in Part D of the		
15.a. Employer Name:			•	15.b. Tra	đe Name, If any:				
15.c. To Whom Paid			15.d. Am	15.d. Amount 8518					
Name Pat O'Mara			15.e. Pur	15.e. Purpose					
Title Independent Contractor			Employ	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.					
Organization O'Mara & Associates, LLC		collec							
organia w Associates,	шс								
P.O. Box, Building and Room Number, if an	v								
PO Box 2624	,								
Street									
City Novato									
. 457255	ZIP Code + 4 g	9494R		1					
16. TOTAL DISBURSEMENTS FOR ALL REP	·			i		<u> </u>			
10. 10 THE DIODOLIOENIEN OF OF HELL									

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Name of Person Filing:	Mariting	Service	ر کرد:	Spel	File Number C-	?5			
B. Statement of Receipts Report all recei or services.	<u>·</u>				rvices regardless of the purpos	ses 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 Mears Transportati	.on								
Trade Name	ade Name			Street 324 Wet Gore Street					
Attention To Chuck Carns			City o	City Orlando					
Title				State Florida					
5.b. Termination Date 8/29/08			5.c. Amou	nt 45402					
6. TOTAL RECEIPTS FROM ALL EMPLO	YERS								
<u> </u>									
	ort all disbursements mad e employers listed in Part		orling organi	zation in connec	ction with labor relations advice	or services rendere			
7. Disbursements to Officers and Employees: (a) Name	(b) Salary (c)	Expenses (d)	Totals						
				9. Office an	d Administrative Expenses				
				10. Publicity					
				11. Fees for	Professional Services				
				12. Loans Ma	ade				
				13. Other Dis	sbursements				
8. Total disbursements to officers and emp	loyees:			14. Total Dist	ursements (Sum of Items 8-13)				
D. Schedule of Disbursements for Repo		this Scheduructions.	ite to report o	only disburseme	nts made for the purposes des	cribed in Part D of ti			
15.a. Employer Name:			15.b. Trac	de Name, if any	:				
15.c. To Whom Paid				15.d. Amount 8260					
Name Byron Clay			15 e Puro	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.					
Title Independent Contractor			Employ						
Organization BJC and Associates, Inc.									
P.O. Box, Building and Room Number,	if any								
Street 10108 Fehlberg Ct		•							
City st John									
State Indiana	O ZIP Code + 4 4637	73	1						
16. TOTAL DISBURSEMENTS FOR ALL I	REPORTABLE ACTIVITY	Y		<del></del>					

Name of Person Filling: LRI Consulting Service	File Number C- CC 5-25				
B. Statement of Receipts Report all receipts from employers in connection with or services.					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Novatron					
Trade Name	Street 401 Loop 59				
Attention To Charles DeBeau	City Atlanta				
Title president	State Texas SIP Code + 4 75551				
5.b. Termination Date 4/24/08	5.c. Amount 24843				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Diaburaements  Report all disbursements made by the report to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (d)	porting organization in connection with labor relations advice or services render				
	9. Office and Administrative Expenses				
	10. Publicity				
	11. Fees for Professional Services				
	12. Loans Made				
	13. Other Disbursements				
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
D. Schedule of Disbursements for Reportable Activity  Use this Schedinstructions.	ule to report only disbursements made for the purposes described in Part D of				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 13143				
Name James H Strong  Title Independent Contractor  Organization Labor Crisis, Inc.	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.				
P.O. Box, Building and Room Number, if any					
Street 906 W McDermott, Suite 116					
Street 906 w McDermott, Suite 116  City Allen  State Texas					

Name of Person Filling: LLL Cc.	Bury Stena D	Mircoa	رميز		File Number C-	66525
B. Statement of Receipts Report all recei	<del></del>			ns advice or service	ces regardless of t	he purposes of the advice
or services.  5.a. Name and Address of Employer (including	trade name, if any).			Mailing Address: Building and Room	Number, if any	
Employer OPW Fueling Compos	nents			Ť	•	
Trade Name		Street 9	393 Priceton	Glendale Ro	nad.	
Attention To ToIn	Ciepichal			amilton		, du
Title	Clepional		State O	ZIP Code + 4 45011		
5.b. Termination Date 7/22/08			5.c. Amour	1 74252	·····• <u> </u>	
6. TOTAL RECEIPTS FROM ALL EMPLO	YERS		•			
				<del></del>	<del></del>	
to the 7. Disbursements to Officers and Employees:	employers listed in P	nade by the replant B.		ation in connectio	n with labor relation	ons advice or services rendered
(a) Name	(b) Salary	(c) Expenses (d)		A Office and A	dministrative Expe	
				10. Publicity	uministrative Expe	11568
				<del>                                      </del>	ofessional Services	-
				12. Loans Made		<u> </u>
	<del>-   -  </del>			13. Other Disbu		
8. Total disbursements to officers and emp	olovees;		<u> </u>	<del></del>	ements (Sum of Ite	ms 8-13)
	<u> </u>			<u> </u>		<u> </u>
D. Schedule of Diabursements for Repo	ortable Activity (	Jse this Schedu	le to report o	nly disbursements	made for the purp	poses described in Part D of th
15.a. Employer Name:			15.b. Trad	e Name, If any:		
15.c. To Whom Paid			15.d. Amount 40783			
Name Peter Quist  Title Independent Contractor  Organization Preferred Consulting Group, LLC		Employe	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.			
P.O. Box, Building and Room Number,	if any					
Street 29 Taft Corners, #225						
City Williston						
State Vermont	Ø ZIP Code + 4 05	5495				
16. TOTAL DISBURSEMENTS FOR ALL	REPORTABLE ACTIV	/ITY	- <u> </u>			

Name of Person Filing: LAI Consulting Searce	File Number C ((525
B. Statement of Receipts Report all receipts from employers in connection with or services.	n 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 Orthovita	1.5. Son, Saliding and Moon Hambol, II any
Trade Name	Street 77 Great Wallow Parkway
<u>-</u>	77 Gleat valley rankway
Attention to Christine Arasin	
Title	State Pennsylvania 🗘 ZiP Code + 4 19355
5.b. Termination Date 6/6/08	5.c. Amount 6000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Dispursements Report all disbursements made by the rep	orting organization in connection with labor relations advice or services rendere
to the employers listed in Part B.	
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity Use this Schedu	ale to report only disbursements made for the purposes described in Part D of the
instructions.	ne to report only dispursements made for the purposes described in Fact D or it
15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 3,000
Name Denise Malwitz	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding
•	exercising their right to organize and bargain collectively.
Organization	_
P.O. Box, Building and Room Number, if any	
Street 3530 Milford Haven	
City Las Vegas	
State Nevada	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u> </u>

Name of Person Filing: LCI (Lineau	tina Sia	-0.2	Inc		File Number C- C (52	2.5	
	e)						
B. Statement of Receipts Report all receipts from or services.	n employers in conne	ction w	ith labor relation	ns advice or servi	ces regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade na	ıme, if any).			Mailing Address: Building and Room	n Number, if any		
Employer Pepsi Cola Bottling				•	•		
Trade Name	Street 10	01 S First	Street				
Attention To Mike Tr	ammel		City <sub>Ya</sub>	kima			
Title General Manager State Washington 🕏 ZIP Code + 4 98901							
5.b. Termination Date 11/14/08			5.c. Amount	† 24064			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	.,,						
					· · -		
C. Statement of Disbursements Report all di to the emplo	sbursements made by	y the re	porting organiza	ation in connection	on with labor relations advice	e or services rendere	
7. Disbursements to Officers and Employees: (a) Name	(b) Salary (c) Expe	enses (c	l) Totals				
· · · · · · · · · · · · · · · · · · ·				9. Office and A	Administrative Expenses		
				10. Publicity	-		
• • • • • • • • • • • • • • • • • • • •				11. Fees for Pr	ofessional Services		
			· · · · · · · · · · · · · · · · · · ·	12. Loans Made	· ·		
				13. Other Disb	ursements		
8. Total disbursements to officers and employees				14. Total Disbur	sements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable	Activity Use this instruct		dule to report on	ily disbursements	s made for the purposes des	cribed in Part D of th	
15.a. Employer Name:	· · · · · · · · · · · · · · · · · · ·		15.b. Trade	Name, If any:			
15.c. To Whom Paid			15.d. Amou	int 13564	•		
Name Scott Mich	nel		15.e. Purpo	15.e. Purpose			
Title Independent Contractor	•						
Organization							
P O. Box, Building and Room Number, if any							
Street 819 Herman Road							
City Horsham							
State New Mexico	P Code + 4 19044						
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVITY						

Name of Person Filling: LE// (2)	welting	Act. 2	Cin YTL	رے ا	File Number C- CC.5	2.5	
B. Statement of Receipts Report all receipts or services.	from employers in	connection v	with labor relation	ons advice or servi	ices regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).				Mailing Address: Building and Roon	n Number, if any		
Employer Petermann Transporta	ition						
Trade Name				041 Hosbrook	c, Suite 330		
Attention To Lisa Forsthoefel				incinnati			
Title	State C	State Ohio					
5.b. Termination Date 3/21/08			5.c. Amoul	nt 60595			
6. TOTAL RECEIPTS FROM ALL EMPLOYER	RS						
	all disbursements on the state of the state		eporting organia	zation in connection	on with labor relations advice	e or services rendere	
7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses	(d) Totals				
				9. Office and	Administrative Expenses		
				10. Publicity			
		·		11. Fees for Pr	ofessional Services		
				12. Loans Made	9		
				13. Other Disb	ursements	-	
8. Total disbursements to officers and employ	ees:			14. Total Disbur	sements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reports		Use this Sche	edule to report o	only disbursement	s made for the purposes des	scribed in Part D of th	
15.a. Employer Name:		-	15.b. Trad	le Name, If any:			
15.c. To Whom Paid			15.d. Amo	15.d. Amount 34063			
Name Rebecca S	mith			15.e. Purpose			
Tite Independent Contrac	tor				speeches to employed right to organize a		
Organization				tively.			
P.O. Box, Building and Room Number, if a	any						
Street 4836 Castle Lake Ct							
City Las Vegas							
State Nevada 🔘	ZIP Code + 4 g	9139					
16. TOTAL DISBURSEMENTS FOR ALL RE	PORTABLE ACTI	VITY					

Name of Person Filing: [[ ( ! ) Level time ! !!!!!!!!	File Number C- (1525
<ul> <li>Statement of Receipts Report all receipts from employers in connection w or services.</li> </ul>	ith labor relations advice or services regardless of the purposes of the advice
S.a Name and Address of Employer (including trade name, if any).	Mailing Address:
Employor	P.O. Box, Building and Room Number, if any
Employer Props for Today	Obrant
Trade Name	Street 330 W 34th Street
Attention To Dyann Klein	City New York
Title	State New York SIP Code + 4 10001
5.b. Termination Date 3/28/09	5.c. Amount 3985
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the reto the employers listed in Part B.	eporting organization in connection with labor relations advice or services rende
7. Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expenses (c	i) Totals
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this Schedinstructions.	dule to report only disbursements made for the purposes described in Part D of
	15.b. Trade Name, If any:
15.a. Employer Name:	15.5. Fixed Name, if any.
15.c. To Whom Paid	15.d. Amount 2063
Name Chris Borusso	
	15.e. Purpose Employed to give speeches to employees regarding
Title Independent Contractor	exercising their right to organize and bargain collectively.
Organization Axiomatix, LLC	correctivery.
P.O. Box, Building and Room Number, if any	
Street 323 Mariners Way	
City Copiague	
State New York	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LEI Co.	May Itomi	Liner	Cest	ה באורי	File Number C-	? 🦯	
	力						
B. Statement of Receipts Report all receipts or services.	s from employers i	in connection	with labor relatio	ons advice or serv	ices regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (Including tra	de name, if any).			Mailing Address: Building and Roor	n Number, if any		
Employer Quesos La Ricura							
Trade Name		Street 2	25 Park Ave:	nue			
Attention To Ester	Alvardo			icksville			
				iew York	A zm o		
Title			State N	iew iork	<b>⊘</b> ZIP Code	1+4 11801	
5.b Termination Date 11/13/08			5.c. Amour	nt 35171			
6. TOTAL RECEIPTS FROM ALL EMPLOYE	RS			-			
C. Statement of Disbursements Report	all disbursements	made by the	reporting organia	zation in connecti	on with labor relations advice	e or services rendere	
to the e	mployers listed in	Part B.	, , , ,				
7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses	(d) Totals				
				9. Office and a	Administrative Expenses	T	
		<u> </u>	<u> </u>	10. Publicity			
		<u> </u>		11. Fees for Pi	rofessional Services		
				12. Loans Mad	6		
				13. Other Disb	ursements		
8. Total disbursements to officers and emplo	yees:			14. Total Disbur	sements (Sum of Items 8-13)		
					<del>-</del>		
D. Schedule of Disbursements for Report	able Activity	Use this Scho	edule to report o	inly disbursement	s made for the purposes de	scribed in Part D of the	
15.a. Employer Name:			15.b. Trad	le Name, If any:			
				_			
15.c. To Whom Paid	· · · · · · · · · · · · · · · · · · ·		15.d. Amo	unt 17734			
Name Mike	Rosado		15.e. Purp	15.e. Purpose			
Title Independent Contrac	tor						
Organization M. Rosado Managemen	ıt Consultan	ts					
P.O. Box, Building and Room Number, if	апу						
Street 5 Quail Court							
City Englewood							
<u>-</u>	ZIP Code + 4 g	17671					
			1			·	
16. TOTAL DISBURSEMENTS FOR ALL RE	PORTABLE ACT	IVITY					

	File Number C- (C5.25
B. Statement of Receipts Report all receipts from employers in connection w	
or services.  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Railcrew Mpress	T.O. DOX, DURNING AND FIDDIR RUNINGS; IT MAY
Trade Name	Street 5775 Yonge Street Suite 1010
	5775 Tonge beleet builte 1010
Attention To Scott Boyes	-
Title President	State Other
5.b. Termination Date 8/29/08	5.c. Amount 77520
B. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the reto the employers listed in Part B.	eporting organization in connection with labor relations advice or services rende
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (c)	d) Totals
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
<del></del>	12. Loans Made
	13. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this Sche instructions.	dule to report only disbursements made for the purposes described in Part D of
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 44520
Name Chris Borusso	15.e. Purpose
Tite Independent Contractor	Employed to give speeches to employees regarding
Organization Axiomatix, LLC	exercising their right to organize and bargain collectively.
Distribution of the second of	
P.O. Box, Building and Room Number, if any	
Street 323 Mariners Way	
-	

·		50.00	سيدون	16/6	Í			
Name of Person Filling: LEI Consultura Sinna	٠. م	-30°	,	File Number C- CCS	725			
B. Statement of Receipts Report all receipts from employers in connection or services.	ion with	labor relation	s advice or serv	ices regardless of the purp	oses of the advice			
5.a. Name and Address of Employer (including trade name, if any).			tailing Address: uilding and Roor	n Number, it any				
Employer Saginaw Chippewa Tribe		<u>.</u>						
Trade Name Soaring Eagle Casino		Street 75	Street 7500 Soaring Eagle Blvd					
Attention To		City Mt	City Mt Pleasant					
Title		State Mi	chigan	ZIP Cod	e+4 48858			
5.b. Termination Date 7/16/08		5.c. Amount	769,078					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
C. Statement of Disbursements  Report all disbursements made by to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expen	·	5 5	ation in connecti	on with labor relations advic	ce or services rendere			
(a) Name (b) Salary (c) Expen	ses (u)	IUMIS	0 0#=====	Administrativo European	T			
	$\dashv$		10. Publicity	Administrative Expenses				
	$\dashv$		<u>-</u> -	rofessional Services				
	- +		12. Loans Mad					
	_		13. Other Disb					
8. Total disbursements to officers and employees:	┌─┴			sements (Sum of Items 8-13)				
o. Total disparsiments to smeare and ampropersion	<u>.                                    </u>		14. Total Bibba	demonitor (demonitor vo)	_1			
D. Schedule of Disbursements for Reportable Activity  Use this Sinstruction  15.a. Employer Name:		<del></del>	ly disbursement	s made for the purposes de	escribed in Part D of the			
15.c. To Whom Paid	,	15.d. Amou	nt 66342					
Name Byron Clay		15.e. Purpos	se	· · · · · · · · · · · · · · · · · · ·				
Title Independent Consultant				speeches to employ right to organize				
Organization BJC and Associates, Inc.		collect		Tyno oo organiza				
P.O. Box, Building and Room Number, if any								
Street 10108 Fehlberg Ct								
City St. John								
State Indiana				····				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								

	Some 3 4 4				
Name of Person Filing: LEI Consultura Surance					
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).  Employer Sagrinay Chippewa Tribe	Mailing Address: P.O. Box, Building and Room Number, it any				
and want arribbane response	0				
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd				
Attention To	City Mt Pleasant				
Titte	State Michigan				
5.b. Termination Date 7/16/08	5.c. Amount 769,078				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbursements made by the repo	rting organization in connection with labor relations advice or services rendere				
to the employers listed in Part B.	ing organization in connection with labor relations advice of services relicite				
7. Disbursements to Officers and Employees:	edolo				
(a) Name (b) Salary (c) Expenses (d) T					
	Office and Administrative Expenses  10. Publicity				
	11. Fees for Professional Services				
	12. Loans Made				
	13. Other Disbursements				
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
o. Total disputational to officers and employees.	14. Total Disbursements (Sum of Refus 6-13)				
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:				
15.c. To Whom Paid	15.d. Amount 71818				
Name Joe Brock	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain				
Title Independent Consultant					
Organization East Coast Labor Relations, LLC	collectively.				
P.O. Box, Building and Room Number, if any					
Street 151 Forge Road					
City Delran					
State New Jersey					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	1				

•					1624.11	30/9	
Name of Person Filing: LRI (6712:00	tour 1	1		Tric	्न ्	File Number C-	25-
Sa. Constact	rione de	521,1425	<del></del>	<u> </u>			
B. Statement of Receipts Report all receipts from or services.	n employers i	n connection	with 1	labor relati	ons advice or serv	ices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade name, if any).					Mailing Address:		
Employer Saginaw Chippewa Tribe				P.O. Box,	Building and Roon	n Number, if any	
Trade Name Soaring Eagle Casino				Street -	7500 Soaring	Facia Blud	
Attention To				<b>~</b> :.	Mt Pleasant	Ragie Biva	
						<b>6</b> 710 0 4	4
Title				State	Michigan	<b>₩</b> ZIP Code	+4 48858
5.b. Termination Date 7/16/08		· · · · · ·		5.c. Amou	ınt 769,078	·	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		•					
							····
			·				
	sbursements yers listed in		repor	ting organi	ization in connection	on with labor relations advic	e or services rendere
7. Disbursements to Officers and Employees.	/L\ C-l	(a) E	- /-D T.	bala			
(a) Name	(b) Salary	(c) Expense	1 (0)	otals	9 Office and	Administrative Expenses	1
		ļ	+		10. Publicity	Mariniana Expenses	
		1	+		<del></del>	rofessional Services	
		1	+		12. Loans Mad		
	<del>                                     </del>		1		13. Other Disb	ursements	
8. Total disbursements to officers and employees	;		<del>. '</del>		14. Total Disbur	sements (Sum of Items 8-13)	
	,						
D. Debedule of Bishamore at 6 - December	A salvila.					. As facilities	
D. Schedule of Disbursements for Reportable	ACTIVITY	instructions		to report	only dispursement	s made for the purposes de	Scribed in Part D of the
15.a. Employer Name:				15.b. Tra	de Name, If any:		
15.c. To Whom Paid				15.d. Am	ount 9625		
Name Frank Bar	bera			15.e. Purpose			
Tite Independent Consultan	E			Employed to give speeches to employees regarding			
Organization Frank Barbera & Assoc				exercising their right to organize and bargain collectively.			
rrank Barbera & Assoc.	lates						
P.O. Box, Building and Room Number, if any							
-							
Street 3308 Ariba Street							
City Las Vegas							
State Nevada 🗘 Z	P Code + 4	39129		<u>L</u> _			· .
16. TOTAL DISBURSEMENTS FOR ALL REPO	RTABLE ACT	1VITY					<del>-</del>

1				Dogwood	, 4 6/ 7	<del>,</del>
Name of Person Filing: LEI Collicus.	Ctinic	Lucia	يل ر د.	Dage.	File Number C- CC5	2 3
B. Statement of Receipts Report all receipts from or services.	n employers i	n connection v	with labor relation	ons advice or serv	ices regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade name, if any).  Employer Saginaw Chippewa Tribe				Mailing Address: Building and Room	n Number, if any	
padrada on-blosse in inches			C44			
Trade Name Soaring Eagle Casino			Street 7	500 Soaring	Eagle Blvd	
Attention To			City M	It Pleasant		
Title			State I	Michigan		+4 48858
5.b. Termination Date 7/16/08			5.c. Amou	nt 769,078		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
	<u>.                                    </u>	···				
						<del></del>
	sbursements yers listed in		eporting organi	zation in connection	on with labor relations advice	e or services rendere
7. Disbursements to Officers and Employees:						
(a) Name	(b) Salary	(c) Expenses	(d) Totals			
				9. Office and	Administrative Expenses	
				10. Publicity	and the same of th	
				11. Fees for Pr	ofessional Services	
				12. Loans Made	3	
				13. Other Disb	ursements	
8. Total disbursements to officers and employees	· ·			14. Total Disbur	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable	Activity	Use this Sche	dule to report o	only disbursement	s made for the purposes des	cribed in Part D of th
15.a. Employer Name:			15.b. Trac	ie Name, if any:		
				, ,		
15.c. To Whom Paid			15.d. Amo	ount 67019		
Name Gerald O'Br	ien		15.e. Purg	oose		
Title Independent Consultant	:		Employ	ed to give a	peeches to employe	
Organization				sing their r tively.	right to organize a	no bargain
Organization				-		
P.O. Box, Building and Room Number, if any						
Street 23 Summit Heights						
City North Oaks						
. Horem danie	P Code + 4 5	E127				
16. TOTAL DISBURSEMENTS FOR ALL REPOR	HABLE ACT	IVII Y				

				agini - 5	Tal 4		
Name of Person Filling: L21 Collisations	Si zu i	Jour Jour	ر	File Number C-	05.25		
<u> </u>				•			
B. Statement of Receipts Report all receipts from employers in or services.	n connection w	vith labor relation	ns advice or serv	ices regardless of the	purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).		N	Aailing Address:				
Employer and an arranged as a second		P.O. Box, B	Building and Roor	n Number, if any			
Employer saginaw Chippewa Tribe		Street 75					
Trade Name Soaring Eagle Casino		73	-	Eagle Blvd			
Attention To			: Pleasant				
Title		State M:	ichigan	<b>♡</b> ZIP	Code + 4 48858		
5.b. Termination Date 7/16/08		5.c. Amoun	t 769,078				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
	<u> </u>						
C. Statement of Disbursements Report all disbursements to the employers listed in		eporting organiza	ation in connecti	on with labor relations	advice or services rendere		
7. Disbursements to Officers and Employees:							
(a) Name (b) Salary	(c) Expenses (	d) Totals					
			9. Office and	Administrative Expense	35		
			10. Publicity				
				rofessional Services			
			12. Loans Mad	• • • • • • • • • • • • • • • • • • • •			
	<u> </u>		13. Other Disb				
8. Total disbursements to officers and employees:			14. Total Disbu	rsements (Sum of Items	8-13)		
D. Schedule of Disbursements for Reportable Activity	Use this Sche	dule to report or	nly disbursement	s made for the purpos	es described in Part D of the		
15.a. Employer Name:		15.b. Trade	Name, If any:				
15.c. To Whom Paid			15.d. Amount 2279				
Name Jason Greer			15.e. Purpose				
Title Independent Consultant			Employed to give speeches to employees regarding exercising their right to organize and bargain				
Organization Greer Consulting, Inc.			ively.		-		
DOD D. Helica and Doom Mumber (Com.							
P.O. Box, Building and Room Number, if any							
Street 33 Mallory Bend Court							
City Lake St Louis							
State Missouri	63367						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	IVITY	····					

	•		_		10-31210 m 6	09
Sa Name and Address of Employer (including trade name, if any).  Employer Saginaw Chippewa Tribe Trade Name Soaring Eagle Casino Attention To City Mt Pleasant Title State Michigan  Street 7500 Soaring Eagle Blvd City Mt Pleasant Title State Michigan  Street 7500 Soaring Eagle Blvd City Mt Pleasant Title State Michigan  Street 7500 Soaring Eagle Blvd City Mt Pleasant Title State Michigan  Street 7500 Soaring Eagle Blvd City Mt Pleasant Title State Michigan  Street 7500 Soaring Eagle Blvd City Mt Pleasant Title State Michigan  State Michigan  State Michigan  Street 7500 Soaring Eagle Blvd City Mt Pleasant Title State Michigan  State	Name of Person Filing: LRI ('6)LieC(	ting Silve	در ردی	)71C,	File Number C- CC 5	£'5-
Employer Saginaw Chippewa Tribe Trade Name Soaring Eagle Casino Attention To Title State Michigan City Mt Pleasant State Mtchigan State Mtchigan City Mt Pleasant State Mtchigan State Mtchigan City Mt Pleasant State Mtchigan City Mt Pleasant State Mtchigan City Mtchigan State Mtchigan City Mtchigan State Mtchigan City Mtchigan State Mtchigan State Mtchigan City Mtchigan State Mtch		ployers in connection	with labor relation	ns advice or serv	rices regardless of the purpo	ses of the advice
Attention To  City Mt Pleasant  Title  State Michigan  City Mt Pleasant  Title  State Michigan  City Mt Pleasant  Title  State Michigan  City Mt Pleasant  State Michigan		any).		_	n Number, it any	
Attention To Title State Michigan  State Michigan  Title State Michigan  Total State Mic			Ctroot			
State Michigan			/.	500 Soaring	Eagle Blvd	
5.b. Termination Date 7/16/08 5.c. Amount 769,078  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursements for Report all disbursements made by the reporting organization in connection with labor relations advice or services reto 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 10. Publicity 11. Feas for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. Total disbursements for Reportable Activity 15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC  15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC	Attention To		City Mi	t Pleasant		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Disbursements To the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Pald Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC	Title		State M	ichigan	<b>⊘</b> ZIP Code	+4 48858
C. Statement of Disbursements 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 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Itams 8-13)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part Instructions.  15.b. Trade Name. If any:  15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LIC	5.b. Termination Date 7/16/08		5.c. Amoun	nt 769,078		:
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 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of items 8-13)  15. Employer Name:  15. Trade Name, If any.  15. Amount 148,008  15. Amount 148,008  15. Purpose 15. Purpo	6. TOTAL RECEIPTS FROM ALL EMPLOYERS				<del>_</del>	
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 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  15. Employer Name:  15. Employer Name:  15. Trade Name, If any:  15. Amount 148,008  15. Amount 148,008  15. Purpose 1						
9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part Instructions.  15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC  15.d. Amount 148,008  15.e. Purpose Employed to give speeches to employees regard exercising their right to organize and bargaic collectively.	to the employers 7. Disbursements to Officers and Employees:	listed in Part B.	_	ation in connecti	on with labor relations advice	e or services rendere
10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part Instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC  15.d. Amount 148,008  15.e. Purpose Employed to give speeches to employees regard exercising their right to organize and bargaic collectively.	(a) realize	(,, =,, ==	1	9. Office and	Administrative Expenses	
12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part Instructions.  15.a. Employer Name: 15.b. Trade Name, If any:  15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC  17. Loans Made 18. Total Disbursements (Sum of Items 8-13)  18. Total Disbursements made for the purposes described in Part Instructions.  15.b. Trade Name, If any:  15.c. Purpose Employed to give speeches to employees regard exercising their right to organize and bargaic collectively.			<u> </u>	+		<u> </u>
8. Total disbursements to officers and employees:  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC  13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  15.b. Trade Name, If any:  15.b. Trade Name, If any:  15.c. Purpose Employed to give speeches to employees regard exercising their right to organize and bargain collectively.			<del>                                     </del>	11. Fees for P	rofessional Services	
8. Total disbursements to officers and employees:  D. Schadule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part Instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC  148. Total Disbursements (Sum of Items 8-13)  15.b. Trade Name, If any:  15.c. Purpose Employed to give speeches to employees regard exercising their right to organize and bargain collectively.			<del>                                     </del>	12. Loans Mad	le	
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part Instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name Peter Quist  Title Independent Consultant  Organization Grubb Quist & Associates, LLC  Use this Schedule to report only disbursements made for the purposes described in Part Instructions.  15.b. Trade Name, If any:  15.c. Purpose  Employed to give speeches to employees regard exercising their right to organize and bargain collectively.				13. Other Disb	ursements	T
instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  15.d. Amount 148,008  Name Peter Quist  Title Independent Consultant  Organization Grubb Quist & Associates, LLC  15.b. Trade Name, If any:  15.c. Purpose Employees to employees regard exercising their right to organize and bargain collectively.	8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)		
instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  15.d. Amount 148,008  Name Peter Quist  Title Independent Consultant  Organization Grubb Quist & Associates, LLC  15.b. Trade Name, If any:  15.c. Purpose Employees to employees regard exercising their right to organize and bargain collectively.						
15.c. To Whom Paid  Name Peter Quist  Title Independent Consultant  Organization Grubb Quist & Associates, LLC  15.d. Amount 148,008  15.e. Purpose  Employed to give speeches to employees regard exercising their right to organize and bargain collectively.	D. Schedule of Disbursements for Reportable Activ		edule to report o	nly disbursement	ts made for the purposes de	scribed in Part D of the
Name Peter Quist  Title Independent Consultant  Organization Grubb Quist & Associates, LLC  15.e. Purpose Employed to give speeches to employees regard exercising their right to organize and bargai collectively.	15.a. Employer Name:		15.b. Trad	e Name, If any:		
Title Independent Consultant Employeed to give speeches to employees regard exercising their right to organize and bargai collectively.	15.c. To Whom Paid		15.d. Amo	unt 148,008		
P.O. Box, Building and Room Number, if any	Tite Independent Consultant		Employe	Employed to give speeches to employees regarding exercising their right to organize and bargain		
	P.O. Box, Building and Room Number, if any					
Street 12 S Main Street	Street 12 S Main Street					
City Waterbury	City Waterbury					
State Vermont	_	de + 4 05676				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	16. TOTAL DISBURSEMENTS FOR ALL REPORTAB	LE ACTIVITY				<u> </u>

	Mins - 70/9			
Name of Person Filling: LL1 Colors Ct. per				
B. Statement of Receipts Report all receipts from employers in connection will or services.	h 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 Saginaw Chippewa Tribe	0			
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd			
Attention To	City Mt Pleasant			
Title	State Michigan 😡 ZIP Code + 4 48858			
5.b. Termination Date 7/16/08	5.c. Amount 769,078			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements  Report all disbursements made by the report to the employers listed in Part B.  7. Disbursements to Officers and Employees:	orting organization in connection with labor relations advice or services rendere			
(a) Name (b) Salary (c) Expenses (d)	Totals			
	Office and Administrative Expenses			
	10. Publicity			
	11. Fees for Professional Services			
	12. Loans Made			
	13. Other Disbursements			
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity  Use this Schedule of Disbursements for Reportable Activity	ale to report only disbursements made for the purposes described in Part D of the			
instructions.	are to report only disputsements made for the purposes described in real bord			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 38109			
Name	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain			
Title				
Organization R. J. Berrier, Ltd	collectively.			
P.O. Box, Building and Room Number, if any				
Street 711 Montgomery Avenue				
City Narberth				
State Pennsylvania				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

	January 8 d 9
Name of Person Filing: LRI Carrow Strage Diese	
B. Statement of Receipts Report all receipts from employers in connection or services.	ion with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).  Employer Sacrinary Chippeya Tribe	Mailing Address: P.O. Box, Building and Room Number, if any
radinam outbbeng ittoe	Overal
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd
Attention To	City Mt Pleasant
Title	State Michigan
5.b. Termination Date 7/16/08	5.c. Amount 769,078
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	the reporting organization in connection with labor relations advice or services render
7 Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expens	ses (d) Totals
	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:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this S instruction	Schedule to report only disbursements made for the purposes described in Part D of the ns.
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 70031
Name Rebecca Smith	46 - P
	15.e. Purpose  Employed to give speeches to employees regarding
100p0	exercising their right to organize and bargain collectively.
Organization	correctively.
P.O. Box, Building and Room Number, if any	
Street 4869 Castle Court Lake	
City Las Vegas	
State Nevada	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

					1	- براسب	10	1
Name of Person Filing: レスノ (こうしょして)	 ?	di 20.	:o ,	. Dzc		14	0052	,
B. Statement of Receipts Report all receipts from emor services.	ployers in	n connectio	n with	labor relati	ons advice or ser	vices regardless of t	ihe purposes	of the advice
5.a. Name and Address of Employer (including trade name, if any).			P.O. Box,	Mailing Address: Building and Room				
Employer Saginaw Chippewa Tribe								
Trade Name Soaring Eagle Casino				Street	7500 Soaring	Eagle Blvd		
Attention To				City 1	Mt Pleasant			
Title				State	Michigan	<b>©</b> :	ZIP Code +	4 48858
5.b. Termination Date 7/16/08	<u></u>		<u> </u>	5.c. Amoi	unt 769,078			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
to the employers			е геро	rting organ	ization in connect	ion with labor relation	ons advice o	r services rendere
7. Disbursements to Officers and Employees: (a) Name (b) 5	Salary	(c) Expense	es (d) T	otals				
					9. Office and	Administrative Expe	enses	_
					10. Publicity			
					11. Fees for P	rofessional Service	.s	
					12. Loans Mad	de		
					13. Other Dist	oursements		
8. Total disbursements to officers and employees:					14. Total Disbu	rsements (Sum of Ite	ms 8-13)	
D. Schedule of Disbursements for Reportable Acti		Use this So		e to report	only disbursemen	ts made for the pun	poses descri	ibed in Part D of th
15.a. Employer Name:				15.b. Tra	de Name, if any:			
15.c. To Whom Paid				15.d. Am	ount 17131			
Name Terry Cuba				15.e. Purpose				
Title Independent Contractor					speeches to e right to orga			
Organization Brahma Defense Enterprise, LLC				ctively.				
P.O. Box, Building and Room Number, if any								
Street 10815 Argonite Dr, NW								
City Albuquerque								
State New Mexico	de + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPORTAGE	SLE ACTI	VITY		<u> </u>	•			

•	Saladine's 1 d 3
Name of Person Filing: LCI (Cresulting Since)	50/00/1003 / 6/3
Statement of Receipts Report all receipts from employers in connection with or services.	
5.a. Name and Address of Employer (including trade name, if any).  Employer Saladino's Inc	Mailing Address: P.O. Box, Building and Room Number, if any
	Street 5400 Ontario Mille Parkway, Ste 100
Trade Name	5400 Oncarto mirro Parkway, Sec 100
Attention To Tom Stuart	City Ontario
Title	State California
5.b. Termination Date 6/27/08	5.c. Amount 128,560
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements  Report all disbursements made by the report to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (d) To the employees:	orting organization in connection with labor relations advice or services rend
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D o
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 19665
Name Denise Malwitz	15.e. Purpose Employed to give speeches to employees regarding
Title Independent Contractor	exercising their right to organize and bargain
Organization	collectively.
P.O. Box, Building and Room Number, if any	
Street 3530 Milford Haven	
City Las Vegas	
State Nevada	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

•		Cintu	16. 1. t. C;	, 1	Saladines &	16/3	
Name of Person Filling: LÉI	Caralting.	ورزر وربر نام خالم	بر برائج	,	File Number C	<u> </u>	
	·.J						
B. Statement of Receipts Report at or services.	I receipts from employers	in connection v	ith labor relatio	ens advice or serv	rices regardless of the purpos	ses of the advice	
5.a. Name and Address of Employer (inc				Mailing Address: Building and Roor	m Number, if any		
Employer Saladino's Inc	;						
Trade Name			Street 5	400 Ontario	Mills Parkway, Ste	100	
Attention To Tom	Stuart		City O	ntario			
Trtle			State C	California		+4 91764	
5.b. Termination Date 6/27/08	}		5.c. Amou	nt 128,560			
6. TOTAL RECEIPTS FROM ALL EI	MPLOYERS						
	<del></del>	_					
C. Statement of Disbursements	Report all disbursements to the employers listed in	made by the n Part B.	eporting organia	zation in connecti	ion with labor relations advice	or services rendere	
7 Disbursements to Officers and Emplo							
(a) Name	(b) Salary	(c) Expenses (	d) Totals	<del></del>			
				+	Administrative Expenses		
		<u> </u>		10. Publicity			
		1			rofessional Services		
		<del> </del>		12. Loans Mad			
	<u> </u>	<u> </u>	<u> </u>	13. Other Dist			
8. Total disbursements to officers an	id employees:			14. Total Disbu	rsements (Sum of Items 8-13)		
D. Schedule of Disbursements for	Reportable Activity	Use this Sche	dule to report of	only disbursemen	is made for the purposes des	cribed in Part D of th	
15.a. Employer Name:			15.b. Trac	de Name, If any:			
45 T. Mil. D. 1			15 d. Ama		<del>-</del>		
15.c. To Whom Paid			15.u. Alliu	15.d: Amount 22840			
Name David Acosta				15.e. Purpose Employed to give speeches to employees regarding			
Title Independent Contractor			exerci	sing their	right to organize a		
Organization Redstone Enterprises, Inc			collec	tively.			
P.O. Box, Building and Room No	umber, if any						
Street 5415 East Willowi	ck						
City Anaheim							
State California		92807					
16. TOTAL DISBURSEMENTS FOI	ALL REPORTABLE ACT	TIVITY					

		Cun	tunat	101)	Saladines	30/3		
Name of Person Filling: 1 L1 Cons	icting 1	legares,	Duc.		File Number C- CC-72	-5- L'		
B. Statement of Receipts Report all receip or services.	ts from employers	in connection w	rith labor relatio	ns advice or serv	rices regardless of the purpos	es of the advice		
				Mailing Address: Building and Rooi	π Number, if any			
Employer Saladino's Inc								
Trade Name			Street 5	400 Ontario	Mills Parkway, Ste	100		
Attention To Tom	Stuart		City O	ntario				
Title			State C	California		+4 91764		
S.b. Termination Date 6/27/08			5.c. Amour	nt 128,560				
6. TOTAL RECEIPTS FROM ALL EMPLOY	ERS		-					
					· · · · · · · · · · · · · · · · · · ·			
	t all disbursements employers listed in		eporting organiz	zation in connect	on with labor relations advice	or services rendere		
7. Disbursements to Officers and Employees:								
(a) Name	(b) Salary	(c) Expenses (	d) Totals					
		<u> </u>		9. Office and	Administrative Expenses			
		-		10. Publicity				
		ļ		11. Fees for P	rofessional Services			
				12. Loans Mad	le			
				13. Other Dist	oursements			
8. Total disbursements to officers and emple	oyees:			14. Total Disbu	rsements (Sum of Items 8-13)			
D. Schedule of Disbursements for Repor	table Activity	Use this Sche instructions.	dule to report o	nly disbursemen	ts made for the purposes des	cribed in Part D of th		
15.a. Employer Name:			15.b. Trad	le Name, if any:				
15.c. To Whom Paid	<u> </u>	<del></del>	15.d. Amo	unt 23054				
Name Hector Barcenas			15 a Pum	15.e. Purpose				
Title Independent Contractor			Employ	ed to give	speeches to employe	es regarding		
Organization				sing their tively.	right to organize a	nd bargain		
Organization				-				
P.O. Box, Building and Room Number, i	f any							
Street 6217 Crossfire Ct								
City Corona								
State California	ZIP Code + 4			<del></del>				
AS TOTAL BIODUPOCHICAGO COD ALL C	SEPORTARI E ACT	FIX #3537						

Name of Person Filing: LRI Consultang Secure	File Number C- ((5.25
J	
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 Southwark Metal Manufacturing Company	-
Trade Name	Street 8680 Stanton Road
Attention To Dave Riccio	City Southaven
Title	State Mississippi
5.b. Termination Date 4/26/08	5.c. Amount 66592
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
	<u>,</u>
C. Statement of Diaburaerments  Report all disbursements made by the report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expenses (d)	
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
	e to report only disbursements made for the purposes described in Part D of the
instructions.	1
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 36217
Name Byron Clay	15.e. Purpose
Tite Independent Contractor	Employed to give speeches to employees regarding
	exercising their right to organize and bargain collectively.
Organization BJC & Associates, Inc.	
P.O. Box, Building and Room Number, if any	
Street 10108 Fehlberg Ct	
City St John	}
State Indiana	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filling: LLI Citia	it in	Si ilic.	, لوز	. <u>J</u> nc	File Number C- CC5.	25
B. Statement of Receipts Report all receipts from or services.	employers in con	nection with	labor rela	ations advice or ser	vices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade nan	ne, if any).		P.O. Bo	Mailing Address: ox, Building and Roo		
Employer Sweet Sam's			_			
Trade Name			Street	15 E 76th St	reet	
Attention To David Gro	gan		City	New York		
Title			State	New York		+4 10021
5.b. Termination Date 8/29/08			5.ç. Am	ount 19162		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all dist to the employ	bursements made ers listed in Part	e by the repor	rting orga	anization in connect	tion with labor relations advice	e or services render
Disbursements to Officers and Employees:     (a) Name	(b) Salary (c) E	Expenses (d) To	otals			
				9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for F	Professional Services	
				12. Loans Ma	de	
				13. Other Dis	bursements	
8. Total disbursements to officers and employees:				14. Total Disbu	ursements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable A	ctivity Use	this Schedule	e to repo	rt only disbursemer	nts made for the purposes de	scribed in Part D of
15.a. Employer Name:			15.b. T	rade Name, If any:		
15.c. To Whom Paid	· · · · · · · · · · · · · · · · · · ·	<u></u> .	15.d. A	mount 12412		
Name Hector Barcenas			15.e. P	urpose		
Title Independent Contractor			Empl	oyed to give	speeches to employed right to organize a	
Organization			ectively.	right to organize a	and bargain	
P.O. Box, Building and Room Number, if any			E			
Street 6217 Crossfire Court						
City Corona						
	Code + 4 9288	30				
16. TOTAL DISBURSEMENTS FOR ALL REPORT			<u> </u>		- <del></del>	_ <u></u> _

Name of Person Filing:	Tara lerra	·	756.)	File Number C- (C52	.5
LA: College	ing Senere	<del></del>	<u></u>	1 000,70	<u> </u>
B. Statement of Receipts Report all receipts from emp or services.	loyers in connection w	ith labor relati	lons advice or ser	vices regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name, if	апу).	P.O. Box,	Mailing Address: Building and Roo		
Employer T.D. Desert Development,LP					
Trade Name Rancho La Quinta Country	Club	Street	79-301 Las C	ascadas	
Attention To Grady Sparks	ı	City 1	La Quinta		
Title		State	California		+ 4 92253
5.b. Termination Date 4/11/08		5.c. Amai	unt 78886		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
		·			
to the employers I 7. Disbursements to Officers and Employees:	isted in Part B.		nization In connect	ion with labor relations advice	or services render
(a) Name (b) Si	alary (c) Expenses (c	f) Totals	T		
				Administrative Expenses	
			10. Publicity		
			<del></del>	Professional Services	
<u> </u>			12. Loans Ma		
O T and the same and apple and			13. Other Disk		
Total disbursements to officers and employees:			14, 10tal Disbi	irsements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Activ		dule to report	only disbursemen	nts made for the purposes des	cribed in Part D of
AF a Factoria Name	instructions.	15 h Tre	ade Name, II any:		
15.a. Employer Name:		15.5. 118	aue maine, ir any.		
15.c. To Whom Peid		15.d. Am	oum 41386		
Name Alex Casilla	8	15.e. Pui	rpose		
Title Independent Contractor		Employ	yed to give	speeches to employe	es regarding
-			ctively.	right to organize a	no bargain
Organization Action Resources		Í			
P.O. Box, Building and Room Number, if any					
Street 1119 S Mission Road, Suite 223	3				
City Fallbrook	-				
	de + 4 92028				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABI	LE MOTIVILT				

Name of Person Filing:	File Number C-		
B. Statement of Receipts Report all receipts from employers in connection with lor services.	abor 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 Tappan Zee Manor Home for Adults			
Trade Name	Street 51 Mountainview Avenue		
Attention To Vincent Cuono	City Nyack		
Title	State New York Strand ZIP Code + 4 10960		
5.b. Termination Date 8/20/08	5.c Amount 7599		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	elato		
	Office and Administrative Expenses		
	10. Publicity		
	11. Fees for Professional Services		
	12. Loans Made		
	13. Other Disbursements		
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)		
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 th		
15.a. Employer Name:	15.b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Amount 11215		
Name Carina Hunt	15.e. Purpose		
Title Independent Contractor	Employed to give speeches to employees regarding exercising their right to organize and bargain		
Organization C. Hunt Management Consulting Inc	collectively.		
01 1410 1410 1010 1010 1010 1010 1010 1			
P.O. Box, Building and Room Number, if any			
Street 1405 Stone Lakes Drive			
City Southlake			
State Texas			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of or services.  5.a Name and Address of Employer (including trade name, if any).  Employer Traditions Golf Course  Trade Name  Attention To John  Reynolds  City La Quinta  Title  State California  ZIP Code + 4 9  5.b. Termination Date 7/14/08  5.c. Amount 18767  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 se to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (d) Totals  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  13. Other Disbursements	
5.a Name and Address of Employer (Including trade name, if any).  Employer Traditions Golf Course  Trade Name  Attention To John Reynolds  Title  State California  State California  Title  C. Statement of Disbursements  Report all disbursements made by the reporting organization in connection with labor relations advice or se 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  10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements  13. Other Disbursements	the advice
Attention To John Reynolds City La Quinta  Title State California  ZIP Code + 4 9  5.b. Termination Date 7/14/08 5.c. Amount 18767  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 se 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  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements	
Attention To John Reynolds City La Quinta  Title State California © ZIP Code + 4 9  5.b. Termination Date 7/14/08 5.c. Amount 18767  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 se 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 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements	
State California	
5.b. Termination Date 7/14/08 5.c. Amount 18767  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 se 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  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements	
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 se 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  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements	2253
C. Statement of Disbursements  Report all disbursements made by the reporting organization in connection with labor relations advice or se 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 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements	
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 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements	
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements	
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10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements	
11. Fees for Professional Services 12. Loans Made 13. Other Disbursements	
12. Loans Made 13. Other Disbursements	
13. Other Disbursements	
C. Takel dishumoments to officers and ampleuses.	
8. Total disbursements to officers and employees:  14. Total Disbursements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described instructions.	in Part D of t
15.a. Employer Name: 15.b. Trade Name, If any:	
15.c. To Whom Paid 15.d. Amount 9767	
Name Jose Agraz 15.e. Purpose	
Title Independent Contractor Employed to give speeches to employees r exercising their right to organize and b	
Organization EMSI Consulting, Inc.	aryarn
P.O. Box, Building and Room Number, if any	
Street 1340 N Aster Street #2205	
City Chicago	
State Illinois	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

•	Trink, 10/3
Name of Person Filing: LPI (Shows Time June)	Co : 25
B. Statement of Receipts Report all receipts from employers in connection wit or services.	h 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 Trinity Industries, Inc.	Street 2525 Stormong Frontist
Trade Name	2525 Stemmons Freeway
Attention To pat Wallace	City Dallas
Title President	State Texas
5.b. Termination Date 3/14/09	5.c. Amount 137, 088
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements     Report all disbursements made by the rep to the employers listed in Part B.  7. Disbursements to Officers and Employees:	ording organization in connection with labor relations advice or services render
(a) Name (b) Salary (c) Expenses (d)	
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this Schedule	ule to report only disbursements made for the purposes described in Part O of
instructions.	no to report only discussion and made for the purposes december in a fact of
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 62739
Name Ken Cannon	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding
Organization Action Resources	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 2207 Ballantrae Drive	
City colleyville	
State Texas SIP Code + 4 76034	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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Name of Person Filing: 上口 Cilinaにて	ing line can	, . J4c	;	File Number C-	25-l'	
B. Statement of Receipts Report all receipts from emp or services.	loyers in connection with	h labor relation	s advice or service	es regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade name, if	any).		lailing Address: uilding and Room	Number, if any		
Employer Trinity Industries, Inc.		_				
Trade Name		Street 25	25 Stemmons	Freeway		
Attention To Pat Wallac	e	City Da	llas			
Title President		State Te	exas	ZIP Code	+4 75207	
5.b. Termination Date 3/14/09		5.c. Amount	137,088	<u> </u>		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	-	- <del>:</del>				
			· · · · · · · · · · · · · · · · · · ·			
to the employers if 7. Disbursements to Officers and Employees:	isted in Part B.		ation in connectio	n with labor relations advice	e or services rendere	
(a) Name (b) Sa	alary (c) Expenses (d)	lotais	O Office and A	desinistrative European	<u> </u>	
			<del></del>	dministrative Expenses		
			10. Publicity	ifessional Services		
		_	12. Loans Made			
			13. Other Disbu			
8. Total disbursements to officers and employees:				ements (Sum of Items 8-13)		
6. Total dispulsaments to oncers and employees.			14. 100, 0,000	emona (com or nome o 10)	<u> </u>	
D. Schedule of Disbursements for Reportable Activ	Ity Use this Schedinstructions.	ule to report on	ly disbursements	made for the purposes de	scribed in Part D of t	
15.a. Employer Name:		15.b. Trade	Name, If any:			
15.c. To Whom Paid		15.d. Amou	nt 7777			
Name Russell Brown		15.e. Purpo	se			
Title Independent Contractor			Employed to give speeches to employees regarding exercising their right to organize and bargain			
Organization RoadWarrior Productions LI	LC	collect			•	
P.O. Box, Building and Room Number, if any						
Street 108 S Indian Circle						
City Coca						
State Florida 🖨 ZIP Coo	ie+4 32922					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABL	E ACTIVITY					

1	نازية	IT river	ج ريسي	Thinks 3	1/3
Name of Person Filing: LL! (ill-).	Ctro de was	رائد بد	n :	File Number C-	/) :5-
	う カー・	<del></del>			
B. Statement of Receipts Report all receipts from or services.	employers in connection w	ith labor relation	ns advice or serv	rices regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name			Mailing Address: Building and Roor		
Employer Trinity Industries, Inc	: •				
Trade Name		Street 25	525 Stemmon	s Freeway	
Attention To Pat Wal	llace	City Da	allas		
Title President		State T	exas		+ 4 75207
5.b. Termination Date 3/14/09		5.c. Amour	137,088		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
		<del>.</del>			
	bursements made by the re yers listed in Part B.	porting organiz	ation in connecti	on with labor relations advice	or services rendere
Disbursements to Officers and Employees:     (a) Name	(b) Salary (c) Expenses (c	d) Totals			
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			10. Publicity		
			11. Fees for P	rolessional Services	
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			13. Other Dist	oursements	
8. Total disbursements to officers and employees:			14 Total Disbu	rsements (Sum of Items 8-13)	
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D. Schedule of Disbursements for Reportable A	Activity Use this Scheinstructions.	dule to report o	nly disbursemen	ts made for the purposes des	cribed in Part D of the
15.a. Employer Name:	110110010110.	15.b. Trad	e Name, If any:		
Total Employer (-w-to-					
15.c. To Whom Paid		15.d. Amai	unt 6898		
Name Joe Brock	k	15.e. Purpo	ose		
Title Independent Contractor				speeches to employe right to organize a	
Organization Fast Coast Labor Relati	ions LLC	collect		right to organize a	no baryarn
gast coast habor keraci	Ions, inc				
P.O. Box, Building and Room Number, If any					
Street 151 Forge Road					
City Delran					
	Code + 4 08075				
16. TOTAL DISBURSEMENTS FOR ALL REPORT			···	<u> </u>	

Rame of Person Filing: Li Libratium Journal File Number C.  8. Statement of Receipte Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or cerebral.  5a. Name and Address of Employer (including tade name, it any).  Expected to Doug Bergman (including tade name, it any).  Expected to Doug Bergman (including tade name, it any).  Expected to Doug Bergman (including tade name, it any).  Expected to Doug Bergman (including tade name, it any).  Expected to Doug Bergman (including tade name, it any).  Expected to Doug Bergman (including tade name, it any).  Expected to Doug Bergman (including tade name, it any).  Expected to Diabursements (including tade	·				_/ln.te	1 C/ 10.	/ 3/	
Sa. Name and Address of Employer (Including frade name, if any).  Employer United Cerebral Palaray/Greater Sacramento Trade Name Attention To Doug Bezgman City Sacramento Table State California Date 9/5/08 S.C. Amount 25770  5.D. Termination Date 9/5/08 S.C. Amount 25770  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursements Report all diabursements made by the reporting organization in connection with labor relations advice or services rendered to the employees:  (a) Name State	Name of Person Filing: LEI Cartactife	11- Li	كديم	کر سن			15	
P.O. Box, Building and Room Number, if any  Frade Name  Attention To Doug  Bergman  City Sacramento  State California  State California  ZIP Code + 4 95815  5.b. Termanation Date 9/5/08  5.c. Amount 25770  5.b. Termanation Date 9/5/08  5.c. Amount 25770  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diaburusements Report all diaburusements made by the reporting organization in connection with labor relations advice or services rendere to the employers fisted in Part B.  7. Discursements to Officers and Employees: (a) Name  (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Poes for Professional Services 12. Loars Made 13. Other Disbursements 15. Total disbursements to officers and employees: 15.d. Total disbursements for Managements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the Independent Contractor Organization  P.O. Box, Building and Room Number, If any  Street 2108 Windy Hill Point City Lavrenceville State Georgia  2 ZIP Code + 4 30045		yers in connecti	on wil	th labor relatio	ns advice or service	es regardless of the purpos	ses of the advice	
Trade Name Attention To Doug Bergman City Sacramento State California City Sacramento State California City Sacramento City Sacramento City Sacramento City Sacramento City Sacramento City Sacramento California City Sacramento City Sacramento California California California City Sacramento California California California California California City Sacramento California Califo	• • • •			P.O. Box, I	_	Number, if any		
Attention To poug Bergman City Sacramento Title State California © ZIP Code + 4 95815  5.b. Termination Date 9/5/08 5.c. Amount 25770  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diaburaementa Report all diaburaements made by the reporting organization in connection with labor relations advice or services rendere to the employees: (a) Name (b) Salary (c) Expenses (d) Totals  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  8. Total diabursements to officers and employees: 11. Fees for Professional Services  9. Office and Administrative Expenses  10. Publicity 11. Fees for Professional Services  11. Fees for Professional Services  12. Loans Made 13. Other Disbursements  8. Total diabursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Diabursements 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. b. Purpose Reportable activity 2. Sumployed to give speeches to employees regarding assertion in connection with labor relations advice or services rendered to the purpose described in Part D of the Purpose Reports (Instructions) (Instructi		ter sacram	ento	C44				
5.b. Termination Date 9/5/08 5.c. Amount 25770  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursements 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  (c) Salary (d) Expenses (d) Totals  (e) Salary (e) Expenses (d) Totals  (e) Salary (e) Expenses (d) Totals  (e) Salary (f) Expenses (d) Totals  (f) Chief Disbursements (Sum of hams 8-13)  (e) Salary (f) Expenses (d) Totals  (f) Salary (f) Exp				O:L.	_	ay, Suite N		
5.b. Termination Date 9/5/08 5.c. Amount 25770  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diabursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere 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 10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Diabursements for Reportable Activity 15.a. Employer Name:  15.b. Trade Name. If any:  15.c. To Whom Paid 15.d. Amount 7199  15.d. Amount 7199  15.e. Purpose Employed to give speeches to employees regarding accreting their right to organize and bargain collectively.  Street 2108 Windy Bill Point City Lavrenceville State Georgia  2IP Code + 4 30045	Attenuon 10 Doug Bergman Ony Sacramento							
C. Statement of Diabursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employees:  (a) Name  (b) Salary (c) Expenses (d) Totals  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:  14. Total Disbursements  15. A. Employer Name:  15. C. To Whom Paid  Name Natasha Gordon  Title Independent Contractor Organization  P.O. Box, Building and Room Number, if any  Street 2108 Wandy Hill Point  City Lawrenceville State Georgia  20. Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses  10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Insms 8-13)  15. Trade Name, If any:  15. A. Amount 7199  15. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	Title			State C	alifornia	S ZIP Code	+4 95815	
C. Statement of Diabursements  Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere 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  10. Publicity 11. Fees for Professional Services 12. Learns Made 13. Other Disbursements  8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Diabursementa 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 Natasha Gordon Title Independent Contractor Organization  P.O. Box, Building and Room Number, If any  Street 2108 Windy Hill Point City Lawrenceville State Georgia  2IP Code + 4 30045	5.b. Termination Date 9/5/08			5.c. Amour	nt 25770			
To Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. a. Employer Name:  15. a. Employer Name:  15. c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization  P. O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point City Lawrenceville State Georgia  Q D. Schedule of Disbursements to Preportable Activity Obs this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15. d. Amount 7199 15. e. Purpose Employed to give speeches to employees regarding axercising their right to organize and bargain collectively.	6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
To Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. a. Employer Name:  15. a. Employer Name:  15. c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization  P. O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point City Lawrenceville State Georgia  Q D. Schedule of Disbursements to Preportable Activity Obs this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15. d. Amount 7199 15. e. Purpose Employed to give speeches to employees regarding axercising their right to organize and bargain collectively.								
To Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. a. Employer Name:  15. a. Employer Name:  15. c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization  P. O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point City Lawrenceville State Georgia  Q D. Schedule of Disbursements to Preportable Activity Obs this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15. d. Amount 7199 15. e. Purpose Employed to give speeches to employees regarding axercising their right to organize and bargain collectively.	O Chalamant of Blahamanamanta - Bassat all dishaman					a with labor rolations advisor	or positions randors	
(a) Name (b) Salary (c) Expenses (d) Totals  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: 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.b. Trade Name, If any:  15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization  P.O. Box, Building and Room Number, If any  Street 2108 Windy Hill Point City Lawrenceville State Georgia  Quantification  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 12. Loans Made 13. Other Disbursements (Sum of Items 8-13) 14. Total Disbursements (Sum of Items 8-13) 15.b. Trade Name, If any:  15.b. Trade Name, If any:  15.c. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	to the employers list	ed in Part B.	me rep	oonin <b>g organi</b>	zation in connectio	n with labor relations advice	or services rendere	
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8. Total disbursements to officers and employees:  D. Schedule of Diabursements 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 Natasha Gordon  Title Independent Contractor  Organization  P.O. Box, Building and Room Number, If any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  12. Loars Made  13. Other Disbursements  14. Total Disbursements (Sum of Items 8-13)  15.b. Trade Name, If any:  15.b. Trade Name, If any:  15.c. To Whom Paid  15.d. Amount 7199  15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.			$\dashv$		+	ofessional Services		
B. Total disbursements to officers and employees:  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 Natasha Gordon Title Independent Contractor Organization  P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point City Lawrenceville State Georgia  Q ZIP Code + 4 30045			$\dashv$					
D. Schedule of Diabursements 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 Natasha Gordon  Title Independent Contractor  Organization  P.O. Box, Building and Room Number, If any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  Q ZIP Code + 4 30045			_		13. Other Disbu	rsements		
D. Schedule of Diabursements 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 Natasha Gordon  Title Independent Contractor  Organization  P.O. Box, Building and Room Number, If any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  Q ZIP Code + 4 30045	Total disbursements to officers and employees:				14. Total Disburs	ements (Sum of Items 8-13)		
Is.a. Employer Name:  15.c. To Whom Paid  Name Natasha Gordon  Title Independent Contractor  Organization  P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  15.b. Trade Name, If any:  15.d. Amount 7199  15.e. Purpose  Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.			L		. <b> </b>	<u> </u>	<u> </u>	
Is.a. Employer Name:  15.c. To Whom Paid  Name Natasha Gordon  Title Independent Contractor  Organization  P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  15.b. Trade Name, If any:  15.d. Amount 7199  15.e. Purpose  Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		<del></del>						
15.c. To Whom Paid  Name Natasha Gordon  Title Independent Contractor  Organization  P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  15.d. Amount 7199  15.e. Purpose  Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	D. Schedule of Diabursements for Reportable Activity			lule to report o	nly disbursements	made for the purposes des	cribed in Part D of th	
Name Natasha Gordon  Title Independent Contractor  Organization  P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  Gordon  15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	15.a. Employer Name:			15.b. Trad	le Name, if any:			
Name Natasha Gordon  Title Independent Contractor  Organization  P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  Gordon  15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		_						
Title Independent Contractor  Organization  P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia   ZIP Code + 4 30045	15.c. To Whom Paid			15.d. Amo	unt 7199		***	
Title Independent Contractor  Organization  P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  © ZIP Code + 4 30045	Name Natasha Gordon			15 e Pum	AE o Dumoro			
Organization  P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia  © ZIP Code + 4 30045	Title Independent Contractor			Employ	ed to give s			
P.O. Box, Building and Room Number, if any  Street 2108 Windy Hill Point  City Lawrenceville  State Georgia						ight to organize a	nd bargain	
Street 2108 Windy Hill Point  City Lawrenceville  State Georgia	Organization			}	_			
City Lawrenceville State Georgia	P.O. Box, Building and Room Number, if any							
City Lawrenceville State Georgia	Street 2108 Windy Hill Point							
State Georgia								
		+4 30045						
				_				

	Conted Cr 242				
Name of Person Filing: Let Conselting Silver.	File Number C CC 5.25				
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, it any				
Employer United Cerebral Palsay/Greater Sacramento					
Trade Name	Street 191 Lathrop Way, Suite N				
Attention To Doug Bergman	City sacramento				
Title	State California				
5.b. Termination Date 9/5/08	5.c. Amount 25770				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements  Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendere				
, .					
7 Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	otals				
, ,	Office and Administrative Expenses				
	10. Publicity				
	11. Fees for Professional Services				
	12. Loans Made				
	13. Other Disbursements				
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
D. Onberluis of Dishumoments for Deposits his fiethility.					
D. Schedule of Disbursements for Reportable Activity Use this Schedu 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:				
15.c. To Whom Paid	15.d. Amount 6572				
Name Denise Malwitz	15.e. Purpose				
Title Independent Contractor	Employed to give speeches to employees regarding exercising their right to organize and bargain				
Organization D. M. Consulting	collectively.				
organization b. M. Consulting					
P.O. Box, Building and Room Number, if any					
Street 3530 Milford Haven					
City Las Vegas					
State Nevada					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u> </u>				

Name of Person Filing:	LRI Ci	Thank Ting	Sire.	La.	nic .	File Number C-	20 5725	
		ر.						
B. Statement of Receipts or s	Report all receipts services.	from employers i	n connection w	vith labor rela	ations advice or se	rvices regardless of th	e purposes of the advice	
5.a. Name and Address of Emp	ployer (including trad	le name, if any).			Mailing Address			
P.O. Box, Building and Room Number, if any Employer Victoria Court								
Trade Name Street 55 Oaklawn Avenue								
JJ OGRIGWII AVENUG								
Title				State	Rhode Islan	ad 🧔 Z	IP Code + 4 02920	
5.b. Termination Date 4	1/22/08			5.c. Am	ount 19151	·····		
6. TOTAL RECEIPTS FROM	M ALL EMPLOYER	RS						
<u> </u>								
C. Chatamant of Blokuman								
C. Statement of Disburser	menus Report a to the en	nployers listed in	made by the re Parl B.	sponing orga	anization in connec	ction with labor relation	ns advice or services rende	
7. Disbursements to Officers a	and Employees:	thi Oalaa	(-) ("	-D T-4-1-				
(a) Name		(b) Salary	(c) Expenses (	u) Totals	O. Office on	d Administrative Expen	unas T	
					10. Publicity	Administrative Expen	868	
						Professional Services		
					12. Loans Ma			
					13. Other Dis		<del></del>	
8. Total disbursements to o	fficers and employ	ees:	<u> </u>	1	<del></del>	ursements (Sum of Item	rs 8-13)	
······································				;		· · · · · · · · · · · · · · · · · · ·		
D. Schedule of Disbursen	nents for Reporta	ble Activity	Use this Sche	dule to repo	rt only disburseme	nts made for the purp	oses described in Part D of	
15.a. Employer Name:			ii ioii ootioria.	15.b. T	rade Name, If any	:	W	
, , , , , , , , , , , , , , , , , , ,					,			
15.c. To Whom Paid				15.d. A	mount 10151	<del></del>		
Name Mike	R	osado		15.e. P	urpose			
Title Independ	dent Contrac	tor		Emp1	oyed to give		mployees regarding	
Organization M. Rosado Consultants, LLC exercising their right to organize collectively.					itze and paryarn			
P.O. Box, Building and F	Room Number, if a	ıny						
Street 5 Quail Cour	rt							
City Englewood								
State New Jersey	•	ZIP Code + 4 g	7631	1				
16. TOTAL DISBURSEME	NTS FOR ALL RE	PORTABLE ACTI	VITY	<u></u>				
1								

			/ / 	ب بالابال	10/2	
Name of Person Filing:	Consultari	Line	1/12/2	Dave I	File Number C-	25
B. Statement of Receipts Report al or services.					vices regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (inc	-		P.O. Box,	Mailing Address Building and Roo	: om Number, if any	
Trade Name	1.0000		Street -	33 Rajon Roa	od.	
Attention To Larry	Wenner		0.2	_	ia	
Title	wenner		_	Mayport New York	<b>⊘</b> ZIP Code	+ 4 11795
5.b. Termination Date			5.c. Amou	mt 52654		
6. TOTAL RECEIPTS FROM ALL EI	MPLOYERS					
C. Statement of Disbursements	Report all disbursements to the employers listed in	made by the r	eporting organi	zation in connec	tion with labor relations advice	or services render
7. Disbursements to Officers and Emplo	yees:					
(a) Name	(b) Salary	(c) Expenses (	d) Totals	T = =		
					Administrative Expenses	
	<del></del>	<del>                                     </del>		10. Publicity	Terforell Province	
				12. Loans Ma	Professional Services	
		-		13. Other Dis		
8. Total disbursements to officers an	nd employees:	<u> </u>	<u> </u>		ursements (Sum of Items 8-13)	
or rotal dispersion in the control of the				TH. TOWN DIGD!	abolitana (cam or nome o 10)	
D. Schedule of Disbursements for	Reportable Activity	Use this Sche	edule to report o	only disbursemer	nts made for the purposes des	cribed in Part D of t
15.a. Employer Name:			15.b. Trac	de Name, If any:		
15.c. To Whom Paid			15.d. Amo	ount 4924		
Name Peter	Quist		15.e. Pun	oose		
Title Independent C	ontractor		Employ	ed to give	speeches to employe right to organize a	
Organization Grubb Quist &	Associates, LLC			tively.	right to organize a	nd bargain
P.O. Box, Building and Room Nu	mber, if any					
Street 12 S Main Street						
City Waterbury						
State Vermont		5676				
18. TOTAL DISBURSEMENTS FOR	ALL REPORTABLE ACT	IVITY			<del> </del>	

					Walle	3 4 2	
Name of Person Filing: Let /	Moulton	y di	112	C-3	<u> بندند</u>	File Number C CC 5.	25
B. Statement of Recelpts Report all receipts or services.	from employers i	in connection	n with 1	labor relati	ions advice or serv	ices regardless of the purpor	ses of the advice
5.a. Name and Address of Employer (including tra	de name, if any).			P.O. Box	Mailing Address: Building and Roon	n Number, if any	
Employer Wenner Bread Produc	ts					•	
Trade Name				Street	33 Rajon Road	1	
Attention To Larry	Wenner			<b>6</b> ''	Bayport		
- Title				State	New York	ZIP Code	+4 11795
5.b. Termination Date				5.c. Amou	unt 52654		· · · · · · · · · · · · · · · · · · ·
6. TOTAL RECEIPTS FROM ALL EMPLOYE	RS				···		
C. Statement of Disbursements  Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere 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	
					10. Publicity		
					11. Fees for Professional Services		
					12. Loans Mad	9	
——————————————————————————————————————					13. Other Disb	ursements	
8. Total disbursements to officers and employ	rees:				14. Total Disbur	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reports	ible Activity	Use this Scl		to report	only disbursement	s made for the purposes des	scribed in Part D of the
15.a. Employer Name:				15.b, Tra	de Name, if any:		-
15.c. To Whom Paid				15.d. Am	ount 25187		
Name				15.e. Pur	pose		
Title			Employ	yed to give a ising their r	peeches to employe gight to organize a	es regarding	
Organization EMSI Consulting Inc	•				ctively.	,	<b></b>
P.O. Box, Building and Room Number, if	any						
Street 1340 N Aster Steet, Sui	te 2205						
City Chicago				<u> </u> -			
State Illinois	ZIP Code + 4 6	0610					
16. TOTAL DISBURSEMENTS FOR ALL RE	PORTABLE ACT	IVITY		·			

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Name of Person Filing: LEI Consultant	1:24	- ب دد	mc.	File Number C	15		
B. Statement of Receipts Report all receipts from employers in connector services.	rtion wit	h labor relatio	ons advice or ser	vices regardless of the purpor	ses of the advice		
5.a. Name and Address of Employer (including trade name, if any).	P.O. Box,	Mailing Address: Building and Roo					
Employer Western Refining Wholesale, Inc							
Trade Name		Street 1	.23 West Mil	ls Street			
Attention To Scott Stevens City El Paso							
Title Senior Vice President		State 7	Texas	ZiP Code	+4 79901		
5.b. Termination Date 5/10/08		5.c. Amou	int 133,476				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disbursements made by to the employers listed in Part B	the rep	orting organi	zation in connect	ion with labor relations advice	e or services rendere		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals							
9. Office and Administrative Expenses							
			10. Publicity				
11. Fees for Professional Services							
	$\neg$		12. Loans Mad	de			
			13. Other Disl	bursements			
8. Total disbursements to officers and employees:			14. Total Disbu	rsements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity Use this instruction		ule to report o	only disbursemen	ts made for the purposes des	cribed in Part D of th		
15.a. Employer Name:		15 b Trac	de Name, If any:		· · · · · · · · · · · · · · · · · · ·		
Total Employer Value							
15.c. To Whom Paid		15.d. Amo	ount 25452				
Name Terry Cuba		15.e. Purp					
Title Independent Contractor		Employ	ed to give	speeches to employeright to organize a			
Organizațion Brahma Defense Enterprise, LLC	tively.	right to organize a	ind bargarn				
orania betense enterprise, int							
P.O. Box, Building and Room Number, if any							
,							
Street 10815 Argonite Drive W							
City Albuquerque							
State New Mexico SIP Code + 4 87114							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Continuation Consulting Sings Name of Person Filing: B. Statement of Receipts Report all receipts from employers in connection with 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 Western Refining Wholesale, Inc Street Trade Name 123 West Mills Street Attention To Scott City El Paso Stevens Senior Vice President State Texas Title 5.b. Termination Date 5/10/08 5.c. Amount 133,476 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 renders to the employers listed in Part B. 7. Disbursements to Officers and Employees: (b) Salary (c) Expenses (d) Totals (a) Name 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: 14. Total Disbursements (Sum of Items 8-13) 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.b. Trade Name, if any: 15.a. Employer Name: 15.c. To Whom Paid 15.d. Amount 21941 Casillas Alex Name 15.e. Purpose

Instructions.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Alex Casillas

Title Independent Contractor

Organization Action Resources

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

Street 1119 S Mission Road

City Fallbrook

State California

215.b. Trade Name, If any:

15.d. Amount 21941

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

•	Conti	112-2-+1	611	Western 30/			
Name of Person Filing: LRI Committing	Lizin	ورك ر وي	۲)	File Number C-	25		
B. Statement of Receipts Report all receipts from employers in or services.				vices regardless of the purpos	es of the advice		
5.a. Name and Address of Employer (Including trade name, If any).		Mailing Address: Building and Roo					
Employer Western Refining Wholesale, Inc							
Trade Name			23 West Mil	ls Street			
Attention To Scott Stevens		City <sub>E</sub>	l Paso				
Title Senior Vice President		State T	l'exas	<b>②</b> ZIP Code	+4 79901		
5.b. Termination Date 5/10/08		5.c. Amour	mt 133,476				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
				in the least of the second			
C. Statement of Disbursements Report all disbursements in to the employers listed in F		porting organia	zation in connect	ion with labor relations advice	or services rendere		
7. Disbursaments to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals							
			9. Office and	Administrative Expenses			
			10. Publicity				
			11. Fees for P	rofessional Services			
			12. Loans Mad	de			
			13. Other Dist	oursements			
8. Total disbursements to officers and employees:			14. Total Disou	rsements (Sum of Items 8-13)			
	Use this Scheo	dule to report o	nly disbursemen	ts made for the purposes des	cribed in Part D of th		
15.a. Employer Name:		15.b. Trad	le Name, If any:				
15.c. To Whom Paid		15.d. Amo	15.d. Amount 24021				
Name Jose Agraz	15.e. Purp		· · · · · · · · · · · · · · · · · · ·	<del></del>			
Title Independent Contractor			Employed to give speeches to employees regarding exercising their right to organize and bargain				
Organization EMSI Consulting, Inc.		tively.	<b>_</b>	-			
P.O. Box, Building and Room Number, if any							
Street 1340 N Astor Street #2205							
City Chicago							
State Illinois State ZIP Code + 4 6	0610						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV	VITY						

Name of Person Filing:	File Number C- 005	525

5.a. Name and Address of Employer (including trade name, if any).  Employer Perfection Glass			Mailing Address:	
		P.O. Box, Building and Room Number, if any		
Trade Name		Street	15 North Auburn	
Attention To Shawn	Linhoff	City	Kennewick	
Title		State	Washington	ZIP Code + 4 99336
5.b. Termination Date 1/5/08		5.c. Amount 23,543		

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.				
<ol> <li>Disbursements to Officers and Emp (a) Name</li> </ol>	oloyees: (b) Salary	(c) Expenses (d) Totals			
				Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers a	nd employees:		1	14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.				
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 14,543 15.e. Purpose			
Name David Acosta				
Title Organization Redstone Enterprises, Inc	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any				
Street 5415 East Willowick				
City Anaheim				
State California ZIP Code + 4 92807				