U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 09-30-2021

726550

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-	2. Period Covered Month/Day/Year Month/Day/Year By This Report (mm/dd/yyy) (mm/dd/yyy)
694	From: 1/1/2019 Through: 12/3//2019
A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name RUSSELL BROWN	Name
Title CEO	Title
Organization ROAD WARRION PRODUCTIONS, LLC	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
P. D. Dox 372636	
Street	Street
City SATELITTE BEACH	City
State <u>FL</u> ZIP Code + 4 <u>32937-2636</u>	State ZIP Code + 4
S	ignatures
Each of the undersigned declares, under penalty of perjury and other applic the information contained in any accompanying documents) has been examinute, correct, and complete (See the Section on penalties in the instruction.	cable penalties of law, that all of the information submitted in this report (including nined by the signatory and is, to the best of the undersigned's knowledge and belief, s)
17. Signed President (If other title, s instructions)	18. Signed Treasurer (If other title, see instructions)
On 3/31/2020 202 780 8005 Telephone Number	On Telephone Number

Name of Person Filing:		File Number C- 694				
B. Statement of Receipts Report all receipts from or services.	n employers in connection	with labor relations advice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade Employer	E GEORGIA	Mailing Address: P.O. Box, Bldg., Room No., if any Street 305/ Kumho PKWY City MACON				
Title DIRECTOR HUMI	LESOURCE	State GA ZIP Code + 4 3/2/6				
5.b. Termination Date 6. TOTAL RECEIPTS FROM ALL EMPLOYERS		5.c. Amount \$315,352.20				
	ursements made by the repers listed in Part B. (b) Salary (c) Expense	porting organization in connection with labor relations advice or services render				
a) / A	(8) 60.0)	9. Office and Administrative Expenses				
- 10 l.v		10. Publicity				
		11. Fees for Professional Services				
		12. Loans Made				
		13. Other Disbursements				
8. Total disbursements to officers and employees:	<u> </u>	14. Total Disbursements (Sum of Items 8 – 13)				
D. Schedule of Disbursements for Reportable A	ctivity Use this Schedinstructions.	lule to report only disbursements made for the purposes described in Part Diof				
15.a. Employer Name: ROCK CREEK CONSULTING	<u></u>	15:b. Trade Name, if any:				
15.c. To Whom Paid Name REBECCA SMITH	· · · · · · · · · · · · · · · · · · ·	15:d. Amount 56				
Title		15.e. Purpose EMPLOYES OF THEIR RIGHTS				
P.O. Box, Building and Room Number, if any		UNDER THE NLRA				
Street 554 MAHARD A	OR					
State 1 D ZIP Code + 4_	83301					
16. TOTAL DISBURSEMENTS FOR ALL REPORT	ABLE ACTIVITY					

			umber C-	No. of the second secon	
ne of Person Filing:				dvice or services regardless of the purposes	of the advice
ne of Person o		- San with lab	or relations a	dvice or services regardless of the purpose	
Report all receipts from e	mployers in con	UGCIIOI I MILLI IOS	· · ·		
or services.			Mailing	Address:	
a. Name and Address of Employer (including trade r	name; it any).	- 1	Pida Bida	Room No., if any	- X
Name and Address 40 TIRE	GEORG	5/1 P.O	DOX, DIGG-	Room No., if any	Nay_
Employer Kum.H.O TIRE	·	Str	eet	2/2	·
Trade Name	5/	Cit	y	7/2	16
Trade Name	RAS	NUROS ST	ateG/	ZIP Code + 4	
ALRECTOR HUMA	11/20			10	
Title			c Amount	\$315,352.20	
5 h. Termination Date W/A			C. Furre	<i>931-</i>	
				A STATE OF THE PARTY OF THE PAR	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				on in connection with labor relations advice	or services rendered
	man	te by the report	ing organizati	on in connection with labor	
C. Statement of Disbursements Report all dis to the employ	bursements mad vers listed in Par	t.B.			
C. Statement of a forme cubic.	7			·	
7. Disbursements to Officers and Employees:	(b) Salary	(c) Expenses		9. Office and Administrative Expenses	
(a) Name				10. Publicity	
N/A		1		11. Fees for Professional Services	
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				13. Other Disbursements	13)
		1		14. Total Disbursements (Sum of Items 8	13)
- officers and employe	es:		1		
8. Total disbursements to officers and employed				only disbursements made for the purposes o	lescribed in Part D
		usia Sahari	ule to report	only disbursements made for the purposes	
D. Schedule of Disbursements for Reportat	ole Activity	instructions.			
D. Schedule of Disburson			15:b. Trad	e Name, if any:	
15:a. Employer Name:			1	/A	
N/A			15:d: Am	ount 47, 291. 16	
			8	17291.	
15.c. To Whom Paid	HEL_		7	7 7	
15.c. To Whom Paid Name R. Scott Mic.			15:e. Pu	EDUCATE EMPLOYEES	OF THEIR
				RIGHTS UNDER TH	5 NLRA
Organization SELF				DICHTS KNDER IN	-
Organization	fany		1	21911-01	
P.O. Box, Building and Room Number,	• = •	, 			
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1/2 -0 00	<i></i>				
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Street 819 HERMAN		1 -			_
City HERSTHIN	ode+4/9	045	- 1		
Street 819 HERMAN City HORSHAM State PA ZIPC 16. TOTAL DISBURSEMENTS FOR ALL	ode + 4 / 9	045	- 1		

Form LM-21 (2003)

	File N	lumber C-	694	
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ame of Person Filing:	i i i i i i i	or relations ad	lvice or services regardless of the purposes of	010.00
Report all receipts from employers in o	connection with lab	0, 10,000		
Ar Services.		.8.021117613	Audicoo.	l l
i.a. Name and Address of Employer (including trade name, if any).	ar A bo	Box, Bldg., F	Room No., if any	X
Employer Kum HO TIRE GEO	(Cám	not 1	2051 KUMMOTA	
Employer		MA	Room No., if any ROOM KUMHO PKO CON 3/2/	
Trade Name		CA	4 zip Code + 4 3/2/	<u>b</u>
Attention To:REMAN RE	SOURCES St	ate	<u></u>	
Trade Name			\$315,352.20	
	5.	.c. Amount	8313, 33	
5.b. Termination Date W/A			and the second s	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			to relations advice or s	ervices rendere
8.1037.23	ende by the report	ing organization	on in connection with labor relations.	
C. Statement of Disbursements Report all disbursements to the employers listed in	PartiB.		on in connection with labor relations advice or s	
	ry (c) Expenses	(d) Totals	Emenses	
	ry (c) Experies	· ·	9. Office and Administrative Expenses	
(a) Name			10. Publicity	
N/A			11. Fees for Professional Services	
			12. Loans Made	
2			13. Other Disbursements 14. Total Disbursements (Sum of Items 8 – 13)	
	: 		14. Total Dispulsements (
8. Total disbursements to officers and employees:				n Lin Port D
0.70			nly disbursements made for the purposes desc	ribed in Part 5
for Penortable Activity	Use this Sched instructions.			
D. Schedule of Disbursements for Reportable Activity	instructions	15:b. Trade	e Name, if any:	
15:a. Employer Name:			and the same of th	
N/A		15:d. Amo	ount - / 9.6	
		V V	58, 294. 98	
15.c. To Whom Paid Name WILLIAM MONROZ	<u></u>	4		
Name W/L		15.e. Put	mpose:	07
) ·		1 3	EDUCATE ZALL	EN ALL
			DIGHT	
Title		-	-HEIR RIGHT	
Title		7	PROSE EMPLOYEES EDUCATE EMPLOYEES -HEIR RIGHTS UND	
Organization	211	1	-HEIR RION	
Organization	OGE BLV	1	-HEIR RION	
P.O. Box, Building and Room Number, if any	OGE BLV	1	-HEIR RION	
Title Organization SECF P.O. Box, Building and Room Number, if any Street 4/2 STONE BRILL City NEW CASTLE	06E BLV	1	-HEIR RION	
P.O. Box, Building and Room Number, if any	9720	1	-HEIR RION	

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me of Person Filing:			vice or services regardless of the purposes of	f the advice
into from employers	in connection with lat	bor relations ao	VIOE OF SCIENCE	
Or services.		. R#21117(1-/	MUU1630.	1
to do name if a	ný). 4	پ سيدري څون واد	Seem No. if any	150
a. Name and Address of Lings of E	ORGIH PO	O. Box, Bldg., F	DOCKUMHOTE	W
a. Name and Address of Employer (including trade name).	Sti	reet	ROOM NO., if any	
Trade Name Attention To: 1(E1TH LOLLE) Title DIRECTOR HUMAN K	Ci	ity	3/2/	6
Attention To: 188119 1000	12 SOUNOS S	tate <u>G</u>	ZIP Code + 4	
DIRECTOR HUMAN			= 2 10	
	5	s.c. Amount	8315, 352.20	
5.b. Termination Date				
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6. TOTAL RECEIPTS TROUBLE			min connection with labor relations advice or	SELVICES (SILVICES
Report all disburseme	nts made by the repor	ting:organizatio	nsin connection with labor relations; advice or	
C. Statement of			·	1
7. Disbursements to Officers and Employees: (b) \$	Salary (c) Expenses	(d) Lotais	9. Office and Administrative Expenses	
(a) Name			10 Publicity	
N/A			11. Fees for Professional Services	
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			14. Total Disbursements (Sum of Items 8 – 13)	·
8. Total disbursements to officers and employees:				
8. Fotal disputsorm			nly disbursements made for the purposes des	cribed in Part D
. H. Activi	v Use this Sched	dule to report or	nly disbursements made	
D. Schedule of Disbursements for Reportable Activi	instructions	15th Trade	Name, if any: PLOYMEN PRACTICE C	BUNCEL
		SM	PLOYMEN FRACTIC	
15.a. Employer Name:		15.d. Amo	~ (
EPC		15.a. Ailio	774 656.	
Name LYNN LEARY ORE SIDENT		4	37) 6	
Name		15.e: Pun	POUCATE EMPLOYEES	of THE
Title	_:	2	IDUCATE EMPLOYEE	e A
Organization EPC		R	IGHTS UNDER NOW	\' '
P.O. Box, Building and Room Number, if any		\ ^		
		-		
Street 841 BAXTER ST	118	<u> </u>		
Street 841 27X1		-		-
311001		1		
City CHARLES	28202	_		
Street ATT City CHARLOTTE State ZIP Code + 4 16. TOTAL DISBURSEMENTS FOR ALL REPOR	28202			

Name of Person Filing:		File Number C- 694			
B. Statement of Receipts Report all receipts from or services.	employers in connection v	with labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade	= :	Mailing Address:			
Employer ST JOSEPH REGINAL	MEDICAL CENT	ZAP.O. Box, Bldg., Room No., if any			
Trade Name		Street 4/5 South STREET			
Trade Name	SEN	City LEWISTON			
		State 10 ZIP Code + 4 8350/			
5.b. Termination Date 4/15/2019		5.c. Amount \$11,392.95			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbur to the employers 7. Disbursements to Officers and Employees:	s listed in Part B.	porting organization in connection with labor relations advice or services rendered			
(a) Name	(b) Salary (c) Expenses	The state of the s			
NA		Office and Administrative Expenses			
		10. Publicity			
		11. Fees for Professional Services			
5		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 Act	ivity Use:this Schedulinstructions.	ule to report only disbursements made for the purposes described in Part D of the			
15:a. Employer Name: ROCK CREEK CONSULT	ING	15.b. Trade Name, if any:			
15.c. To Whom Paid Name REBECCA SMITH Title PRESIDENT Organization P.O. Box, Building and Room Number, if any		15.d. Amount 95 15.e. Purpose EDUCATE EMPLOYEE OF RIGHTS UNDER NLRA			
Street 554 MAHARD City TWIN FALLS State 10 ZIP Code +4					
Stäte ZIP Code + 4 16. TOTAL DISBURSEMENTS FOR ALL REPORTA					

Name of Person Filing:		File Number C- 694		
B. Statement of Receipts Report all receipts from empor services.	oloyers in connection	with labor relations advice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name	ne, if any).	Mailing Address:		
• • • •		NED Box, Bldg., Room:No., if any		
		Street 5360 Hampton PL		
Trade Name				
		City SAGINAW		
Title VICE PRESIDENT	<u> </u>	State ZIP Code + 4 48664		
5.b. Termination Date 10 /25 / 2019		5.c. Amount \$ 14, 398, 83		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
to the employers list 7. Disbursements to Officers and Employees:		eporting organization in connection with labor relations advice or services rendered es (d) Totals		
NA		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	y Use this Schede instructions.	dule to report only disbursements made for the purposes described in Part D of the		
15.a. Employer Name:		15.b. Trade Name, if any:		
M ROSADO CONSULTANTS,	LLC			
15.c. To Whom Paid		15:d. Amount		
Name MIKE ROSANO		15.d. 3 HOURT 448. 85.		
Title PRZSIAENT		15:e. Purpose:		
Organization		EDUCATE EMPLOYEES OF THEIR		
P.O. Box. Building and Room Number, if any		RIGHTS UNDER THE NLRA		
r.o. box, building and room retimes, many		KIGHIS UNDER THE NEAD		
	<u> </u>			
Street 5 QUAIL COURT				
City ENGLEWOOD				
State A J ZIP Code + 4 O 7	163/			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	ACTIVITY			

Name of Person Filing:			File Number C- 694			
B. Statement of Receipts Report all receipts from or services.	n employers in c	connection w	ith labor relation	ns ad	vice or services regardless of the purposes of	of the advice
5.a. Name and Address of Employer (including trad-	e name, if any).		Ma	iling A	Address:	
Employer WATERLOGIC				·		
Employer	, 40,,				oom No., if any	
Trade NameASEY TAYLO					M CULLOGH	
Attention To: (ASEY / AYEO	<u>K</u>		City	<u>.aj</u>	CASTLE ZIP Code + 4 1972	
Title CEO		<u> </u>	State D2	<u> </u>	ZIP Cöde + 4 _ / 9 7 2 0	<u> </u>
5.b. Termination Date 2/17/2019) .		5.c. Amount	\$	64, 612.04	
6. TOTAL RECEIPTS FROM, ALL EMPLOYERS						
			rting organizat	ion in	connection with labor relations advice or ser	vices rendered
• • •	ers listed in Part	В.				
7. Disbursements to Officers and Employees: (a) Name	(b) Salary (d	c) Expenses	(d) Totals			
NA				9. Off	fice and Administrative Expenses	
				10. P	ublicity	
				11. F	ees for Professional Services	
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				13. O	Other Disbursements	
8. Total disbursements to officers and employees:				14.,T	otal Disbursements (Sum of Items 8 – 13)	•
D. Schedule of Disbursements for Reportable A			e to report only	disbu	ursements made for the purposes described	in Part D of the
	instr	uctions.	45. 7 1 11	·		
15.a. Employer Name:			15.b. Trade N	ame,	ir any:	
15.c. To Whom Paid			15.d. Amount			
Name WILLIAM MON	JROZ		\$2	8,	582.04	
Title		}				
Organization SELF			15.e. Purpose		1705 170	5
Organization			EDUCATE EMPLOYEES OF RIGHTS			
P.O. Box, Building and Room Number, if any			UND	ER	NLRA	
1/12 550 10 00		(440)				
Street 4/2 STONE BR	IDGE P	500				
City NEW CASTEZ		_				
State ZIP Code + 4	1972	\mathcal{U}				•
16. TOTAL DISBURSEMENTS FOR ALL REPORT	ABLE ACTIVITY					

	File Number C- 694			
n employers in connection	with labor relations advi	ce or services regardless of the purposes of th	ne advice	
e name; if any).	Mailing Ad	dress:		
_	DO Day Bldg Dag	on No. 16 ann.		
, 45,7	P.O. Box, Bidg., Roo	M S C LL L A C H		
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<u> </u>	City NZW	CASTLE	احتست	
	State <u>DE</u>	ZIP Code + 4 <u>19710</u>		
7 .	5.c. Amount	4.612.04		
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Use this Schedulinstructions:	ule to report only disburs	sements made for the purposes described in F	Part D of the	
	15b. Trade Name, if	any:		
20	15 e Pumose:	/		
	aname, if any). Justice of the representation of the representati	memployers in connection with labor relations advisor and a name, if any). Mailing Ad P.O. Box, Bldg., Roc Street 7.7. City NSW State DE State	n employers in connection with labor relations advice or services regardless of the purposes of the purpose	

Name of Person Filing:		File Number C- 694			
	employers in connection v	with labor relations advice or services regardless of the purposes of the advice			
or services. 5.a. Name and Address of Employer (including trade	namo if any)	Mailing Address:			
· ·		•			
Employer LMI AEROSP	ACZ	P.O. Box, Bldg., Room No., if any			
Trade Name		Street 411 FOUNTAIN LAKES BLND			
Attention To: BRIAN SALM	0	City_ST_CHARLES			
Title VICE PRESIDENT		State ZIP Code + 4			
5.b. Termination Date 5/28/201	9 .	5.c. Amount \$76, 985. 31			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbur to the employers 7. Disbursements to Officers and Employees: (a) Name		orting organization in connection with labor relations advice or services rendered (d) Totals			
NA		Office and Administrative Expenses			
		10. Publicity			
		11. Fees for Professional Services			
5		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 Act	ivity Use this Schedu instructions.	ale to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name: ROCK CREEK CONSU	(Trall-	15.b. Trade Name, if any:			
15.c. To Whom Paid Name REBECCA SMITH Title PRESIDENT Organization		15.d. Amount \$39,585.31 15.e. Purpose.			
P.O. Box, Building and Room Number, if any		EDUCATE EMPLOYEES DF RIGHTS UNDER NLRA			
Street SS4 MAHARD City TWIN FALLS, 16 State 10 ZIP Code +4)				
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	BLE ACTIVITY	<u> </u>			

Name of Person Filing:		File Number C- 694			
		<u> </u>	•		
B. Statement of Receipts Report all receipts from or services.	employers in connection v	vith labor relatio	ns advice or services regardless of the purpose	es of the advice	
5.a. Name and Address of Employer (including trade	name, if any).	Ма	iling Address:		
Employer GOLDEN NUGGET	- LAS VEGAS	P.O. Box, Bld	g., Room No., if any		
Trade Name		Street/_	29 FREEDONT STREE	1	
Attention To: CHRIS LATIL	· · · · · · · · · · · · · · · · · · ·		s VEGAS		
Title			ZIP Code + 4 89/0		
Title		Otate	211 0000 1 7		
5.b: Termination Date / 0/2//201	9	5:c. Amount	8263, 474, 13		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			,		
C. Statement of Disbursements Report all:disbuit to the employers		orting organizat	on,in connection with labor relations; advice or	services rendered	
7. Disbursements to Officers and Employees:	s usted in Fatt D.				
(a) Name	(b) Salary (c) Expenses	T - T	the state of the s		
N/A		 	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:	:	<u> </u>	14. Total Disbursements (Sum of Items 8 – 13)		
D. Schedule of Disbursements for Reportable Act	Use this Schedu	ile to report only	disbursements made for the purposes describ	ed in Part D of the	
15:a. Employer Name:		15.b. Trade N	ame, if any:		
ERL CONSULTING		LEV	LABOR		
15.c. To Whom Paid		15:d. Amount	// - /		
Name KATIE LEV		\$	65, 334.56		
Title PRESIDENT					
		15.e. Purpose	ALCOTE SOLPLOYEE	0F	
Organization		2	OUEALE COM	Λ	
P.O. Box, Building and Room Number, if any		RIC	OUCATE EMPLOYEE SHIS UNDER NLR		
Street 21 PLEASANT	STREET				
city HUDSON					
State MA ZIP Code:+4	01749				
16. TOTAL DISBURSEMENTS FOR ALL REPORTA		<u> </u>			
10. TOTAL DISBONGLIMENTS FOR ALL REPORTA					

Name of Person Filing:			File Number C- 69 4			
B. Statement of Receipts Report all receipts from er or services.	mployers in	connection wi	ith labor relati	ons advice or services regardless of the purpos	es of the advice	
5.a. Name and Address of Employer (including trade name, if any). Employer			P.O. Box, B	ailing Address: dg., Room No., if any 29 FREMONT STRE	ÉI .	
Attention To:CHRIS LATILTitle			Stäte	S VEGAS ZIP Code + 4 89/0		
5.b. Termination Date 10/2//2019 6. TOTAL RECEIPTS FROM ALL EMPLOYERS)		5.c. Amount	\$263,474.1	<u> </u>	
to the employers to Dishursements to Officers and Employees:	isted in Par	t B.		tion in connection with labor relations advice o	r services rendered	
(a) Name	(b) Salary	(c) Expenses	(d) Totals	and the state of t		
N/A		1.15		9. Office and Administrative Expenses		
			<u> </u>	10. Publicity		
		. <u> </u>		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)	<u></u>	
D. Schedule of Disbursements for Reportable Activ		e this Schedul tructions.	·	ly disbursements made for the purposes descri	bed in Part D of the	
15:a. Employer Name: REDSTONE ENTERPRIS	25,1	INC.	15.b. Frade	Name, if any:		
15.c: To Whom Paid Name DAVID ACOSTA			15.d. Amour	541,026.82		
Title PRESIDENT. Organization			15.e. Purpose EDUCATE EMPLOYEE OF RIGHTS UNDER NLRA			
P.O. Box, Building and Room Number, if any Street 5415 WILLOWICK	<u></u>	<u> </u>	RI	CHIS LANDER NLA	<i>.₽1</i>	
Street S 4 / S W/LLOW/ CA City ANA H / EM State C A ZIP Code + 4 S	3280	7				
16. TOTAL DISBURSEMENTS FOR ALL REPORTAE	BLE ACTIVI	TY				

Name of Person Filing:		File Number C- 69 4		
B. Statement of Receipts Report all receipts from or services.	employers in connection v	vith labor relations advice or services regardless of the purpose	s of the advice	
5:a. Name and Address of Employer (including trade	name, if any).	Mailing Address:		
Employer GOLDEN NUGGET	LAS VEGAS	P.O. Box, Bldg., Room No., if any		
Trade Name		Street 129 FREMONT STREET		
Attention To: CHRIS LATIL		City LAS VEGAS		
Title		Stäte		
rate	<u></u>			
5.b. Termination Date / 0 / 2// 2.0/	9	5.c. Amount \$263, 474, 13		
5.b. Termination Date / 0/2//3-0// 6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<u>,</u>	0 200, 1777		
6. TOTAL RECEIPTS FROM ALL EMPLOTERS				
Deport olludiobus	noments made by the ren	orting organization in connection with labor relations advice or	services rendered	
C. Statement of Disbursements Report all disburents to the employers		oung organization in connection with labor relations during the		
7. Disbursements to Officers and Employees:	(b) Salary (c) Expenses	: ˈ(d) Totals		
(a) Name	(b) Galary (c) Experies	9. Office and Administrative Expenses	·	
\sim \sim \sim \sim		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)	Yan 1218a - 1	
				
	tita this Cahadi	ile to report only disbursements made for the purposes describ	ed in Part D of the	
D. Schedule of Disbursements for Reportable Act	instructions.	the total purity disbursements made to the purposes seems		
15:a. Employer Name:)	15:b. Trade Name, if any:		
LAAHR CORPORATI	ON		·	
15.c. To Whom Paid		15:d. Amount. 66		
Name MARK LEMA	··	15:d. Amount. 974, 66		
Title PRESIDENT		15.e. Purpose EDUCATE EMPLOYEE OF RIGHTS UNDER NLRA		
				Organization
P.O. Box, Building and Room Number, if any		RIGHTS WADER WERE		
PO BOX 385				
Street	<u> </u>			
City HAINESPORT	<u></u>	,		
State ZIP Code + 4 _C	08036			
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	ABLE ACTIVITY	-E		

Name of Person Filing:		File Number C- 694		
B. Statement of Receipts Report all receipts from e or services:	mployers in connection	with labor relations advice or services regardless of the purposes of the ad	lvice	
5:a. Name and Address of Employer (including trade n		Mailing Address:	-	
Employer GOLDEN NUGGET LAS VEGAS Trade Name		P.O. Box, Bldg., Room No., if any		
Attention To: CHRIS LATIL		City LAS VEGAS	-	
Title		State <u>NV</u> <u>ZIP Code + 4 89/0/</u>	•	
5.b. Termination Date 10/21/2019	7	5.c. Amount \$263, 474, 13		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
to the employers 7. Dishursements to Officers and Employees:	ements made by the relisted in Part B. (b) Salary (c) Expense	porting organization in connection with labor relations advice or services re	indered	
1)/A		9. Office and Administrative Expenses		
10/11		10. Publicity		
		1.1. Fees for Professional Services		
		12. Loans Made		
		13: Other Disbursements		
Total disbursements to officers and employees:		14. Total Disbursements (Sum of Items 8 – 13)		
D. Schedule of Disbursements for Reportable Acti	vity Use this Sched	ule to report only disbursements made for the purposes described in Part	D of the	
15.a. Employer Name:		15:b. Trade Name, if any:		
15.c. To Whom Paid Name VICKY RENN/	cK	15.d. Amount: \$40,067.31		
Title		15.e. Purpose EDUCATE EMPLOYEE OF RIGHTS UNDER NLRA		
P.Ö. Böx, Building and Room Number, If any.		RIGHTS LINDER NLKH		
Street 5380 OLD HAV	EN CT	·		
City CUMMING State GA ZIP Code + 4	30041			
16: TOTAL DISBURSEMENTS FOR ALL REPORTAL				

Name of Person: Filing:		File Number C-	694	
B. Statement of Receipts Report all receipts from e or services:	mployers in connection v	vith labor relations a	advice or services regardless of the purpos	ses of the advice
B. Statement of Receipts Report all receipts from employers in connection or services. 5.a. Name and Address of Employer (including trade name, if any). Employer GOLDEN NUGGIT LAS VEGAS Trade Name Attention To: CHRIS LATIL Title 5.b. Termination Date /0/21/2019		Mailing Address: P:O. Box, Bldg., Room No., if any Street		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<u> </u>	tu		
to the employers 7. Dishursements to Officers and Employees:			in connection with labor relations advice o	r:services rendered
N/A		9. (Office and Administrative Expenses	
1011		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 Acti	ivity Use this Sched instructions.	<u> </u>	sbursements made for the purposes descri	ibed in Part D of the
15:a. Employer Name:		15.b. Trade Nam	e, if any:	
15.c: To Whom Paid Name KHANH TRAN		15.d. Amount,	6,470.84	
Title	92609 BLE ACTIVITY	15.e. Purpose £06	UCATÉ EMPLOYEE HIS UNDER NLA	OF CA
io. To the blobb.				

Name of Person Filing:		File Number C- 694
B.:Statement of Receipts Report all:receipts from emplo	oyers 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		Mailing Address:
Employer MAD RIVER COMPUNIT	Y HOSPITA	
Trade Name		Street 3100 JANES RD
Attention To: DOUG SHAW		City ARCATA
Title CED		City ARCATA State CA ZIP Code + 4 95521
5.b. Termination Date 3/11/2019		5.c. Amount \$35, 955. 30
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		
to the employers listed 7. Disbursements to Officers and Employees:		porting organization in connection with labor relations advice or services rendered
(a) Name (b) S	alary (c) Expense	9. Office and Administrative Expenses
~//I		10. Publicity
		11. Fees for Professional Services
		12. Loans Made
		13. Other Disbursements
Total disbursements to officers and employees:		14. Total Disbursements (Sum of Items 8 – 13)
	<u> </u>	
D. Schedule of Disbursements for Reportable Activity	Use this Sched	ule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:		15.b. Trade Name, if any:
ROCK CREEK CONSULT	-ING	
15.c. To Whom Paid Name RESECCA SWITH	<u></u>	15.d. Amount 995. 30
Title PRESIDENT Organization		15:e. Purpose: SOUCHIE EMPLOYETS OF
P.O. Box, Building and Room Number, if any		THEIR RIGHTS UNDER NLRA
Street_ 554 MAHARD	RIVE	
City TWIN FALLS		
State 10 ZIP Code + 4 83.3	101	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE A	CTIVITY	

Name of Person Filing:	File Number C- 69 4		
B. Statement of Receipts Report all receipts from employers in con or services.	nection with labor relations advice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any). Employer	· —		
Trade Name	Street 4 EMMIE L KAUS LANE City ALTON		
Attention To: BECK PELTON			
Title	40607		
5.b. Termination Date 3/35/19 6. TOTAL RECEIPTS FROM ALL EMPLOYERS	5.c. Amount \$4, 731.78		
to the employers listed in Part B. 7. Disbursements to Officers and Employees:	ythe reporting organization in connection with labor relations; advice or services rendered expenses (d) Totals		
(a) Name (b) Salary (c) E	9. Office and Administrative Expenses		
MA	10. Publicity		
	11. Fees for Professional Services		
	12. Loans Made		
	13. Other Disbursements		
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8 – 13)		
D. Schedule of Disbursements for Reportable Activity Use this instruct	s Schedule to report only disbursements made for the purposes described in Part D of the tions.		
15.a. Employer Name: ROCK CREEK CONSULTING	15.b. Trade Name, if any:		
Name REBECCA SMITH	15.d. Amount, 78		
Title PRESIDENT	15.e. Purpose:		
Organization	- EDUCATE EMPLOYEES OF		
P.O. Box, Building and Room Number, if any	- EDUCATE EMPLOYEES OF THEIR RIGHTS UNDER NIRA		
Street 554 MAHARD DRIVE			
City TWIN FALLS			
State ZIP Code + 4 8330 /			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			