

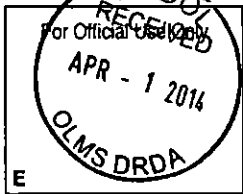
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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

552403

| | | | | |
|-------------------------|--|--|----------|--|
| 1. File Number C- 00525 | 2. Period Covered By This Report From: | Month/Day/Year (mm/dd/yyyy) 1 / 1 / 2013 | Through: | Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2013 |
|-------------------------|--|--|----------|--|

A. Person Filing

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

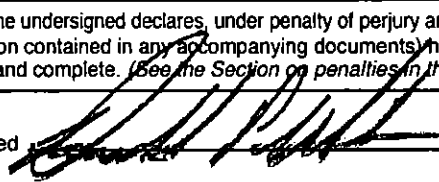
Name
Title
Organization LRI Consulting Services, Inc.
P.O. Box, Building and Room Number, if any
Street 7850 South Elm Place, Suite E
City Broken Arrow
State OK ZIP Code + 4 74011

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

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

Signatures

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

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

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

On 3 / 27 / 2014 918-455-9995
Date Telephone Number

On 3 / 27 / 2014 918-455-9995
Date Telephone Number

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | | | |
|--|--|---|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | | | |
| 5.a. Name and Address of Employer (including trade name, if any). Employer See Attached Trade Name Attention To Title | | Mailing Address: P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | |
| 5.b. Termination Date | | 5.c. Amount | |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS | | \$4,087,385.96 | |

| | | | | | |
|--|------------|--------------|------------|---|--|
| 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 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: See Attached | | 15.b. Trade Name, If any: | |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | | 15.d. Amount 15.e. Purpose | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY | | \$2,229,979.90 | |

| | | | |
|---|--|---|--|
| Name of Person Filing: LRI Consulting Services, Inc. | | File Number C- 00525 | |
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | | | |
| 5.a. Name and Address of Employer (including trade name, if any). Employer 123 EZ Tees, Inc. Trade Name Attention To: Niki Bounds Title | | Mailing Address: P.O. Box, Building and Room Number, if any Street 11500 Roosevelt Boulevard City Philadelphia State PA ZIP Code + 4 19116 | |
| 5.b. Termination Date 10/15/2013 | | 5.c. Amount 14,825 | |
| 5.a. Name and Address of Employer (including trade name, if any). Employer ABM Trade Name Attention To: Chris Bouvier Title | | Mailing Address: P.O. Box, Building and Room Number, if any Street 1111 Fanin Street, Suite 1500 City Houston State TX ZIP Code + 4 77002 | |
| 5.b. Termination Date 5/3/2013 | | 5.c. Amount 29,631 | |
| 5.a. Name and Address of Employer (including trade name, if any). Employer Advantage Contractor Solutions, Inc. Trade Name Attention To: Carolyn DeFano Title Vice President | | Mailing Address: P.O. Box, Building and Room Number, if any Street 1750 Todd Farm Drive City Elgin State IL ZIP Code + 4 60123 | |
| 5.b. Termination Date 6/24/2013 | | 5.c. Amount 13,678 | |
| 5.a. Name and Address of Employer (including trade name, if any). Employer AEP Industries Trade Name Attention To: Salama Elsayed Title Plant Manager | | Mailing Address: P.O. Box, Building and Room Number, if any Street 14000 Monte Vista Avenue City Chino State CA ZIP Code + 4 91710 | |
| 5.b. Termination Date 5/13/2013 | | 5.c. Amount 124,053 | |
| 5.a. Name and Address of Employer (including trade name, if any). Employer AIM Aerospace Inc Trade Name Attention To: John Feutz Title President | | Mailing Address: P.O. Box, Building and Room Number, if any Street 705 Southwest 7th Street City Renton State WA ZIP Code + 4 98057 | |
| 5.b. Termination Date 9/20/2013 | | 5.c. Amount 214,633 | |
| 5.a. Name and Address of Employer (including trade name, if any). Employer Airgas Trade Name Attention To: Caryl Soeth Title Human Resources | | Mailing Address: P.O. Box, Building and Room Number, if any Street 4810 Vasquez Boulevard City Denver State CO ZIP Code + 4 80216 | |
| 5.b. Termination Date 5/20/2013 | | 5.c. Amount 3,520 | |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Alro Steel Corporation Trade Name Attention To: Dave Zontek Title Director of Human Resources | Mailing Address: P.O. Box, Building and Room Number, if any Street 3100 East High Street City Jackson State MI ZIP Code + 4 49203 |
| 5.b. Termination Date 1/28/2013 | 5.c. Amount 9,836 |

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Apogee Trucking Trade Name Attention To: Dave Kloeber Title CEO | Mailing Address: P.O. Box, Building and Room Number, if any Street 226 Talmadge Road City Edison State NJ ZIP Code + 4 08817 |
| 5.b. Termination Date 11/8/2013 | 5.c. Amount 26,523 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer BAE Systems Southeast Shipyards Trade Name Attention To: Eric Webb Title Human Resources Manager | Mailing Address: P.O. Box, Building and Room Number, if any Street 8500 Heckscher Drive City Jacksonville State FL ZIP Code + 4 32226 |
| 5.b. Termination Date 12/9/2013 | 5.c. Amount 287,664 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Blue Diamond Disposal Trade Name Attention To: John Shortino Title | Mailing Address: P.O. Box, Building and Room Number, if any Street #5 Howard Boulevard City Mt. Arlington State NJ ZIP Code + 4 07856 |
| 5.b. Termination Date 9/9/2013 | 5.c. Amount 6,140 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Brownsville Marine Trade Name Attention To: Timothy Scheib Title President | Mailing Address: P.O. Box, Building and Room Number, if any Street 1800 Paul Thomas Boulevard City Brownsville State PA ZIP Code + 4 15417 |
| 5.b. Termination Date | 5.c. Amount 73,164 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Casino M8trix Trade Name Attention To: Antoinette McGill Title General Counsel | Mailing Address: P.O. Box, Building and Room Number, if any Street 1887 Matrix Boulevard City San Jose State CA ZIP Code + 4 95110 |
| 5.b. Termination Date 6/12/2013 | 5.c. Amount 15,041 |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|--|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | |
|--|--|

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Caterpillar Company Trade Name Attention To: Ron Hasinger Title Labor Relations Representative | Mailing Address: P.O. Box, Building and Room Number, if any Street 101 N.E. Adams Street City Peoria State IL ZIP Code + 4 61629 |
| 5.b. Termination Date | 5.c. Amount 121,150 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer COIM USA, Inc. Trade Name Attention To: Dr Siano Title President | Mailing Address: P.O. Box, Building and Room Number, if any Street 286 Mantua Grove Road City West Deptford State NJ ZIP Code + 4 08066 |
| 5.b. Termination Date 11/18/2013 | 5.c. Amount 7,951 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Commercial Drywall Trade Name Attention To: Rick Raposo Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 135 John Vertente Boulevard City New Bedford State MA ZIP Code + 4 02744 |
| 5.b. Termination Date 10/9/2013 | 5.c. Amount 7,833 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Commercial Transport Inc Trade Name Attention To: Robert White Title Operations Manager | Mailing Address: P.O. Box, Building and Room Number, if any Street PO Box 469 City Belleville State IL ZIP Code + 4 62222 |
| 5.b. Termination Date | 5.c. Amount 18,438 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Conway Olejniczak & Jerry Trade Name on behalf of Silvan-Samuel Attention To: Jodi Arndt Title Attorney | Mailing Address: P.O. Box, Building and Room Number, if any Street 2121 Cleveland Avenue City Marinette State WI ZIP Code + 4 54143 |
| 5.b. Termination Date | 5.c. Amount 79,207 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer CPC Logistics Trade Name Attention To: Butch Wallis Title Vice President of Operations for | Mailing Address: P.O. Box, Building and Room Number, if any Street 1465 Haw Creek Circle, Suite 701 City Cumming State CA ZIP Code + 4 30041 |
| 5.b. Termination Date 5/24/2013 | 5.c. Amount 3,785 |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|--|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | |
|--|--|

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Dawn Food Products Trade Name Attention To: Cynthia Byrd Title Director Human Resources US | Mailing Address: P.O. Box, Building and Room Number, if any Street 3333 Sargent Road City Jackson State MI ZIP Code + 4 49201 |
| 5.b. Termination Date 4/11/2013 | 5.c. Amount 16,380 |

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Doss Aviation Trade Name Attention To: Jennifer Martin Title Human Resources Director | Mailing Address: P.O. Box, Building and Room Number, if any Street 3670 Rebecca Lane City Colorado Springs State CO ZIP Code + 4 80917 |
| 5.b. Termination Date 12/26/2013 | 5.c. Amount 15,096 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer EastRidge Health Systems Trade Name Attention To: Paul Macom Title President & CEO | Mailing Address: P.O. Box, Building and Room Number, if any Street 235 South Water Street City Martinsburg State WV ZIP Code + 4 25401 |
| 5.b. Termination Date 10/28/2013 | 5.c. Amount 59,958 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Executive Laundry Trade Name Attention To: Levi Rottenberg Title Owner | Mailing Address: P.O. Box, Building and Room Number, if any Street 99 Toledo Street City Farmingdale State NY ZIP Code + 4 11735 |
| 5.b. Termination Date 1/27/2014 | 5.c. Amount 5,300 |

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Fraser Engineering/Petroleum Trade Name Attention To: C.J. Fraser Title President | Mailing Address: P.O. Box, Building and Room Number, if any Street 65 Court Street City Newton State MA ZIP Code + 4 02458 |
| 5.b. Termination Date 4/1/2013 | 5.c. Amount 37,524 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Hannaford Brothers Trade Name Attention To: Michelle Hoffman Title Regional Director | Mailing Address: P.O. Box, Building and Room Number, if any Street 970 U.S. 9 City Schodack Landing State NY ZIP Code + 4 12156 |
| 5.b. Termination Date 4/9/2013 | 5.c. Amount 186,433 |

| | | | |
|--|--|--|--|
| Name of Person Filing: LRI Consulting Services, Inc.. | | File Number C- 00525 | |
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer HealthSouth Rehab Hospital of Spring Hill | | P.O. Box, Building and Room Number, if any | |
| Trade Name | | Street 12440 Cortez Boulevard | |
| Attention To: Chris Terrell | | City Brooksville | |
| Title National Director, Associate | | State FL ZIP Code + 4 34613 | |
| 5.b. Termination Date 1/8/2013 | | 5.c. Amount 12,406 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer HollyFrontier Companies | | P.O. Box, Building and Room Number, if any | |
| Trade Name | | Street 3333 Southwest Boulevard | |
| Attention To: Kim Little | | City Tulsa | |
| Title Human Resources Manager | | State OK ZIP Code + 4 74107 | |
| 5.b. Termination Date 1/14/2013 | | 5.c. Amount 15,986 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Hunter Jersey Peterbilt & Paclease | | P.O. Box, Building and Room Number, if any | |
| Trade Name | | Street 480 Pittsburgh Road | |
| Attention To: Nancy Mycka | | City Butler | |
| Title | | State PA ZIP Code + 4 16002 | |
| 5.b. Termination Date 1/29/2013 | | 5.c. Amount 1,600 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer JG Associates | | P.O. Box, Building and Room Number, if any | |
| Trade Name | | Street PO Box 574 | |
| Attention To: Gary Simpson | | City Manasquan | |
| Title | | State NJ ZIP Code + 4 08736 | |
| 5.b. Termination Date 10/28/2013 | | 5.c. Amount 7,299 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Just Bagels | | P.O. Box, Building and Room Number, if any | |
| Trade Name | | Street 527 Casanova Street | |
| Attention To: Charles Conteras | | City Bronx | |
| Title | | State NY ZIP Code + 4 10474 | |
| 5.b. Termination Date 2/19/2013 | | 5.c. Amount 4,575 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Kingspan Industrial Panels, Inc. | | P.O. Box, Building and Room Number, if any | |
| Trade Name | | Street 720 Marion Road | |
| Attention To: Gabor Nagy | | City Columbus | |
| Title | | State OH ZIP Code + 4 43207 | |
| 5.b. Termination Date 4/9/2013 | | 5.c. Amount ~25,541 | |

| | | | |
|--|--|----------------------|--|
| Name of Person Filing: LRI Consulting Services, Inc. | | File Number C- 00525 | |
|--|--|----------------------|--|

| | | | |
|--|--|--|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | | | |
|--|--|--|--|

| | | | |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer Lake Superior Community Health Center | | | |
| Trade Name | | Street 4325 Grand Avenue | |
| Attention To: Mavis Brehm | | City Duluth | |
| Title | | State MN ZIP Code + 4 55807 | |
| 5.b. Termination Date 7/23/2013 | | 5.c. Amount 19,923 | |

| | | | |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer LG Chem Michigan Inc | | | |
| Trade Name | | Street 1 LG Way | |
| Attention To: Jeremy Hagemeyer | | City Holland | |
| Title HR Manager | | State MI ZIP Code + 4 49423 | |
| 5.b. Termination Date 11/21/2013 | | 5.c. Amount 78,959 | |

| | | | |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer Linc Logistics Inc | | | |
| Trade Name | | Street 11355 Stephens Road | |
| Attention To: Dick Silverwood | | City Warren | |
| Title | | State MI ZIP Code + 4 48089 | |
| 5.b. Termination Date 10/15/2013 | | 5.c. Amount 7,510 | |

| | | | |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer Martin Transportation Systems | | | |
| Trade Name | | Street 7300 Clyde Park Avenue SW | |
| Attention To: Richard Dabney | | City Byron Center | |
| Title Vice-President of Human Resources | | State MI ZIP Code + 4 49315 | |
| 5.b. Termination Date | | 5.c. Amount 11,450 | |

| | | | |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer McDonald's Restaurant No. 4489 | | | |
| Trade Name | | Street 427 10th Avenue | |
| Attention To: Rick Cisneros | | City New York | |
| Title Owner | | State NY ZIP Code + 4 10001 | |
| 5.b. Termination Date 2/12/2013 | | 5.c. Amount 4,947 | |

| | | | |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer McDonalds/Cedar Mountain | | | |
| Trade Name | | Street 6 Thorngal Circle | |
| Attention To: Jim Lewis | | City Darian | |
| Title | | State CT ZIP Code + 4 06820 | |
| 5.b. Termination Date 6/4/2013 | | 5.c. Amount 34,392 | |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|--|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | |
|--|--|

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Middletown Honda Trade Name Attention To: Stu Berkley Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 520 Route 211 East City Middletown State NY ZIP Code + 4 10941 |
| 5.b. Termination Date 12/13/2013 | 5.c. Amount 9,457 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Miller & Haney LLP Trade Name Denton County/CoServ Attention To: Kevin Haney Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 7701 South Stemmons Freeway City Corinth State TX ZIP Code + 4 76210 |
| 5.b. Termination Date 11/20/2013 | 5.c. Amount 64,025 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Mission Healthcare LLC Trade Name Attention To: Tom Boerboom Title COO | Mailing Address: P.O. Box, Building and Room Number, if any Street 4420 Valleyview Road, Suite 201 City Edina State MN ZIP Code + 4 55424 |
| 5.b. Termination Date 2/4/2013 | 5.c. Amount 33,173 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer NDI Driveshaft Trade Name Attention To: Ira Levinsky Title Director of Human Resources | Mailing Address: P.O. Box, Building and Room Number, if any Street 8251 S. International Drive City Columbus State IN ZIP Code + 4 47201 |
| 5.b. Termination Date 7/22/2013 | 5.c. Amount 199,016 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Northwest Pipe Company Trade Name Attention To: Winsor Jenkins Title VP of Human Resources | Mailing Address: P.O. Box, Building and Room Number, if any Street 5721 SE Columbia Way, Ste 200 City Vancouver State WA ZIP Code + 4 98661 |
| 5.b. Termination Date | 5.c. Amount 31,869 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer NTA Precision Axle Corporation Trade Name Attention To: Erland Haapanen Title Plant Manager | Mailing Address: P.O. Box, Building and Room Number, if any Street 795 Kimberly Drive City Carol Stream State IL ZIP Code + 4 60188 |
| 5.b. Termination Date 1/17/2013 | 5.c. Amount 122,409 |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|--|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | |
|--|--|

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer NTN-Bower Corporation Trade Name Attention To: Rufus McMillan Title Plant Manager | Mailing Address: P.O. Box, Building and Room Number, if any Street 2086 Military Street South City Hamilton State AL ZIP Code + 4 35570 |
| 5.b. Termination Date 11/18/2013 | 5.c. Amount 148,478 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Oak Harbor Freight Lines Inc. Trade Name Attention To: Ron Kieswether Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 853 South Maple Avenue City Montebello State CA ZIP Code + 4 90640 |
| 5.b. Termination Date 7/31/2013 | 5.c. Amount 204,911 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer OK Industries Trade Name OK Foods Attention To: Paul Fox Title CEO | Mailing Address: P.O. Box, Building and Room Number, if any Street 4601 North 6th Street City Fort Smith State AR ZIP Code + 4 72904 |
| 5.b. Termination Date | 5.c. Amount 407,976 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Order Inn, Inc. Trade Name Attention To: Eric Sutcliffe Title CEO | Mailing Address: P.O. Box, Building and Room Number, if any Street 4330 South Valley View Boulevard, City Las Vegas State NV ZIP Code + 4 89103 |
| 5.b. Termination Date 3/12/2013 | 5.c. Amount 2,460 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Packaging Services Industries Inc Trade Name PSI Container Inc Attention To: Mike Kidd Title CFO | Mailing Address: P.O. Box, Building and Room Number, if any Street 16461 Elliot Parkway City Williamsport State MD ZIP Code + 4 21795 |
| 5.b. Termination Date | 5.c. Amount 12,262 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Peri & Sons Farms Trade Name Attention To: Brad Johnston Title Chief Strategy Officer & General | Mailing Address: P.O. Box, Building and Room Number, if any Street 430 State Route 339 City Yerington State NV ZIP Code + 4 89447 |
| 5.b. Termination Date 10/15/2013 | 5.c. Amount 136,333 |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|--|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | |
|--|--|

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Presbyterian Homes - Central Towers Trade Name Attention To: Sharon Klefsaas Title Executive Director of Operations | Mailing Address: P.O. Box, Building and Room Number, if any Street 20 East Exchange Street City St. Paul State MN ZIP Code + 4 55101 |
| 5.b. Termination Date 1/22/2013 | 5.c. Amount 43,103 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Prima Brand Gerawan Farming Inc. Trade Name Attention To: Michael Mallery Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 7108 N. Fresno St., Ste. 450 City Fresno State CA ZIP Code + 4 93720 |
| 5.b. Termination Date 12/2/2013 | 5.c. Amount 6,289 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Progress Rail Service Corporation Trade Name Attention To: Wade Brown Title Vice President Human Resources | Mailing Address: P.O. Box, Building and Room Number, if any Street 425 Ingersoll Rand Road City Mayfield State KY ZIP Code + 4 42006 |
| 5.b. Termination Date 6/3/2013 | 5.c. Amount 40,054 |

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer PSC Metals Inc Trade Name Attention To: Linda Bogdonovic Title VP, HR | Mailing Address: P.O. Box, Building and Room Number, if any Street 5875 Landerbrook Drive, Suite 200 City Mayfield Heights State OH ZIP Code + 4 44124 |
| 5.b. Termination Date 8/26/2013 | 5.c. Amount 31,041 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Putnam Ridge Trade Name Attention To: Eric Greenberger Title CFO | Mailing Address: P.O. Box, Building and Room Number, if any Street 46 Mt. Evo Road North City Brewster State NY ZIP Code + 4 10509 |
| 5.b. Termination Date 4/29/2013 | 5.c. Amount 105,000 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer ResCare Inc Trade Name Attention To: Matt Westfall Title Sr Director of Labor Relations | Mailing Address: P.O. Box, Building and Room Number, if any Street 9901 Linn Station Road City Louisville State KY ZIP Code + 4 40223 |
| 5.b. Termination Date 9/9/2013 | 5.c. Amount 77,636 |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Riverview Health & Rehab Center Trade Name Attention To: Tim Kamego Title Director of Operations | Mailing Address: P.O. Box, Building and Room Number, if any Street 31100 Telegraph Road, Suite 250 City Bingham Farms State MI ZIP Code + 4 48025 |
| 5.b. Termination Date 3/12/2013 | 5.c. Amount 43,591 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer RosDev Group Trade Name Attention To: Thomas Rosenberg Title President | Mailing Address: P.O. Box, Building and Room Number, if any Street 418 Clifton Avenue, Suite 200 City Lakewood State NJ ZIP Code + 4 08701 |
| 5.b. Termination Date 2/1/2013 | 5.c. Amount 4,000 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Scopelitis Garvin Light Hanson & Feary Trade Name FBO Gordon Trucking Inc Attention To: Don Vogel Title Attorney | Mailing Address: P.O. Box, Building and Room Number, if any Street 30 West Monroe Street, Suite 600 City Chicago State IL ZIP Code + 4 60603 |
| 5.b. Termination Date 11/13/2013 | 5.c. Amount 38,637 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Scribe America Trade Name Attention To: Luis MD Title ABEM Diplomate | Mailing Address: P.O. Box, Building and Room Number, if any Street 20900 NE 30th Avenue, Suite 703 City Aventura State FL ZIP Code + 4 33180 |
| 5.b. Termination Date 8/12/2013 | 5.c. Amount 3,057 |

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Shuttle Wagon/NORDCO Trade Name Attention To: Matt Briegel Title Vice President of Operations | Mailing Address: P.O. Box, Building and Room Number, if any Street 4116 Doctor Greaves Road City Grandview State MO ZIP Code + 4 64030 |
| 5.b. Termination Date 1/28/2013 | 5.c. Amount 3,894 |

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Signature Breads Trade Name Attention To: Susan Sampson Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 100 Justin Drive City Chelsea State MA ZIP Code + 4 02150 |
| 5.b. Termination Date 12/11/2013 | 5.c. Amount 57,301 |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Smart & Final Trade Name Attention To: Ginny Diaz Title Director, Employee & Labor | Mailing Address: P.O. Box, Building and Room Number, if any Street 600 Citadel Drive City Commerce State CA ZIP Code + 4 90040 |
| 5.b. Termination Date 1/14/2013 | 5.c. Amount 16,019 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Southfresh Farms Trade Name Attention To: David Phillips Title CFO | Mailing Address: P.O. Box, Building and Room Number, if any Street 1231 Highway 43 South City Eutaw State AL ZIP Code + 4 35462 |
| 5.b. Termination Date 12/9/2013 | 5.c. Amount 32,725 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Sparks Steak House Trade Name Attention To: Steve Cetta Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 210 East 46th Street City New York State NY ZIP Code + 4 10017 |
| 5.b. Termination Date 9/16/2013 | 5.c. Amount 11,629 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Spring Oak Assisted Living Trade Name Attention To: David Coluzzi Title Esquire | Mailing Address: P.O. Box, Building and Room Number, if any Street 396 South White Horse Pike City Berlin State NJ ZIP Code + 4 08009 |
| 5.b. Termination Date 8/26/2013 | 5.c. Amount 2,720 |

| | |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Steel Warehouse Trade Name Attention To: Shmuel Cohen Title HR & Safety Manager | Mailing Address: P.O. Box, Building and Room Number, if any Street 4700 Heidtman Parkway City Cleveland State OH ZIP Code + 4 44105 |
| 5.b. Termination Date 2/12/2013 | 5.c. Amount 40,055 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Stillwell Supply Corp Trade Name Attention To: Bill Consorti Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 44-68 Vernon Boulevard City Long Island City State NY ZIP Code + 4 11101 |
| 5.b. Termination Date 2/11/2013 | 5.c. Amount 6,000 |

| | | | |
|--|--|--|--|
| Name of Person Filing: LRI Consulting Services, Inc. | | File Number C- 00525 | |
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer Sure Winner Foods | | | |
| Trade Name | | Street 2 Lehner Road | |
| Attention To: Mark Doiron | | City Saco | |
| Title President | | State ME ZIP Code + 4 04072 | |
| 5.b. Termination Date | | 5.c. Amount 3,113 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer TH Foods | | | |
| Trade Name | | Street 2134 Harlem Road | |
| Attention To: Rob Anderson | | City Loves Park | |
| Title Resource Manager | | State IL ZIP Code + 4 61111 | |
| 5.b. Termination Date 10/15/2013 | | 5.c. Amount 32,927 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer The May Institute, Inc. | | | |
| Trade Name | | Street 41 Pacella Park Drive | |
| Attention To: Ralph Sperry | | City Randolph | |
| Title Chief Operating Officer | | State MA ZIP Code + 4 02368 | |
| 5.b. Termination Date 3/4/2013 | | 5.c. Amount 254,177 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer The Vintage Country Club | | | |
| Trade Name | | Street 17001 Vintage Drive West | |
| Attention To: Thomas Murphy | | City Indian Wells | |
| Title General Manager/COO | | State CA ZIP Code + 4 92210 | |
| 5.b. Termination Date 5/6/2013 | | 5.c. Amount 8,290 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer TMK IPSCO Tubulars, Inc. | | | |
| Trade Name | | Street 6403 Sixth Avenue | |
| Attention To: Tom Kellner | | City Koppel | |
| Title Director of Human Resources | | State PA ZIP Code + 4 16136 | |
| 5.b. Termination Date 4/9/2013 | | 5.c. Amount 7,554 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: P.O. Box, Building and Room Number, if any | |
| Employer Trombly Motor Coach | | | |
| Trade Name | | Street 1480 Broadway Road | |
| Attention To: John McCarthy | | City Dracut | |
| Title Owner | | State MA ZIP Code + 4 01826 | |
| 5.b. Termination Date 11/18/2013 | | 5.c. Amount 7,663 | |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|--|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | |
|--|--|

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer True Blue Inc Trade Name Attention To: Eric Santos Title Director of Employment Law | Mailing Address: P.O. Box, Building and Room Number, if any Street 1015 A Street City Tacoma State WA ZIP Code + 4 98402 |
| 5.b. Termination Date | 5.c. Amount 9,788 |

| | |
|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Twin Rivers Senior Campus Trade Name Attention To: Timothy Brennan Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 900 Main Street West City Cannon Falls State MN ZIP Code + 4 55009 |
| 5.b. Termination Date 10/7/2013 | 5.c. Amount 45,522 |

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer Unified Community Connections Trade Name Attention To: Diane Coughlin Title President & CEO | Mailing Address: P.O. Box, Building and Room Number, if any Street 11350 McCormick Road City Hunt Valley State MD ZIP Code + 4 21031 |
| 5.b. Termination Date 8/15/2013 | 5.c. Amount 28,755 |

| | |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer United Mechanical Service Trade Name Donohue Commercial Serv Attention To: J Hile Title | Mailing Address: P.O. Box, Building and Room Number, if any Street 45 N.E. 38th Terrace City Oklahoma City State OK ZIP Code + 4 73105 |
| 5.b. Termination Date 9/30/2013 | 5.c. Amount 6,000 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer UPS Trade Name Attention To: Joe Finamore Title Corporate Employee Relations | Mailing Address: P.O. Box, Building and Room Number, if any Street 55 Glenlake Parkway NE City Atlanta State GA ZIP Code + 4 30328 |
| 5.b. Termination Date 11/4/2013 | 5.c. Amount 123,392 |

| | |
|--|---|
| 5.a. Name and Address of Employer (including trade name, if any). Employer V&M Star Trade Name Vallourec Star LLC Attention To: Trina Cooper Title Director, Human Resoures | Mailing Address: P.O. Box, Building and Room Number, if any Street 2669 Martin Luther King Jr. Blvd. City Youngstown State OH ZIP Code + 4 44510 |
| 5.b. Termination Date 4/5/2013 | 5.c. Amount 22,738 |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: 123 EZ Tees, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 7,413 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: ABM | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 10,542 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: ABM | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 5,589 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Advantage Contractor Solutions, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 7,022 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: AEP Industries | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Evelyn Fragoso Title Organization P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309 | 15.d. Amount 34,346 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: AEP Industries | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Simon Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Avenue City Santec State CA ZIP Code + 4 92071 | 15.d. Amount 31,266 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: AIM Aerospace Inc | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Rebecca Smith Title Organization Taltos Consulting Inc P.O. Box, Building and Room Number, if any Street 1474 Lodgepole Drive City Henderson State NV ZIP Code + 4 89014 | 15.d. Amount 45,261 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: AIM Aerospace Inc | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 39,359 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: AIM Aerospace Inc | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Russell Brown Title Organization RoadWarrior Productions, LLC P.O. Box, Building and Room Number, if any Street 108 South Indian Circle City Coca State FL ZIP Code + 4 32922 | 15.d. Amount 32,013 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Airgas | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 2,020 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Alro Steel Corporation | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 11,336 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Apogee Trucking | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Manaement Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024 | 15.d. Amount 13,491 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: BAE Systems Southeast Shipyards | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 51,780 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: BAE Systems Southeast Shipyards | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Gerald O'Brien Title Organization P.O. Box, Building and Room Number, if any Street 23 Summit Heights City North Oaks State MN ZIP Code + 4 55127 | 15.d. Amount 55,914 15.e. Purpose Engaged to offer advice to Employer along with communicating to Employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: BAE Systems Southeast Shipyards | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Rebecca Smith Title Organization Taltos Consulting Inc. P.O. Box, Building and Room Number, if any Street 1474 Lodgepole Drive City Henderson State NV ZIP Code + 4 89014 | 15.d. Amount 56,967 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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: Blue Diamond Disposal | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any: Street 151 Forge Road City Delran State NJ ZIP Code +4 08075 | 15.d. Amount 3,140 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Brownsville Marine | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any: Street 819 Herman Road City Horsham State PA ZIP Code +4 19044 | 15.d. Amount 17,125 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: Brownsville Marine | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any: Street 6 Drakewood Lane City Novato State CA ZIP Code +4 94947 | 15.d. Amount 9,186 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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: Brownsville Marine | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Gerald O'Brien Title Organization P.O. Box, Building and Room Number, if any Street 23 Summit Heights City North Oaks State MN ZIP Code + 4 55127 | 15.d. Amount 11,616 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: Casino Matrix | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 8,291 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Caterpillar Company | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 31,111 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Caterpillar Company | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Eric Funston Title Organization SEO Solutions LLC P.O. Box, Building and Room Number, if any Street 4613 E 13th Street City Tulsa State OK ZIP Code + 4 74112 | 15.d. Amount 11,613 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Caterpillar Company | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Nancy Jowske Title Organization Jowske Consulting Services LLC P.O. Box, Building and Room Number, if any Street 4435 Cornwell Lane City Whitmore Lake State MI ZIP Code + 4 48189 | 15.d. Amount 6,727 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Caterpillar Company | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Eric Vanetti Title Organization Vantage Point Alliance P.O. Box, Building and Room Number, if any Street 18632 River Crossing Blvd City Davidson State North Carolina ZIP Code + 4 28036 | 15.d. Amount 6,048 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Caterpillar Company | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 6,434 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Caterpillar Company | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 5,195 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: COIM USA, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 4,471 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Commercial Drywall | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 4,833 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Commercial Transport Inc | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 10,938 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Conway Olejniczak & Jerry | 15.b. Trade Name, if any: on behalf of Silvan-Samuel Press |
| 15.c. To Whom Paid Name Rebecca Smith Title Organization Taltos Consulting Inc P.O. Box, Building and Room Number, if any Street 1474 Lodgepole Drive City Henderson State NV ZIP Code + 4 89014 | 15.d. Amount 18,220 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Conway Olejniczak & Jerry | 15.b. Trade Name, if any: on behalf of Silvan-Samuel Press |
| 15.c. To Whom Paid Name Gerald O'Brien Title Organization P.O. Box, Building and Room Number, if any Street 23 Summit Heights City North Oaks State MN ZIP Code + 4 55127 | 15.d. Amount 17,496 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: Conway Olejniczak & Jerry | 15.b. Trade Name, if any: on behalf of Silvan-Samuel Press |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 7,491 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: CPC Logistics | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 2,285 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

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: Dawn Food Products | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 8,880 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Doss Aviation | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 2,163 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: Doss Aviation | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 6,745 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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: EastRidge Health Systems | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Carina Hunt Title Organization C Hunt Management Consulting Inc P.O. Box, Building and Room Number, if any Street 701 Love Henry Court City Southlake State TX ZIP Code + 4 76092 | 15.d. Amount 30,495 15.e. Purpose Engaged to offer advice to Employer along with communicating to Employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: EastRidge Health Systems | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Nancy Jowske Title Organization Jowske Consulting Services LLC P.O. Box, Building and Room Number, if any Street 4435 Cornwell Lane City Whitmore Lake State MI ZIP Code + 4 48189 | 15.d. Amount 3,588 15.e. Purpose Engaged to offer advice to Employer. Did not participate in persuader activity. |

| | |
|--|--|
| 15.a. Employer Name: Executive Laundry | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Managment Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024 | 15.d. Amount 2,675 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Fraser Engineering/Petroleum | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Mieluchowski Title Organization P.O. Box, Building and Room Number, if any Street 47 E Jonathan Court City Kennett Square State Pennsylvania ZIP Code + 4 19348 | 15.d. Amount 19,524 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Hannaford Brothers | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 48,293 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Hannaford Brothers | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Eric Funston Title Organization SEO Solutions LLC P.O. Box, Building and Room Number, if any Street 4613 E 13th Street City Tulsa State OK ZIP Code + 4 74112 | 15.d. Amount 52,140 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: HealthSouth Rehab Hospital of Spring Hill | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Russell Brown Title Organization RoadWarrior Productions LLC P.O. Box, Building and Room Number, if any Street 108 South Indian Circle City Coca State FL ZIP Code + 4 32922 | 15.d. Amount 6,406 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: HollyFrontier Companies | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 1,500 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: HollyFrontier Companies | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name James Clegg Title Organization Clegg & Associates Management Group P.O. Box, Building and Room Number, if any Street 17583 26th Avenue City Surrey State BC ZIP Code + 4 V3S0A4 | 15.d. Amount 8,111 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Hunter Jersey Peterbilt & Paclease | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Manaement Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024 | 15.d. Amount 1,600 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: JG Associates | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 4,299 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: Just Bagels | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Manaement Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024 | 15.d. Amount 2,325 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Kingspan Industrial Panels, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates, Inc. P.O. Box, Building and Room Number, if any Street 10108 Fehlborg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 13,541 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Lake Superior Community Health Center | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Nancy Jowske Title Organization Jowske Consulting Services LLC P.O. Box, Building and Room Number, if any Street 4435 Cornwell Lane City Whitmore Lake State MI ZIP Code + 4 48189 | 15.d. Amount 12,548 15.e. Purpose Engaged to offer advice to Employer along with communicating to Employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: LG Chem Michigan Inc | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 41,814 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Linc Logistics Inc | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 3,760 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: MartinTransportation Systems | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Carina Hunt Title Organization C Hunt Management Consulting Inc P.O. Box, Building and Room Number, if any Street 701 Love Henry Court City Southlake State TX ZIP Code + 4 76092 | 15.d. Amount 6,950 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: McDonald's Restaurant No. 4489 | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Manaement Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024 | 15.d. Amount 2,697 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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: McDonalds/Cedar Mountain | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Managment Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024. | 15.d. Amount 17,892 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Middletown Honda | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 4,957 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Miller & Haney LLP | 15.b. Trade Name, if any: Denton County/CoServ |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 36,431 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Mission Healthcare LLC | 15.b. Trade Name, if any: Evergreen Terrace |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 15,123 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Mission Healthcare LLC | 15.b. Trade Name, if any: Evergreen Terrace |
| 15.c. To Whom Paid Name Rebecca Smith Title Organization Taltos Consulting Inc P.O. Box, Building and Room Number, if any Street 1474 Lodgepole Drive City Henderson State NV ZIP Code + 4 89014 | 15.d. Amount 3,051 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: NDI Driveshaft | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 23,935 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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: NDI Driveshaft | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 28,251 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: NDI Driveshaft | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Russell Brown Title Organization RoadWarrior Productions LLC P.O. Box, Building and Room Number, if any Street 108 South Indian Circle City Coca State FL ZIP Code + 4 32922 | 15.d. Amount 26,993 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: NDI Driveshaft | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Eric Vanetti Title Organization Vantage Point Alliance P.O. Box, Building and Room Number, if any Street 18632 River Crossing Blvd City Davidson State North Carolina ZIP Code + 4 28036 | 15.d. Amount 23,837 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Northwest Pipe Company | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount: 18,369 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: NTA Precision Axle Corporation | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount: 35,328 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: NTA Precision Axle Corporation | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Simon Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Avenue City Santec State CA ZIP Code + 4 92071 | 15.d. Amount: 36,080 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: NTN-Bower Corporation | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Eric Vanetti Title Organization Vantage Point Alliance P.O. Box, Building and Room Number, if any Street 18632 River Crossing Blvd City Davidson State North Carolina ZIP Code + 4 28036 | 15.d. Amount 39,195 15.e. Purpose Engaged to offer advice to Employer along with communicating to Employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: NTN-Bower Corporation | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 14,772 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Oak Harbor Freight Lines Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name James Clegg Title Organization Clegg & Associates Management Group P.O. Box, Building and Room Number, if any Street 17583 26th Avenue City Surrey State BC ZIP Code + 4 V3S0A4 | 15.d. Amount 96,990 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Oak Harbor Freight Lines Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 16,572 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Oak Harbor Freight Lines Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Simon Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Avenue City Santee State CA ZIP Code + 4 92071 | 15.d. Amount 13,815 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: OK Industries | 15.b. Trade Name, if any: OK Foods |
| 15.c. To Whom Paid Name Alex Casillas Title Organization Action Resources P.O. Box, Building and Room Number, if any Street 3892 Brook Hills Road City Fallbrook State CA ZIP Code + 4 92028 | 15.d. Amount 97,166 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: OK Industries | 15.b. Trade Name, if any: OK Foods |
| 15.c. To Whom Paid Name Evelyn Fragoso Title Organization P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309 | 15.d. Amount 32,768 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: OK Industries | 15.b. Trade Name, if any: OK Foods |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 5,418 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: OK Industries | 15.b. Trade Name, if any: OK Foods |
| 15.c. To Whom Paid Name Eric Vanetti Title Organization Vantage Point Alliance P.O. Box, Building and Room Number, if any Street 18632 River Crossing Blvd City Davidson State North Carolina ZIP Code + 4 28036 | 15.d. Amount 2,981 15.e. Purpose Engaged to offer advice to Employer. Did not participate in persuader activity. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Order Inn, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Rebecca Smith Title Organization Taltos Consulting Inc P.O. Box, Building and Room Number, if any Street 1474 Lodgepole Drive City Henderson State NV ZIP Code + 4 89014 | 15.d. Amount: 375 15.e. Purpose Engaged to offer advice to Employer. Did not participate in persuader activity. |

| | |
|--|--|
| 15.a. Employer Name: Order Inn, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Denise Malwitz Title Organization P.O. Box, Building and Room Number, if any Street 3530 Milford Haven City Las Vegas State Nevada ZIP Code + 4 89122 | 15.d. Amount 855 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Packaging Services Industries Inc | 15.b. Trade Name, if any: PSI Container Inc |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 6,262 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 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: Peri & Sons Farms | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Evelyn Fragoso Title Organization P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309 | 15.d. Amount 34,974 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Peri & Sons Farms | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 36,572 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: Presbyterian Homes - Central Towers | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Russell Brown Title Organization RoadWarrior Productions LLC P.O. Box, Building and Room Number, if any Street 108 South Indian Circle City Coca State FL ZIP Code + 4 32922 | 15.d. Amount 20,603 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 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: Prima Brand Gerawan Farming Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Evelyn Fragoso Title Organization P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309 | 15.d. Amount 3,289 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Progress Rail Service Corporation | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Eric Funston Title Organization SEO Solutions LLC P.O. Box, Building and Room Number, if any Street 4613 E 13th Street City Tulsa State OK ZIP Code + 4 74112 | 15.d. Amount 22,804 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: PSC Metals Inc | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Rebecca Smith Title Organization Taltos Consulting Inc P.O. Box, Building and Room Number, if any Street 1474 Lodgepole Drive City Henderson State NV ZIP Code + 4 89014 | 15.d. Amount 19,041 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|-----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number: C- 00525 |
|--|-----------------------|

| | |
|---|---|
| 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: Putnam Ridge | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Mieluchowski Title Organization P.O. Box, Building and Room Number, if any Street 47 E Jonathan Court City Kennett Square State Pennsylvania ZIP Code + 4 19348 | 15.d. Amount 26,500 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Putnam Ridge | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Mark Lema Title Organization Lema & Associates P.O. Box, Building and Room Number, if any Po Box 129 Street City Burlington State New Jersey ZIP Code + 4 08016 | 15.d. Amount 28,000 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: ResCare Inc | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Evelyn Fragoso Title Organization P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309 | 15.d. Amount 27,541 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: ResCare Inc | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Angel Cornejo Title Organization P.O. Box, Building and Room Number, if any Street 1427 Dent Street City Escalon State California ZIP Code + 4 95320 | 15.d. Amount 17,090 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Riverview Health & Rehab Center | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 19,030 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Riverview Health & Rehab Center | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Rebecca Smith Title Organization Taltos Consulting Inc P.O. Box, Building and Room Number, if any Street 1474 Lodgepole Drive City Henderson State NV ZIP Code + 4 89014 | 15.d. Amount 4,311 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: RosDev Group | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Mary Holden Title Organization Mary L Holden HR P.O. Box, Building and Room Number, if any Street 1090 Willow Grove Court City Rochester Hills State MI ZIP Code + 4 48307 | 15.d. Amount 2,000 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Scopelitis Garvin Light Hanson & Feary | 15.b. Trade Name, if any: FBO Gordon Trucking Inc |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 20,637 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: Scribe America | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 1,557 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|-----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525. |
|--|-----------------------|

| | |
|---|---|
| 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: Shuttle Wagon/NORDCO | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 2,394 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Signature Breads | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Evelyn Fragoso Title Organization P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309 | 15.d. Amount 13,378 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Signature Breads | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Mark Lema Title Organization Lema & Associates P.O. Box, Building and Room Number, if any Po Box 129 Street City Burlington State New Jersey ZIP Code + 4 08016 | 15.d. Amount 16,598 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Signature Breads | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 2,746 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Smart & Final | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Angel Cornejo Title Organization P.O. Box, Building and Room Number, if any Street 1427 Dent Street City Escalon State California ZIP Code + 4 95320 | 15.d. Amount 8,519 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Southfresh Farms | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 17,725 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Sparks Steak House | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Manaement Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024 | 15.d. Amount 6,004 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: Spring Oak Assisted Living | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Manaement Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024 | 15.d. Amount 1,720 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Steel Warehouse | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Mieluchowski Title Organization P.O. Box, Building and Room Number, if any Street 47 E Jonathan Court City Kennett Square State Pennsylvania ZIP Code + 4 19348 | 15.d. Amount 20,555 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Stillwell Supply Corp | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Manaement Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024 | 15.d. Amount 3,000 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Sure Winner Foods | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 1,613 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: TH Foods | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Rebecca Smith Title Organization Taltos Consulting Inc P.O. Box, Building and Room Number, if any Street 1474 Lodgepole Drive City Henderson State NV ZIP Code + 4 89014 | 15.d. Amount 5,410 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C: 00525 |
|--|----------------------|

| | |
|---|---|
| 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: TH Foods | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Manaement Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024 | 15.d. Amount 10,147 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: TH Foods | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Matt Perovic Title Organization Quantum Consulting Inc P.O. Box, Building and Room Number, if any Street 10917 Kilpatrick City Oak Lawn State IL ZIP Code + 4 60453 | 15.d. Amount 3,119 15.e. Purpose Engaged to offer advice to Employer along with communicating to Employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: The May Institute, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Versala Parish Title Organization Quick Response Management P.O. Box, Building and Room Number, if any Street 9684 Cornell Street City Taylor State MI ZIP Code + 4 48180 | 15.d. Amount 19,872 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C: 00525 |
|--|----------------------|

| | |
|---|---|
| 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: The May Institute, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any: Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 25,392 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|---|
| 15.a. Employer Name: The May Institute, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any: Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 29,740 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: The May Institute, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any: Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947 | 15.d. Amount 40,205 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|-----------------------|
| Name of Person Filing: ELRI Consulting Services, Inc. | File Number C- 00525. |
|---|-----------------------|

| | |
|---|---|
| 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: The May Institute, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 60,616 15.e. Purpose Engaged to offer advice to Employer. Did not participate in persuader activity. |

| | |
|---|--|
| 15.a. Employer Name: The May Institute, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 8,352 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: The May Institute, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 43,621 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C: 00525 |
|--|----------------------|

| | |
|---|---|
| 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: The Vintage Country Club | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Simon Jara Title Organization P.O. Box, Building and Room Number, if any: Street 10380 Rochelle Avenue City Santee State CA ZIP Code + 4 92071 | 15.d. Amount 4,685 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: TMK IPSCO Tubulars, Inc. | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Angel Cornejo Title Organization P.O. Box, Building and Room Number, if any: Street 1427 Dent Street City Escalon State California ZIP Code + 4 95320 | 15.d. Amount 4,554 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: Trombly Motor Coach | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Carina Hunt Title Organization C Hunt Management Consulting, Inc. P.O. Box, Building and Room Number, if any: Street 701 Love Henry Court City Southlake State TX ZIP Code + 4 76092 | 15.d. Amount 4,353 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: Twin Rivers Senior Campus | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Carina Hunt Title Organization C Hunt Management Consulting Inc P.O. Box, Building and Room Number, if any Street 701 Love Henry Court City Southlake State TX ZIP Code + 4 76092 | 15.d. Amount 26,022 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: Unified Community Connections | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379 | 15.d. Amount 15,555 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: UPS | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044 | 15.d. Amount 23,264 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: UPS | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Rebecca Smith Title Organization Taltos Consulting Inc P.O. Box, Building and Room Number, if any Street 1474 Lodgepole Drive City Henderson State NV ZIP Code + 4 89014 | 15.d. Amount 9,273 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|---|
| 15.a. Employer Name: UPS | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Angel Cornejo Title Organization P.O. Box, Building and Room Number, if any Street 1427 Dent Street City Escalon State California ZIP Code + 4 95320 | 15.d. Amount 32,396 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|--|
| 15.a. Employer Name: UPS | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075 | 15.d. Amount 7,459 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

| | |
|---|---|
| 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: V&M Star/Vallourec Group | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Ronald Pfeifer Title Organization P.O. Box, Building and Room Number, if any Street 1545 Arapahoe Trail City Green Bay State WI ZIP Code + 4 54313 | 15.d. Amount 7,263 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

| | |
|---|--|
| 15.a. Employer Name: V&M Star/Vallourec Group | 15.b. Trade Name, if any: |
| 15.c. To Whom Paid Name Eric Vanetti Title Organization Vantage Point Alliance P.O. Box, Building and Room Number, if any Street 18632 River Crossing Blvd City Davidson State North Carolina ZIP Code + 4 28036 | 15.d. Amount 6,475 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |