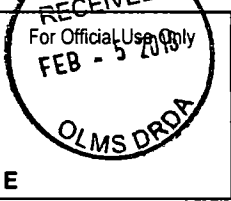


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

This report is mandatory under P.L. 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

603909

1. File Number C- 65802	2. Period Covered By This Report From: 01/01/2015 Through: 12/31/2015
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A. Person Filing

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

Name

Title

Organization **International Labor Relations**

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

Street **8086 S. Yale Ave Suite 225**

City **Tulsa**

State **Oklahoma** ZIP Code + 4 **74136**

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

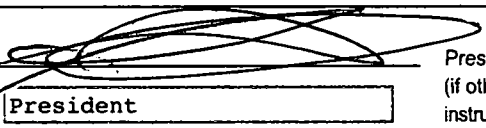
Street

City

State ZIP Code + 4

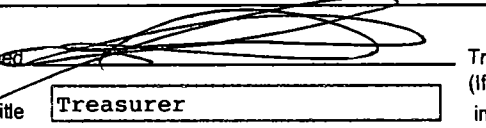
Signatures

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
(if other title, see instructions)

Title **President**

On / / **800-555-7509**
Date Telephone Number

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

Title **Treasurer**

On / / **800-555-7509**
Date Telephone Number

Name of Person Filing:

File Number C- 65802

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

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

Mailing Address:

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

Employer Trade Name Street Attention To City Title State ZIP Code + 4 5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the 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

<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		10. Publicity	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		11. Fees for Professional Services	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:				<input type="text" value="0"/>	14. Total Disbursements (Sum of Items 8-13)	<input type="text" value="0"/>

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Title Organization

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

Street City State ZIP Code + 4 15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

File Number C- 65802

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

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

Mailing Address:

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

Employer AirGas

Trade Name

Attention To: Mike

Guyton

Title Labor Relation Director

Street 1200 Farrow

City Ferndale

State Michigan

ZIP Code + 4 48220

5.b. Termination Date 05/28/2015

5.c. Amount 135,327

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

Mailing Address:

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

Employer American Tug

Trade Name

Attention To: Pedro

Rivera

Title

Street 1010 Calle Orchid # 1104

City San Juan

State Puerto Rico

ZIP Code + 4 00926

5.b. Termination Date 03/17/2015

5.c. Amount 6,519

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

Mailing Address:

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

Employer Aryzta

Trade Name

Attention To: Debra

Gray

Title

Street 111 N. Northwest Ave

City Northlake

State Illinois

ZIP Code + 4 60164

5.b. Termination Date 07/21/2015

5.c. Amount 40,576

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

Mailing Address:

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

Employer Baptist Health

Trade Name

Attention To: Tim

Bartos

Title CEO

Street 297 N. Ballston Ave

City Scotia

State New York

ZIP Code + 4 12302

5.b. Termination Date 09/28/2015

5.c. Amount 79,923

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

Mailing Address:

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

Employer Bay Area Beverage

Trade Name

Attention To: William

Johnson

Title Human Resource Director

Street 700 National Court

City Richmond

State California

ZIP Code + 4 94804

5.b. Termination Date 02/15/2015

5.c. Amount 32,904

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

Mailing Address:

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

Employer Blick

Trade Name

Attention To: Robert

Buchsbaum

Title CEO

Street 695 US HWY 150 E.

City Galesburg

State Illinois

ZIP Code + 4 61401

5.b. Termination Date

5.c. Amount

Name of Person Filing:

File Number C- 65802

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

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

Mailing Address:

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

Employer Interstate

Trade Name

Attention To: Laura

Edwards

Title

Director of Relations

Street 11707 21st Ave Ct S.

City Tacoma

State Washington

ZIP Code + 4 98444

5.b. Termination Date 07/01/2015

5.c. Amount 90,568

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

Mailing Address:

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

Employer Eurecat

Trade Name

Attention To: Fred

McCulloch

Title

Plant Manager

Street 13100 Baypark Rd

City Pasadena

State Texas

ZIP Code + 4 77507

5.b. Termination Date 09/23/2015

5.c. Amount 18,247

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

Mailing Address:

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

Employer Freshpoint

Trade Name

Attention To: Scott

Savage

Title

Street 5900 North Golden State Blvd

City Turlock

State California

ZIP Code + 4 95382

5.b. Termination Date 02/10/2015

5.c. Amount 94,232

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

Mailing Address:

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

Employer Gardner Fields

Trade Name Gardner Gibson

Attention To: Sean

Hyer

Title

Chief Operating Officer

Street 4161 E. 7th Avenue

City Tampa

State Florida

ZIP Code + 4 33605

5.b. Termination Date 03/03/2015

5.c. Amount 6,175

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

Mailing Address:

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

Employer Inspire

Trade Name

Attention To: Marcel

Martino

Title

CEO

Street 78 Cypress Rd

City Goshen

State New York

ZIP Code + 4 10924

5.b. Termination Date 05/20/2015

5.c. Amount 63,130

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

Mailing Address:

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

Employer DS Pipe & Steel

Trade Name

Attention To: Jackie

Adkins

Title

Street 1301 Wicomico Street

City Baltimore

State Maryland

ZIP Code + 4 21230

5.b. Termination Date 06/15/2015

5.c. Amount 55,337

Name of Person Filing:

File Number C- 65802

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

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

Mailing Address:

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

Employer Labcorp

Trade Name

Attention To: Drew

Chakeras

Title Vice President

Street 531 S. Spring St

City Burlington

State North Carolina

ZIP Code + 4 27215

5.b. Termination Date

5.c. Amount 90,134

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

Mailing Address:

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

Employer MrsGreen

Trade Name

Attention To: Sherry

Schultz

Title

Street 1 Bridge Street, 2nd Floor Suite 3

City Irving

State New York

ZIP Code + 4 10533

5.b. Termination Date

5.c. Amount

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

Mailing Address:

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

Employer Ontrac

Trade Name

Attention To: Rick

Chase

Title VP & Chief Administration Officer

Street 829 Smithway Street

City Commerce

State California

ZIP Code + 4 90040

5.b. Termination Date 03/02/2015

5.c. Amount 53,786

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

Mailing Address:

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

Employer Petro Star

Trade Name

Attention To: Don

Castle

Title Vice President of Marketing

Street 3900 C. St. # 802

City Anchorage

State Alaska

ZIP Code + 4 99503

5.b. Termination Date 04/06/2015

5.c. Amount 56,291

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

Mailing Address:

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

Employer Quala

Trade Name

Attention To: Paul

Woodbury

Title VP of Human Resources

Street 6551 Grant Ave

City Cleveland

State Ohio

ZIP Code + 4 44105

5.b. Termination Date 11/20/2015

5.c. Amount 107,790

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

Mailing Address:

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

Employer Ryder

Trade Name

Attention To: Anthony

DeCosmo

Title Director of Labor Relations

Street 2205 W. 136th Ave, Suite 106

City Broomfield

State Colorado

ZIP Code + 4 80023

5.b. Termination Date 06/10/2015

5.c. Amount 37,692

Name of Person Filing:

File Number C- 65802

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

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

Mailing Address:

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

Employer Sysco-Atlanta

Trade Name

Attention To: Mark

Zucker

Title

CFO

Street 222 Riverdale Road

City College Park

State Georgia

ZIP Code + 4 30337

5.b. Termination Date 04/13/2015

5.c. Amount 33,525

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

Mailing Address:

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

Employer Sysco-Dallas

Trade Name

Attention To: Terry

Ruiz

Title

VP Human Relations

Street 800 Trinity Dr.

City The Colony

State Texas

ZIP Code + 4 75056

5.b. Termination Date 04/06/2015

5.c. Amount 39,483

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

Mailing Address:

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

Employer Sysco-Grand Rapids

Trade Name

Attention To: Theodore

Twyman

Title

Vice President

Street 3700 Sysco Court SE

City Grand Rapids

State Michigan

ZIP Code + 4 49512

5.b. Termination Date 04/13/2015

5.c. Amount 102,684

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

Mailing Address:

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

Employer Toyota City

Trade Name

Attention To: James

McGrath, III

Title

Street 521 5th Ave

City New York

State New York

ZIP Code + 4 10175

5.b. Termination Date 03/02/2015

5.c. Amount 39,753

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

Mailing Address:

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

Employer Westcoast

Trade Name

Attention To: Olga

Binman

Title

Street 647 W. Ave, L14

City Lancaster

State California

ZIP Code + 4 93535

5.b. Termination Date 10/16/2015

5.c. Amount 129,728

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

Mailing Address:

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

Employer

Trade Name

Attention To:

Title

Street

City

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

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 Simon ☐ R Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State California ZIP Code + 4 92071

15.d. Amount 36,600

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Airgas

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Jason ☐ Greer

Title

Organization Greer Consulting, Inc

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

Street 6311 Ronald Regan Dr, Suite 162

City Lake St Louis

State Missouri ZIP Code + 4 63367

15.d. Amount 29,642

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

American Tug

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Brad ☐ Gonzales

Title

Organization

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

Street 803 Mango Dr.

City Casselberry

State Florida ZIP Code + 4 32707

15.d. Amount 3,519

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

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:

Aryzta

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Charles ☐ Stephenson

Title

Organization CRS Labor Relations Solution, LLC

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

Street 1500 E. Katella Ave, Suite M

City Orange

State California ZIP Code + 4 92867

15.d. Amount 11,054

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Aryzta

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Angel ☐ Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Ln

City Escalon

State California ZIP Code + 4 95320

15.d. Amount 11,522

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Baptist Health

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Jose ☐ Palacios

Title

Organization Trident Labor Solution

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

Street 12059 Sheldon St

City Sun Valley

State California ZIP Code + 4 91352

15.d. Amount 21,822

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Baptist Health

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Natasha

Gordon

Title

Organization

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

Street 4907 Ivey Vista Way

City Oceanside

State California

ZIP Code + 4 92057

15.d. Amount 23,408

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Bay Area Beverage

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Jose

Palacios

Title

Organization Trident Labor Solution

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

Street 12059 Sheldon St

City Sun Valley

State California

ZIP Code + 4 91352

15.d. Amount 6,550

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Bay Area Beverage

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Angel

Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Ln

City Escalon

State California

ZIP Code + 4 95320

15.d. Amount 6,199

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Bay Area Beverage

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon R Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State California ZIP Code + 4 92071

15.d. Amount 5,154

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Blick

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Christine Cibula

Title

Organization CC International

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

Street 8086 S. Yale Ave, #268

City Tulsa

State Oklahoma ZIP Code + 4 74136

15.d. Amount 58,525

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Blick

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Christian B Teague

Title

Organization

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

Street 5300 W. Memorial Rd, Apt W

City OKC

State Oklahoma ZIP Code + 4 73142

15.d. Amount 8,327

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right 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:

Blick

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Floyd ☐ Hightower

Title

Organization

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

P.O. Box 222

Street

City Carleton

State Oklahoma

ZIP Code + 4 74081

15.d. Amount 14,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Blick

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon ☐ E Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State California

ZIP Code + 4 92071

15.d. Amount 33,242

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Blick

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Zak ☐ D Langren

Title

Organization Langren Labor Relations

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

Street 14520 W. Mockingbird Lane

City Sand Springs

State Oklahoma

ZIP Code + 4 74063

15.d. Amount 109,091

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Blick

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Carl Newman

Title

Organization

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

Street 1261 East Old North Rd

City Sands Springs

State Oklahoma ZIP Code + 4 74063

15.d. Amount 153,612

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Eurecat

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Jose Agraz

Title

Organization

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

Street 4010 Ivey Vista Way

City Oceanside

State California ZIP Code + 4 92057

15.d. Amount 13,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Fresh Point

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon R Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State California ZIP Code + 4 92071

15.d. Amount 17,630

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Fresh Point

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Angel ☐ Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Lane

City Escalon

State California ZIP Code + 4 95320

15.d. Amount 35,215

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Gardner

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon ☐ R Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State California ZIP Code + 4 92071

15.d. Amount 4,175

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Inspire

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon ☐ R Jara

Title

Organization

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

Pinnacle Labor Solutions

Street 10380 Rochelle Ave

City Santee

State California ZIP Code + 4 92071

15.d. Amount 16,547

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right 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:

Inspire

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Angel

☐

Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Lane

City Escalon

State California

ZIP Code + 4 95320

15.d. Amount

18,175

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Interstate

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Christian

☐

Teague

Title

Organization

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

Street 5300 W. Memorial Rd , Apt W

City OKC

State Oklahoma

ZIP Code + 4 73142

15.d. Amount

20,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Labcorp

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Simon

☐

Jara

Title

Organization Pinnacle Labor Solution

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

Street 10380 Rochelle Ave

City Santee

State California

ZIP Code + 4 92071

15.d. Amount

29,025

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Labcorp

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Simon

E

Jara

Title

Organization

Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State California

ZIP Code + 4 92071

15.d. Amount

23,109

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Mrs Green

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Brad

Gonzales

Title

Organization

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

Street 803 Mango Dr.

City Casselberry

State Florida

ZIP Code + 4 32707

15.d. Amount

36,538

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Mrs Green

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Carl

Newman

Title

Organization

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

Street 1261 East Old North Rd

City Sand Springs

State Oklahoma

ZIP Code + 4 74063

15.d. Amount

9,905

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Mrs Green

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Angel

☐

Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Lane

City Escalon

State California

ZIP Code + 4 95320

15.d. Amount 1,335

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Mrs Green

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Cesar

☐

Alarcon

Title

Organization

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

Street 382 Nome Ave

City Staten Island

State New York

ZIP Code + 4 10314

15.d. Amount 5,139

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Mrs Green

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Simon

☐

E Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State California

ZIP Code + 4 92071

15.d. Amount 16,519

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Mrs Green

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ☐ Floyd ☐ HightowerTitle Organization

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

P.O Box 222

Street

City Carleton

State Oklahoma ZIP Code + 4 74081

15.d. Amount 5,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Mrs Green

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ☐ Kimberly ☐ TeagueTitle Organization

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

Street 1306 N. Northridge Ct

City Sand Springs

State Oklahoma ZIP Code + 4 74063

15.d. Amount 5,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Mrs Green

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ☐ Zak ☐ D LangrenTitle

Organization Langren Labor Relations

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

Street 11450 W. Mockingbird Ln

City Sand Springs

State Oklahoma ZIP Code + 4 74063

15.d. Amount 5,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right 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:

Mrs Green

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Christian B Teague

Title

Organization

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

Street 5300 W. Memorial Rd , Apt W

City OKC

State Oklahoma ZIP Code + 4 73142

15.d. Amount 47,940

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Ontrac

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Christian B Teague

Title

Organization

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

Street 5300 W. Memorial Rd, Apt W

City OKC

State Oklahoma ZIP Code + 4 73142

15.d. Amount 38,075

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Ontrac

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Anthony Leaseman

Title

Organization

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

Street

City

State ZIP Code + 4

15.d. Amount 10,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Ontrac

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Natasha



Gordon

Title

Organization

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

Street 4907 Bryant Dr.

City Snellville

State Georgia

ZIP Code + 4 30039

15.d. Amount 9,710

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Ontrac

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Jose



Agraz

Title

Organization

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

Street 4010 Ivey Vista Way

City Ocean Side

State California

ZIP Code + 4 92057

15.d. Amount 9,569

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Petro

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Eric



Grumbrecht

Title

Organization

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

Street 200 Lago Cir, #201

City Melbourne

State Florida

ZIP Code + 4 32904

15.d. Amount 12,500

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Quala

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Eric

Grumbrecht

Title

Organization

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

Street 200 Lago Cir, #201

City Melbourne

State Florida

ZIP Code + 4 32904

15.d. Amount 35,862

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Ryder

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Oluseyi

Olowolafe

Title

Organization Omega Labor Relations

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

Street 2307 Fenton Parkway, Ste 107-221

City San Diego

State California

ZIP Code + 4 92108

15.d. Amount 19,317

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Sysco-Atlanta

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Charles

Stephenson

Title

Organization CRS Labor Relations Solution, LLC

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

Street 1500 E. Katella Ave, Ste M

City Orange

State California

ZIP Code + 4 92867

15.d. Amount 23,040

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Sysco-Atlanta

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Jason ☐ Greer

Title

Organization Greer Consulting, Inc

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

Street 6311 Ronald Regan Dr. , Ste 162

City Lake Saint Louis

State Missouri ZIP Code + 4 63367

15.d. Amount 26,375

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Sysco-Atlanta

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Natasha ☐ Gordan

Title

Organization

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

Street 4907 Bryant Dr.

City Snellville

State Georgia ZIP Code + 4 30039

15.d. Amount 24,902

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Sysco-Dallas

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon ☐ R Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State California ZIP Code + 4 92071

15.d. Amount 13,739

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Sysco-Dallas

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Angel

Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Ln

City Escalon

State California

ZIP Code + 4 95320

15.d. Amount 7,744

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Sysco-Grand Rapids

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Charles

Stephenson

Title

Organization CRS Labor Relations Solution, LLC

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

Street 1500 E. Katella Ave, Ste M

City Orange

State California

ZIP Code + 4 92867

15.d. Amount 52,767

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Sysco-Grand Rapids

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon

R

Jara

Title

Organization Pinnacle Labor Solution

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

Street 10380 Rochelle Ave,

City Santee

State California

ZIP Code + 4 92071

15.d. Amount 4,913

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Sysco-Grand Rapids

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Eric ☐ Grumbrecht

Title

Organization

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

Street 200 Lago Cir #201

City Melbourne

State Florida ZIP Code + 4 32904

15.d. Amount 1,203

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Toyota City

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Eric ☐ Grumbrecht

Title

Organization

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

Street 200 Lago Cir #201

City Melbourne

State Florida ZIP Code + 4 32904

15.d. Amount 19,671

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Westcoast Ambulance

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Christian ☐ B Teague

Title

Organization

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

Street 5300 W. Memorial Rd Apt W

City OKC

State Oklahoma ZIP Code + 4 73142

15.d. Amount 11,803

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right 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:

Westcoast Ambulance

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon E Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State Florida ZIP Code + 4 92071

15.d. Amount 21,160

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

Westcoast Ambulance

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon R Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Ave

City Santee

State Florida ZIP Code + 4 92071

15.d. Amount 1,612

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

DS Pipe & Steel

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Tim Lewis

Title

Organization Lewis Labor Relations

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

Street 10731 Trailwood Dr

City Chesterfield

State Virginia ZIP Code + 4 23832

15.d. Amount 29,837

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

MrsGreen

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Matt

Langren

Title

Organization Integritex Contracting , LLC

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

Street 14520 W. Mockingbird Ln

City Sand Springs

State Oklahoma

ZIP Code + 4 74063

15.d. Amount 9,800

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name:

15.b. Trade Name, If any:

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

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

15.d. Amount

15.e. Purpose