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

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form approved Office of Manageme and Budget No. 1215-0188 Expires 09-30-201

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 . File Number C - 00525	-	2. Period Covered	Month (mm/	2. Period Covered Month/Day/Year (mm/dd/yyyy)			nth/Da m/dd/y	y/Year yyy)
		By This Report From:	01/0	1 / 2008	Through:	12 /	31	/ 2
A. Person Filing			<u>. </u>					_
3. Name and mailing address (include ZIP Code):		4. Any other address	where re	cords necessa	ary to verify t	this repo	rt are	kept:
Name	Name						·	
Title	Title							
Organization LRI Consulting Services, Inc.	Organization							
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any							
Street 7850 S Elm Place, Suite E	Street							
City Broken Arrow		City						
State Oklahoma SIP Code +	4 74011	State State ZIP Code + 4						
	Sign	atures						
Each of the undersigned declares, under penalty of perjury and of information contained in any accompanying documents that correct, and complete (See the Section on penalties if the in	been examined by t	Itles of law, that all of the he signatory and is, to th	information e best of t	submitted in the	his report (inc d's knowledg	luding the	e elief,	true,
17. Signed School / MAT	President	18 Signed	M	111		_ Treas	urer	
- Drogidont C	(if other title, see instructions)	_{Title} Trea	surer		6	(If oth Instru		e, see s)
On 03 / 30 / 2009 918-455-9995		On 03 / 30 /	_2009	918-455-	-9995			
Date Telephone Number		Date		Tolonbor	ne Number	•		

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Name of Person Filing: LL'I (Charte, Cl.	- ic die c	3 . 9 115	- / (/	File Number C-	<u></u>		
B. Statement of Receipts Report all receipts from emp or services.	loyers in connection wi	th labor relation	ns advice or serv	ices regardless of the purpo	ses of the advice		
5.a. Name and Address of Employer (including trade name, if Employer Aegis Communications Group			Mailing Address: Building and Roor	n Number, if any			
Trade Name		Street an	01 Richpoi	at Dwissa			
AMarakan Ta		02	_	uc Diive			
Attention to Mary Mullen Title Vice President HR							
5.b. Termination Date 10/3/08		5.c. Amoun	198366				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				· · · · · · · · · · · · · · · · · · ·			
<u> </u>	<u> </u>		<u></u>				
C. Statement of Disbursements Report all disburse to the employers li 7. Disbursements to Officers and Employees: (a) Name (b) Sa	sted in Part B.	- -	ation in connecti	on with labor relations advice	e or services rendere		
(b) realite	(0) Expenses (0)	, Totals	9 Office and	Administrative Expenses	<u> </u>		
	- - 		10. Publicity	Tallinoidal To Expenses	 		
				rofessional Services	-		
			12. Loans Mad	e	<u> </u>		
			13. Other Disb	ursements	<u> </u>		
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)				
			·				
D. Schedule of Disbursements for Reportable Activi	ty Use this Sched instructions.	lule to report on	ly disbursement	s made for the purposes des	scribed in Part D of th		
15.a. Employer Name:	-	15.b. Trade	Name, If any.				
15.c. To Whom Paid		15.d. Amou	nt 82056		•		
Name Joe Brock		15.e. Purpo		 			
Title Independent Contractor		Employe exercis	d to give : ing their :	speeches to employeright to organize a	ees regarding and bargain		
Organization East Coast Labor Relations	, LLC	collect		•	•		
P.O. Box, Building and Room Number, if any							
Street 151 Forge Road							
City Delran							
State New Jersey	e + 4 08075						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABL	E ACTIVITY						

			Clean	2 2 1 3 _		
Name of Person Filing:	. <u></u>	1 - Ce 3 - 1	Luc.	File Number C-	L 5	
	·)					
B. Statement of Receipts Report all receipts from employers or services.	in connection	with labor relation	ns advice or servi	ices regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address:			
Employer Aegis Communications Group		P.O. Box, B	Building and Roon	Number, if any		
Trade Name		Street 82	01 Richpoir	nt Drive		
Attention To Mary Mullen	04.	ving				
Title Vice President HR	State Te	exas	ZIP Code	+4 75063		
5.b. Termination Date 10/3/08		5.c. Amoun	t 198366			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			<u> </u>	 .	<u></u>	
					-	
		<u></u>	<u> </u>			
C. Statement of Disbursements Report all disbursements to the employers listed in		reporting organiza	ation in connection	on with labor relations advice	or services rendere	
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses	(d) Totals				
	```	T	9. Office and A	Administrative Expenses	<u> </u>	
		10. Publicity				
			11. Fees for Pr	ofessional Services		
		<u> </u>	12. Loans Made			
	<u> </u>	<u> </u>	13. Other Disbursements			
Total disbursements to officers and employees:			14. Total Disburg	sements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Activity	Use this Sche	edule to report or	nly disbursements	s made for the purposes des	cribed in Part D of t	
15.a. Employer Name:		15.b. Trade	e Name, If any:			
15.c. To Whom Paid		15.d. Amou	int 27061			
Name Scot Michel		15.e. Purpo				
Title Independent Contractor		Employe	ed to give a	speeches to employe		
Organization		collect		right to organize a	ng bargain	
P.O. Box, Building and Room Number, if any						
Street 819 Herman Road						
City Horsham						
State Pennsylvania 😝 ZIP Code + 4	19044					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	IVITY					

Name of Person Filing: IL/ Consulting Lo	Esterna File Number C- CCT-CT
<u></u>	
Statement of Receipts Report all receipts from employers in connection or services.	ion with labor relations advice or services regardless of the purposes of the advice
S.a Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Alliance Transportation	P.O. Box, Building and Room Number, if any
Trade Name	Street 431 W 23rd Street
Attention To Silvia Beruman-Garner	City Tulsa
Title HR Manager	State Oklahoma
5.b. Termination Date 5/27/09	5.c. Amount 4043
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	the reporting organization in connection with labor relations advice or services render
7. Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expens	ses (d) Totals
	9. Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
8. Total disbursements to officers and employees:	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)
o. Total disbarsements to officers and employees.	14. Total Disposements (Sum of Items & 13)
D. Schedule of Disbursements for Reportable Activity Use this S instruction	Schedule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Total Employer Hamo.	Total Mario, in any
15.c. To Whom Paid	15.d. Amount 2543
_	13.4. Allouit 2343
	15.e. Purpose Employed to give speeches to employees regarding
Title Independent Contractor	exercising their right to organize and bargain
Organization East Coast Labor Relations, LLC	collectively.
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City pelran	
State New Jersey	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

					_Allst	tate _/	e/ :2			
Name of Person Filing:	LKI Co	Tioult's	Lin	Michael	Suc	File Number C-	してマップ			
B. Statement of Receipts	Report all receipts fi services.	rom employers ir	n connection	with labor re	lations advice or se	ervices regardless of the p	urposes of the advice			
5.a. Name and Address of Er	•	name, if any).		P.O. B	Mailing Address					
Employer AllStat	e Power Vac									
Trade Name				Street	928 E Hazel	wood Avenue				
Attention To Mike	1	Dello		City	Rahway					
Title				State	New Jersey	⊘ ZIP (Code + 4 07065			
5.b. Termination Date	9/12/08		<u>.</u> . <u>.</u>	5.c. Ar	5.c. Amount 57732					
6. TOTAL RECEIPTS FRO	OM ALL EMPLOYER	s								
<u> </u>										
Statement of Disburse Disbursements to Officers	to the em	ployers listed in I	Part B.		ganization in connec	ction with labor relations a	dvice or services rendere			
(a) Name		(b) Salary	(c) Expenses	(d) Totals		d Administration Community	 _			
		-		 		d Administrative Expenses				
	_			 	10. Publicity					
				 	11. Fees for	Professional Services				
		 -		+						
8. Total disbursements to			L	<u> </u>	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)					
6. Total disoursements to	Onicers and employe				14. Total Dist	ouisements (sum or tems a	-18/ <u> </u>			
D. Schedule of Disburse	ements for Reportab	le Activity	Use this Sch instructions.			ents made for the purpose	s described in Part D of t			
15.a. Employer Name:				15.b.	Trade Name, If any	r.				
15.c. To Whom Paid		-		15.d. /	Amount 23144					
Name Frank	Ва	rbera			Purpose .					
Title Indepe	ndent Contract	or				speeches to emp: right to organia				
Organization				coll	Lectively.	,	•			
P.O. Box, Building and	l Room Number, if ar	ny								
Street 3308 Ariba	Street									
City Las Vegas				1						
State Nevada	•	ZIP Code + 4 8	19129							
16. TOTAL DISBURSEMI	ENTS FOR ALL REP	ORTABLE ACTI	IVITY							

· 	Cont	HULF	7:01	·	Allistate	2 4 2	
Name of Person Filing: LE/	C. Toultury	Linne	n . Š1	المراجع	File Number C- 6552	1.5-4	
	<i></i>						
B. Statement of Receipts Report all re or services.	eceipts from employers i	n connection w	tn iador resat	ions advice or serv	ices regardless of the purpos	ses of the advice	
5.a. Name and Address of Employer (included)	ding trade name, if any).		P.O. Box	Mailing Address: , Building and Roor	n Number, if any	-	
Employer AllState Power	Vac			_			
Trade Name			Street	928 E Hazelw	ood Avenue		
Attention To Mike	Dello		City	Rahway			
Title			State	New Jersey		+4 07065	
5.b. Termination Date 9/12/08	<u></u>	·	5.c. Amo	unt 57732	_		
6. TOTAL RECEIPTS FROM ALL EMP	PLOYERS						
O Chatamana of Blahamana and a							
	teport all dispursements the employers listed in		poning organ	ization in connecti	on with labor relations advice	or services rendered	
7. Disbursements to Officers and Employe (a) Name	ees: (b) Salary	(c) Expenses (d	\ Totals				
(a) rallie	(b) Salary	(c) Expenses (d	, 10tais	9. Office and	Administrative Expenses		
· · · · · · · · · · · · · · · · · · ·			.	10. Publicity			
					rofessional Services	 -	
				12. Loans Mad	e	- <u>-</u>	
			_	13. Other Disb	ursements		
8. Total disbursements to officers and	employees:			14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for R	leportable Activity	Use this Scheo	lule to report	only disbursement	s made for the purposes des	cribed in Part D of th	
15.a. Employer Name:	· <u> </u>	-	15.b. Tra	ade Name, If any:	-	·	
15.c. To Whom Paid			15.d. Am	ount 10025			
Name Hector	Barcenas		15.e. Pu				
Title Independent Cor	ntractor				speeches to employe right to organize a		
Organization				ctively.	-	·	
P.O. Box, Building and Room Num	ber, if any						
Street 6217 Crossfire Cour	rt						
City Corona							
State California	ZIP Code + 4 g	2880					
16. TOTAL DISBURSEMENTS FOR A	ALL REPORTABLE ACT	IVITY			 .	<u></u>	

Name of Person Filing:	Tarktin	زبرندل	10 ⁷⁻¹⁰ 200 1	Jnc	File Number C- 00.5.	25
					<u> </u>	
B. Statement of Receipts Report all receipt or services.	s from employers ir	n connection	with labor relation	ons advice or serv	ices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including tra	ide name, if any).			Mailing Address:		
Faralous		P.O. Box,	Building and Room	n Number, if any		
Employer Area 10 Agency on A	ging					
Trade Name			Street 6	30 West Edge	ewood Drive	
Attention To Jewel	Echelbarger		City _E	llettsville		
Title			State ³	Indiana	🧔 ZIP Code	+4 47429
5.b. Termination Date 9/23/08			5.c. Amoul	nt 56656	<u> </u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYE						
			eporting organiz	zation in connection	on with labor relations advice	e or services rendere
	employers listed in I	Part B.				
Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses	(d) Totals			
				9. Office and	Administrative Expenses	<u> </u>
			 	10. Publicity		
			1		ofessional Services	 -
			 	12. Loans Made		
		<u> </u>	 	13. Other Disb		<u> </u>
8. Total disbursements to officers and emplo		l <u> </u>	<u>1. </u>	+	sements (Sum of Items 8-13)	
o. Total dissaldements to officers and simple	,,,,,		.	14. 10.00	Sometime (Court of Reside 5 16)	
D. Schedule of Disbursements for Report	able Activity	Use this Sche	edule to report o	only disbursement	s made for the purposes des	scribed in Part D of th
15.a. Employer Name:			15.b. Trac	le Name, If any:		
15.c. To Whom Paid		<u> </u>	15.d. Amo	ount 25875		
Name Pat	O'Mara		15 o Puro			
Title Independent Contrac	ctor		15.e. Purp	xose		
•						
Organization OMara & Associates	TITC					
P.O. Box, Building and Room Number, if	any					
PO Box 2624	•					
Street						
City Novata						
	ZIP Code + 4 9	4040				
					<u> </u>	
16. TOTAL DISBURSEMENTS FOR ALL RE	EPORTABLE ACTI	VITY				

Name of Person Filing: LCI Consucu	ting di	1020 -	Juc		File Number C- CC 52	กั	
B. Statement of Receipts Report all receipts from or services.	n employers in co	onnection w	ith labor relation	ns advice or serv	ces regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade na Employer Astoria Park	me, if any).			Mailing Address: Building and Room	Number, if any		
			_				
Trade Name	Street 72	25 Park Aver	nue				
Attention To Michael Fi	ore		City B	ridgeport			
Title			State C	onnecticut		+4 06604	
5.b. Termination Date 6/13/08			5.c. Amoun	t 31137			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<u> </u>		· -	_		
						-, ,	
C. Statement of Disbursements Report all dit to the emplo	sbursements mad yers listed in Par	de by the re	porting organiz	ation in connection	on with labor relations advice	or services rendered	
7. Disbursements to Officers and Employees. (a) Name	(b) Salary (c)	Expenses (d	f) Totals				
				9. Office and A	Administrative Expenses		
				10. Publicity			
				11. Fees for Pr	ofessional Services		
				12. Loans Made	<u> </u>		
			_	13. Other Disb	ursements		
8. Total disbursements to officers and employees				14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable		e this Sched	tule to report or	nly disbursement	s made for the purposes des	scribed in Part D of th	
15.a. Employer Name:			15.b. Trade	15.b. Trade Name, if any:			
15 c. To Whom Paid			15.d. Amou	15.d. Amount 16163			
Name Mike Rosa	ado		15.e. Purpo				
Title Independent Contractor	:		Employe	ed to give s sing their r	speeches to employeright to organize a	es regarding	
Organization M. Rosado Consultants,	LLC		collect				
P.O. Box, Building and Room Number, if any							
Street 5 Quail Court							
City Englewood							
State New Jersey	P Code + 4 076	31					
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVIT	Y	<u> </u>	· · · · · · · · · · · · · · · · · · ·			

Name of Person Filing: LRI	Cons	sultin	z Si	1171	<u>رست</u> :	Sno	File Number C-	125	
		_ •/	/						
B. Statement of Receipts Report all or services.	receipts from	employers in	n connecti	ion with	labor relation	is advice or servi	ces regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (inclu	uding trade na	me, if any).	_			failing Address:	Number if one	<u>-</u>	
Employer Avcorr, Inc					P.O. DOX, D	uilding and Room	Number, IT any		
					0 44				
Trade Name							ll Road, Suite 15	A	
Attention To Anthony	Ver	ntetuolo,	Jr			rwick	_		
Title					State Ri	ode Island	⊘ ZIP Code	+4 02886	
5.b. Termination Date					5.c. Amount	17684	<u> </u>		
6. TOTAL RECEIPTS FROM ALL EM	IPLOYERS		-	· -					
		sbursements yers listed in		he repor	rting organiza	ation in connection	n with labor relations advic	e or services rendered	
7. Disbursements to Officers and Employ		,							
(a) Name		(b) Salary	(c) Expens	ses (d) To	otais				
						9. Office and A	dministrative Expenses		
						10. Publicity			
	_					11. Fees for Pro	ofessional Services		
						12. Loans Made)		
						13. Other Disbu	rsements		
8. Total disbursements to officers and	l employees:					14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for I	Reportable /	Activity	Use this S		to report on	ly disbursements	made for the purposes de	scribed in Part D of th	
15.a. Employer Name:	<u> </u>		-	_	15.b. Trade Name, If any:				
15.c. To Whom Paid		 ,			15.d. Amou	nt 9788	**		
Name Peter	Quis	t			15.e. Purpo	se			
Title Independent Co	ntractor						peeches to employed right to organize a		
Organization Grubb Quist &	Associat	es			collect			•	
P.O. Box, Building and Room Num	mber, if any								
Street 12 South Main Stre	et								
City Waterbury]				
State Vermont	⊘ ZIF	Code + 4 ₀	5676						
16. TOTAL DISBURSEMENTS FOR	ALL REPOR	TABLE ACTI	VITY						

Name of Person Filing: LC/	Cirelting	Serv	con.	Inc.	File Number C- CC5	25
B. Statement of Receipts Report all receip	<u>.</u>				ces regardless of the purpos	ses of the advice
or services. 5.a. Name and Address of Employer (including t				Mailing Address: Building and Room	Number, if any	
Employer B & C Cartage, Inc	•		.			
Trade Name				51 W McKimme	y Road	
Attention To Charlie	Helms		City _G	ladwin		
Title			State M	ichigan	⊘ ZIP Code	+4 48624
5.b. Termination Date			5.c. Amour	nt 1575		
6. TOTAL RECEIPTS FROM ALL EMPLOY	/ER\$					
	employers listed in Part		• -	ration in connectio	n with labor relations advice	or services render
(L) raino		1	<u> </u>	9. Office and A	dministrative Expenses	
	- - - - - - - - - - 			10. Publicity		
	- -			11. Fees for Pro	ofessional Services	
				12. Loans Made		<u> </u>
				13. Other Disbu	rsements	
8. Total disbursements to officers and empl	loyees:			14. Total Disburs	ements (Sum of Items 8-13)	
D. Schedule of Disbursements for Repo		this Schedu	le to report o	nly disbursements	made for the purposes des	cribed in Part D of t
15.a. Employer Name:			15.b. Trad	e Name, If any:		
15.c. To Whom Paid			15.d. Amo	unt 1575		·
Name Joe	Brock		15.e. Purp		· 	
Title Independent Contra	actor		Employe	ed to give s sing their r	peeches to employe ight to organize a	es regarding nd bargain
Organization East Coast Labor 1	Relations, LLC			tively.	- , -,-,-	,
P.O. Box, Building and Room Number,	if any					
Street 151 Forge Road						
City Delran			1			
State New Jersey	ZIP Code + 4 0807	75				
16. TOTAL DISBURSEMENTS FOR ALL F	REPORTABLE ACTIVITY	<u> </u>	·			

<u> </u>							
Name of Person Filing: L' (60.20.0	thing Sec.	<u>رد</u> د <u>ی</u> د	1):c	<i>.</i>	File Number C- とんろ:	25	
							
B. Statement of Receipts Report all receipts from or services.	employers in conne	ction with	labor relation	ns advice or serv	ices regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade nar	me, if any).			Mailing Address: Building and Roor	n Number if any		
Employer Bay Area Beverage Compa	ıny		o. o	and no	ii i tali ii ali y		
Trade Name	_		Street 70	0 National	Court		
Attention To T J Low	ıderback		City Ri	.chmond			
Title			State Ca	State California			
5.b. Termination Date 4/11/08			5.c. Amount	1 80474		·	
						_ _	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			 				
		y the repo	rting organiza	ation in connecti	on with labor relations advice	or services rendered	
to the employ 7. Disbursements to Officers and Employees:	ers listed in Part B.						
	(b) Salary (c) Expe	enses (d) T	otals				
				9. Office and	Administrative Expenses		
				10. Publicity		<u> </u>	
				11. Fees for P	rofessional Services		
				12. Loans Mad	e		
				13. Other Disb	ursements		
8. Total disbursements to officers and employees:				14. Total Disbu	sements (Sum of Items 8-13)	<u> </u>	
D. Schedule of Disbursements for Reportable	Activity Use this instruct		e to report on	nly disbursement	s made for the purposes des	scribed in Part D of th	
15.a. Employer Name:			15.b. Trade	Name, If any:			
15.c. To Whom Paid			15.d. Amou	int 42974			
Name Ed Vill	anueva		15.e. Purpo	 ose			
Title Independent Contractor			Employe	d to give :	speeches to employeright to organize a	es regarding	
Organization EMSI Consulting, Inc.			collect			2223	
			1				
P.O. Box, Building and Room Number, if any							
Street 1340 N Astor Street, # 220	5		1				
City Chicago							
	Code + 4 60610						
16. TOTAL DISBURSEMENTS FOR ALL REPOR	TABLE ACTIVITY		-	, _			

				BIRM	e / i	12
Name of Person Filing: LEI Core	outra s	Se co	ر ر دری۔	nci	File Number C-	2.5
B. Statement of Receipts Report all receipts from or services.			·		rices regardless of the purpos	ses of the advice
				Mailing Address: Building and Roor	n Number, if any	
Employer Birnie Bus Service			011			
Trade Name			_	486 State R	oute 12-B	
Attention To Tim Bir	nie		City H	amilton		
Title			State N	lew York		+ 4 13345
5.b. Termination Date 4/11/08		_	5.c. Amou	nt 18306		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						· ·
					<u>-</u>	
	bursements made bers listed in Part B.		porting organi	zation in connecti	on with labor relations advice	or services rendere
Disbursements to Officers and Employees. (a) Name	(b) Salary (c) Exp	enses (d	i) Totals			
(m) Lamile	is, care, (o, exp	7,000,10	7 1000	9. Office and	Administrative Expenses	
	 			10. Publicity		
				 -	rofessional Services	
				12. Loans Mad	le	····
				13. Other Disb	ursements	
8. Total disbursements to officers and employees:		<u> </u>		14. Total Disbur	sements (Sum of Items 8-13)	
	· ·					
D. Schedule of Disbursements for Reportable A	ctivity Use thi		dule to report o	nly disbursement	s made for the purposes des	cribed in Part D of th
15.a. Employer Name:			15.b. Trac	le Name, If any:		
15.c. To Whom Paid			15.d. Amo	unt 6000		
Name Denise Malw	itz		15.e. Purp	ose	······································	<u>"</u> .
Title Independent Contractor			Employ	ed to give :	speeches to employe right to organize a	
Organization				tively.	right to organize a	nd baryarn
P.O. Box, Building and Room Number, if any						
Street 3530 Milford Haven						
City Las Vegas						
State Nevada SIP	Code + 4 89122					
16. TOTAL DISBURSEMENTS FOR ALL REPORT	FABLE ACTIVITY					<u></u> -

<u>. </u>			1611	Α,	\mathcal{L}_{L}	۲۱۱	Birnie	20/2
Name of Person Filing:	LRI Co	Coultin	رينك :	1.71	. مدرد	سالات	File Number C-C(5.7	ə - 0
		· · ·	/					
	Report all receipts fro services.	m employers in	connection	with i	abor rela	tions advice or ser	vices regardless of the purpo	ses of the advice
5.a. Name and Address of En	nployer (including trade n	ame, if any).			PO Bo	Mailing Address		
Employer Birnie	Bus Service					.,	, in the same of the same	
Trade Name					Street	2486 State I	Route 12_B	
Attention To Tim	Bi	irnie			City	Hamilton	Water 12-B	
Title					State	New York	ZIP Code	+4 13345
5.b. Termination Date	4/11/08		<u> </u>		5.c. Arno	ount 18306		
6. TOTAL RECEIPTS FRO	OM ALL EMPLOYERS							
_								· -
								
C. Statement of Disburse		isbursements r byers listed in F	made by the Part B.	repor	ting orga	nization in connec	tion with labor relations advic	e or services rendere
7 Disbursements to Officers	•	-,						
(a) Name		(b) Salary	(c) Expenses	s (d) To	tals		<u></u>	
<u> </u>	<u></u>	<u> </u>				9. Office and	Administrative Expenses	
_						10. Publicity		
···						11. Fees for F	Professional Services	
<u></u>	<u> </u>					12. Loans Ma	de	
<u> </u>				\perp		13. Other Dis	bursements	
8. Total disbursements to o	officers and employees	:				14. Total Disbu	ursements (Sum of Items 8-13)	
D. Schedule of Disburse	ments for Reportable	-	Use this Sch	hedule	to report	only disbursemer	nts made for the purposes de	scribed in Part D of th
 15.a. Employer Name:			111301 0000113		15 b Tr	ade Name, If any:	<u> </u>	
13.a. Employer Name.					10.0.	ade Hame, il any.		
15.c. To Whom Paid					15.d. An	nount 3306		
Name Chris	Bor	นธรด			15.e. Pu	rpose		 ,
Title Indepen	dent Contracto	r			Emplo	yed to give	speeches to employeright to organize a	
Organization Axiomat	ix, LLC					ctively.	right to organize of	and Dargain
P.O. Box, Building and	Room Number, if any							
_	_							
Street 323 Mariner	s Way							
City Copiague								
State New York	O Z	IP Code + 4 1	1726		=		<u> </u>	
16. TOTAL DISBURSEME	ENTS FOR ALL REPO	RTABLE ACTIV	VITY					

				Brandyin	1:/	. <i>3</i>
Name of Person Filing: LL/	Circultera	رمغالر .	C.Cid	mc.	File Number C-	7,-
B. Statement of Receipts Report all record or services.	eipts from employers in	onnection w	rith labor relat	ions advice or servi	ces regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including Employer Brandywine Senion			P.O. Box	Mailing Address: , Building and Room	Number, if any	
Trade Name	r miving		Street	FOF - -11		
			0 14		p Road, Suite 360	
Attention To Kenneth	Segarnick		City	Mount Laurel	_	
Title General Counci	L		State	New Jersey		+4 08054
5.b. Termination Date			5.c. Amo	unt 249,848		
6. TOTAL RECEIPTS FROM ALL EMPL	OYERS					
C. Statement of Disbursements Re	nort all dishursements :	made by the re	enorting organ	nization in connection	n with labor relations advice	or services rendere
	the employers listed in F		oporting orga		THE TALL TO A TO THE TALL THE	, c, c, 1000 , c, 1000 , c, 1001 o.
Disbursements to Officers and Employees (a) Name		(c) Expenses (d) Totals			
(a) (vario		(0) =:(0) (0)		9. Office and A	dministrative Expenses	
			<u> </u>	10. Publicity		
				11. Fees for Pro	ofessional Services	
				12. Loans Made)	
				13. Other Disbu	rsements	
8. Total disbursements to officers and er	nployees:			14. Total Disburs	ements (Sum of Items 8-13)	
D. Schedule of Disbursements for Re		Use this Sche instructions.	dule to report	only disbursements	made for the purposes des	scribed in Part D of th
15.a. Employer Name:			15.b. Tra	ade Name, If any:		
15.c. To Whom Paid	<u></u>		15.d. Am	nount 58034		-
Name Mike	Rosado		15.e. Pu	rpose		
Title Independent Cont	ractor				peeches to employe ight to organize a	
Organization M. Rosado Manage	ment Consultant	s, LLC		ctively.		<u></u> -
P.O. Box, Building and Room Number	er, if any					
Street 96 Linwood Plaza, Su	uite 103					
City Fort Lee						
State New Jersey	☑ ZIP Code + 4 0	7024				
16. TOTAL DISBURSEMENTS FOR AL	L REPORTABLE ACTI	VITY	<u> </u>			

					Ďķi.	due ou 2	e/ -;
Name of Person Filing: LRI Cotton	ltina.	Searce	<u>. ره.</u>	Sne	ر.	File Number C-	3/5-
B. Statement of Receipts Report all receipts from or services.	n employers ir	n connection v	with labo	r relation	ns advice or serv	rices regardless of the purp	poses of the advice
5.a. Name and Address of Employer (including trade na Employer Brandwine Senior Livis			P.0		failing Address: uilding and Roor	n Number, if any	
Trade Name	ng		04-				
					5 Fellowsh	ip Road, Suite 36	0
Attention To Kenneth Se	garnick		Cit	У Мо	unt Laurel		
Title General Council			Sta	ite Ne	ew Jersey	⊘ ZIP Cod	de + 4 08054
5.b. Termination Date		-	5.c	Amount	249,848	-	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
						 	 -
	sbursements i yers listed in I (b) Salary				ation in connecti	on with labor relations adv	ice or services rendere
	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	.,,			9. Office and	Administrative Expenses	T
	_				10. Publicity	· · · · · · · · · · · · · · · · · · ·	†
	_				11. Fees for P	rofessional Services	
					12. Loans Mad	le	<u> </u>
					13. Other Disb	ursements	
8. Total disbursements to officers and employees:					14. Total Disbu	rsements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable	•	Use this Sche	dule to	report on	ly disbursement	s made for the purposes d	escribed in Part D of th
15.a. Employer Name:	-		15	b. Trade	Name, If any:	<u></u>	
15.c. To Whom Paid			15	d. Amou	nt 57769	-	
Name Jason Gree	er			e. Purpo		_	
Title Independent Contractor	•					speeches to employ right to organize	
Organization Greer Consulting, Inc.	,				ively.		-
P.O. Box, Building and Room Number, if any							
Street 33 Mallory Bend Court							
City Lake St Louis							
State Missouri 🔘 ZI	P Code + 4 6	3367					
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTI	VITY	•				

<u> </u>				Prantywine:	3/3
Name of Person Filing: LL/ (6)	Bulting 1	berenco	Janes	File Number C-	J
B. Statement of Receipts Report all receip or services.	_ 				oses of the advice
5.a. Name and Address of Employer (including to				Mailing Address: Building and Room Number, if any	
Employer Brandywine Senior	Living				
Trade Name			Street 52	25 Fellowship Road, Suite 360)
Attention To Kenneth	Segarnick		City _{MC}	ount Laurel	
Title General Council			State No.	ew Jersey 🗳 ZIP Cod	e+4 08054
5.b. Termination Date	_	<u> </u>	5.c. Amount	1 249,848	
6. TOTAL RECEIPTS FROM ALL EMPLOY	ERS				
				····	
	employers listed in F			ation in connection with labor relations advi	ce or services rendere
			<u></u>	9. Office and Administrative Expenses	
			 -	10. Publicity	
	-		. –	11. Fees for Professional Services	
				12. Loans Made	-
			-	13. Other Disbursements	
8. Total disbursements to officers and emplo	oyees.			14. Total Disbursements (Sum of Items 8-13)	
				<u> </u>	- •
D. Schedule of Disbursements for Repor		Use this Sched instructions.	ule to report on	nly disbursements made for the purposes de	escribed in Part D of the
15.a. Employer Name:			15.b. Trade	e Name, If any:	
15.c. To Whom Paid			15.d. Amou	unt 28045	
Name Natasha	Gordon		15.e. Purpo		
Title Independent Contra	actor			ed to give speeches to employ sing their right to organize	
Organization			collect	ively.	·
P.O. Box, Building and Room Number, i	if any				
Street 2108 Windy Hill Point					
City Lawrenceville					
State Georgia	ZIP Code + 4 3	0045			
16. TOTAL DISBURSEMENTS FOR ALL R	REPORTABLE ACTIV	VITY			

Name of Person Filing: LE/ Coracting discourse	Since File Number C- (105.25
B. Statement of Receipts Report all receipts from employers in connection wit or services.	h labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Calumite Company LLC	,
Trade Name	Street 1575 Adler Circle, Suite B
Attention To pon Rossetti	City Portage
Title	State Indiana
5.b. Termination Date 8/28/08	5.c. Amount 12859
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
<u> </u>	······································
C. Statement of Disbursements Report all disbursements made by the rep to the employers listed in Part B.	orting organization in connection with labor relations advice or services render
7. Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expenses (d)	
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	ule to report only disbursements made for the purposes described in Part D of t
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 7234
Name Timoth J Hunt	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding
	exercising their right to organize and bargain collectively.
Organization Fast Break Labor Consultant	•
P.O. Box, Building and Room Number, if any	
Street 2939 E 77th Place	
City Tulsa	
State Oklahoma 🗳 ZIP Code + 4 74136	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: 上だ」 ('6ル)	i Chiria Di ce	۱ <u>۵ ک</u>	<u> </u>	نن	File Number C- C/1 503	75
	•/				inn regardlers of the proven	ana af tha advisa
B. Statement of Receipts Report all receipts from or services.	m employers in connect	gon with	iador relation	is advice of serv	ices regardiess of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade r	name, if any).	-	N	Mailing Address:	-	
Smalover			P.O. Box, B	building and Roon	n Number, if any	
Employer Central Hockey League			. .			
Trade Name				00 N Deser	Drive, Suite 300	
Attention To Duane Le	ewis		City Te	empe		
Title			State A	rizona		+4 85281
5.b. Termination Date 3/14/08			5.c. Amount	19455		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
						
C. Statement of Disbursements Report all C	lishursements made hv	the reno	rting organiza	ation in connection	on with labor relations advice	e or services rendere
	oyers listed in Part B.	ano rope.			71 THE ISSUED TO GO TO	5 51 551 11655 TOTAGE
Disbursements to Officers and Employees: (a) Name	(b) Salary (c) Exper	nses (d) To	otals			
(4)		Ť	<u></u>	9. Office and	Administrative Expenses	<u> </u>
-	 	\neg		10. Publicity		
			·	11. Fees for Pr	ofessional Services	
			<u>_</u> _	12. Loans Mad		
				13. Other Disb	ursements	
8. Total disbursements to officers and employee	3:			14. Total Disbur	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable	Activity lee this	Schedule	to report on		s made for the purposes de	ecribed in Part D of th
	instructio		- 10 /cpc// 0//			
15.a. Employer Name:			15.b. Trade	Name, If any:		
15.c. To Whom Paid			15.d. Amou	int 14012		
Name			15.e. Purpo			
Title			Employe	d to give a	speeches to employeright to organize a	
Organization EMSI Consulting, Inc.			collect		.ight to Organize a	and bargain
basi consulting, inc.						
P.O. Box, Building and Room Number, if any]			
Street 1340 N Astor Street, #220	5					
City Chicago						
-	IP Code + 4 60610]			
16. TOTAL DISBURSEMENTS FOR ALL REPO			<u> </u>	 -		
10. TO THE DIGBOTTOLINE TO TOTALE REPO	HIADLE AVIIVIII					

Name of Person Filing:	. It no	Line			File Number C- Cichi S	
7270. () 122	·1	J-61 J ((.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<u> </u>	
B. Statement of Receipts Report all receipts from or services.	n employers in	connection w	ith labor relatio	ns advice or serv	rices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade na	me, if any).			Mailing Address: Building and Roor	m Number, if any	- •
Employer Chicago International :	Trucks, LI	rc.		-		
Trade Name			Street 1	827 Walden	Office Square, Ste	275
Attention To Julie Ba:	rtell		City Se	chaumburg		
Title Vice President Human	Resources	1	State I	llinois		+4 60173
5.b. Termination Date			5.c. Amour	109		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
to the emplo 7. Disbursements to Officers and Employees:	yers listed in P	Part B.		ation in connecti	on with labor relations advice	e or services rendere
(a) Name	(b) Salary	(c) Expenses (d) lotals	T		1
					Administrative Expenses	
				10. Publicity		<u> </u>
				11. Fees for P	rofessional Services	
<u> </u>		_		13. Other Disk		
Total disbursements to officers and employees:	<u>. </u>	1	 	+	rsements (Sum of Items 8-13)	<u> </u>
o. Total dissursemental to officers and employees.	·	l		14. Total Disbu	Scholls (Com or Items 6-10)	L
D. Schedule of Disbursements for Reportable		Use this Scheo	fule to report o	nly disbursement	ts made for the purposes des	scribed in Part D of th
15.a. Employer Name;			15.b. Trad	e Name, If any:		
15.c. To Whom Paid			15.d. Amo	unt 109	· <u> </u>	
Name Bradley Whit	te		15.e. Purp			
Title Independent Contractor	:				speeches to employeright to organize a	
Organization Interlate Systems, Inc	: .			tively.	•	-
P.O. Box, Building and Room Number, if any						
Street 145 S Lincolnway						
City North Aurora						
State Illinois 🔘 ZI	P Code + 4 60	0542				
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIV	VITY				

Name of Person Filing:					File Number C-	
B. Statement of Receipts Report all receipts from or services.	n employers in	connection w	rith labor relation	ns advice or servi	ices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade na				Mailing Address: Building and Room	n Number, if any	
Employer Community Education Cer	nter		C11			
Trade Name				Fairfield	Place	
Attention To Charles Gio	ordano		City We	est Caldwell	L	
Title			State No.	ew Jersey		+4 07006
5.b. Termination Date 7/17/08			5.c. Amoun	10469		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
	yers listed in F			ation in connection	on with labor relations advice	a or services rendere
	I	<u> </u>		9. Office and A	Administrative Expenses	
	 †			10. Publicity	<u> </u>	
				 	ofessional Services	
-				12. Loans Made	9	
	Ì			13. Other Disb	ursements	
8. Total disbursements to officers and employees:				14. Total Disbur	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable		Use this Sche	dule to report or	nly disbursements	s made for the purposes des	ocribed in Part D of th
15.a. Employer Name:			15.b. Trade	Name, If any:		
15.c. To Whom Paid			15.d. Amou	int 5969		
Name Pat O'Ma	ra		15.e. Purpo			
Title Independent Contractor			Employe exercis	d to give a sing their n	speeches to employe right to organize a	es regarding and bargain
Organization O'Mara & Associates LL	с		collect	ively.		•
P.O. Box, Building and Room Number, if any PO Box 2624 Street City Novata						
	Code + 4 9	4948				
16. TOTAL DISBURSEMENTS FOR ALL REPOR		-				

B. Statement of Receipts Report all receipts from em	•9		J. M.		File Number C- CC5	3/2
or services.	nployers in connec	tion with	labor relation	s advice or serv	ices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade name. Employer Coral Option 1, LLC	if any).			lailing Address: uilding and Roon	n Number, if any	·
Trade Name Andalusia Country Club			Street R1	-570 Carboi	neras	
Attention To Grady Spark	s		04	Quinta		
Title			State Ca	alifornia	ZIP Code	+ 4 92253
5.b. Termination Date			5.c. Amount	188,584		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					·	
					····	
to the employers	sements made by slisted in Part B.	the repo	rting organiza	ation in connection	on with labor relations advice	e or services rendere
7. Disbursements to Officers and Employees: (a) Name (b)	Salary (c) Exper	nses (d) T	otals			
				9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for Pr	ofessional Services	
				12. Loans Made	3	
	l			13. Other Disb	ursements	
8. Total disbursements to officers and employees:	 .	<u> </u>		14. Total Disbur	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Acti	vity Use this instruction		e to report on	ly disbursement	s made for the purposes des	cribed in Part D of th
15.a. Employer Name:			15.b. Trade	Name, If any:		
15.c. To Whom Paid			15.d. Amou	nt 97084		
Name David Acosta			15.e. Purpo			
Title Independent Contractor			exercis	ing their r	speeches to employeright to organize a	
Organization Redstone Enterprises			collect	ively.		
P.O. Box, Building and Room Number, if any						
Street 5415 East Willowick						
City Anaheim						
	ode + 4 92807					
16. TOTAL DISBURSEMENTS FOR ALL REPORTAGE	BLE ACTIVITY					

Name of Person Filing:	multing L	110 000	. Soc	<i></i>	File Number C-	25 °
	بر ال		,			_
B. Statement of Receipts Report all receipts or services.	from employers in con	nection with	labor relation	ns advice or serv	vices regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trace	de name, if any).			Mailing Address: Building and Rooi	m Number if any	
Employer CRC Cooperative Res	oonse Center		1 .O. DOX, 1	Saliding and 1 loor	it (dumbor, it dily	
Trade Name	, on o		Street 2	07 Resource	Arronno	
Attention To Todd	Penske		0.4	unlap	Avenue	
Title			State T	ennessee	⊘ ZIP Code	±1 27227
Title			olaio -		2 code	T7 3/32/
5.b. Termination Date 6/26/08			5.c. Amour	nt 7675		<u>.</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYE	RS					
	all disbursements made mployers listed in Part E		rting organiz	ation in connecti	on with labor relations advice	e or services rendere
7. Disbursements to Officers and Employees:	inployers listed in rait t	.				
(a) Name	(b) Salary (c) E	xpenses (d) To	otals			
			_	9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for P	rofessional Services	
				12. Loans Mad	le	
				13. Other Disb	oursements	
8. Total disbursements to officers and employ	rees:			14. Total Disbu	rsements (Sum of Items 8-13)	
			- -			
D. Datadala at Diana	til A shallon					
D. Schedule of Disbursements for Reports	•	this Schedule actions.	e to report or	nly disbursemen	ts made for the purposes des	cribed in Part D of the
15.a. Employer Name:			15.b. Trad	e Name, If any:	<u>-</u>	
15.c. To Whom Paid			15.d. Amor	unt 4675		
Name Rosalyn V	larren		15.e. Purp	ose	· -	
Title Independent Contrac	tor		Employe	ed to give	speeches to employe	
Organization				tively.	right to organize a	ing bargain
Olganizatori						
P.O. Box, Building and Room Number, if a	any					
Street 6001 Tall Pine Blvd						
City Little Rock						
	ZIP Code + 4 7220	4				
16. TOTAL DISBURSEMENTS FOR ALL RE			<u> </u>	···		
10. TO TAE DIGBORGEMENTS FOR ALL RE	A VITIABLE AVIIVIT					

·				Dou	cn 143	
Name of Person Filing: LC/ (1573.24	lting	Serve	n Dic	/ [File Number C- C 57	15-
B. Statement of Receipts Report all receipts from or services.	・ソ n employers ir	n connection w	ith labor relation	ns advice or servi	ces regardless of the purpor	ses of the advice
5.a. Name and Address of Employer (including trade na	ame, if any).			Mailing Address: Building and Room	Number, if any	
Employer Doyon Utilities, LLC			Po	Box 74040	·	
Trade Name			Street			
Attention To Tim Wa	llis		City _{Fa}	airbanks		
Title			State A	laska	ZIP Code	+4 99707
5.b. Termination Date 11/12/08			5.c. Amoun	1 233,649		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all dit to the employees: (a) Name	sbursements of the state of the	made by the re Part B. (c) Expenses (i		ation in connection	on with labor relations advice	or services rendere
(a) ranio	(-,,	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	9. Office and A	Administrative Expenses	
				10. Publicity	· · · · · · · · · · · · · · · · · · ·	
				11. Fees for Pr	ofessional Services	
				12. Loans Made	3	-
				13. Other Disbu	ursements	
8. Total disbursements to officers and employees	:			14. Total Disburs	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable		Use this Sche instructions.	dule to report or	nly disbursements	s made for the purposes des	scribed in Part D of th
15.a. Employer Name:			15.b. Trade	e Name, If any:		
15.c. To Whom Paid			15.d. Amou	unt 28643	·	
Name Pat O'Ma	ara		15.e. Purpo	ose		
Title Independent Contractor	-					
Organization OMara & Associates LLC	2					
P.O. Box, Building and Room Number, if any PO Box 2624 Street						
City Novata						
State Arkansas 🔾 Z	P Code + 4 9	4948				
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTI	VITY				

. '	Ċ	ntine	(t/101)		Doyen 2	6/3
Name of Person Filing: LL/	Consulting	Serv	ر الواد ، الاسمار	4200	File Number C- CC5.3	5
B. Statement of Receipts Report or services		in connection v	vith labor rela	ations advice or se	vices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer	(including trade name, if any).		P.O. Bo	Mailing Address		
Employer Doyon Utilit	ies, LLC			Po Box 74040	•	
Trade Name	•		Street			
Attention To Tim	Wallis		City	Fairbanks		
Title			State	Alaska	ZIP Code	+4 99707
5.b. Termination Date 11/12	/08		5.c. Am	ount 233,649		
6. TOTAL RECEIPTS FROM ALL	EMPLOYERS					
<u> </u>						
C. Statement of Disbursements	Report all disbursements to the employers listed in		eporting orga	inization in connec	tion with labor relations advice	e or services rendere
7. Disbursements to Officers and Em						
(a) Name	(b) Salary	(c) Expenses (d) lotals	0 0500 000	I & duniminaturali F	
. 		1			Administrative Expenses	<u> </u>
				10. Publicity	Professional Davison	
				11. Fees for i	Professional Services	
·			 	13. Other Dis		
8. Total disbursements to officers	and amployees:	 			ursements (Sum of Items 8-13)	
d. Foldi disbui sements to onice)s	and employees.			14. Total Disbi	arsenients (Julii Or Items 6-15)	<u> </u>
D. Schedule of Disbursements	for Reportable Activity	Use this Scheinstructions.	dule to repo	t only disbursemer	nts made for the purposes des	scribed in Part D of the
15.a. Employer Name:			15.b. T	rade Name, If any:	 -	
15.c. To Whom Paid			15.d. A	mount 48535		
Name Rebecca	Smith		15.e. P	urpose	<u> </u>	
Title Independent	Contractor			•		
Organization						
P.O. Box, Building and Room	Number, if any					
Street 4836 Castle Lake	e Ct					
City Las Vegas						
State Arkansas		80130				
16. TOTAL DISBURSEMENTS F	<u> </u>		1			
15. 10 TAL DIODOLIGENILIATS F	OH ALL HEI OH I ADLL ACT					

Continuation Cornting Series File Number C Name of Person Filing: B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice 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 Doyon Utilities, LLC Po Box 74040 Trade Name Street Attention To Tim City Wallis Fairbanks Alaska Title State 5.b. Termination Date 11/12/08 5.c. Amount 233,649 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 rendere to the employers listed in Part B. 7. Disbursements to Officers and Employees: (b) Salary (c) Expenses (d) Totals (a) Name 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13) D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid 15.d. Amount 48470

EPIC 1dx

Name of Person Filing: LE/ Cotto	Iting	ره بدارندگ	ئر	יער,	File Number C- ('C 17-2 a		
	<u>/</u>						
B. Statement of Receipts Report all receipts from or services.	n employers in co	onnection w	ith labor relation	s advice or servi	ices regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade na	ıme, if any).			failing Address:			
Employer Enterprise for Progres	e in the Co		P.O. Box, B	uilding and Room	n Number, if any		
Trade Name	B In the Co.	umanıcy	Street 20	02 Gag+low	ale Bead Suite 3		
Attention To Steve Mi	tchell		04.	kima	ale Road, Suite A		
	CCHATI						
Title			State Wa	ashington	⊘ ZIP Code + 4 98902		
5.b. Termination Date 9/27/09			5.c. Amount	21149			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				· · · · · · · · ·			
C. Statement of Disbursements Report all di	sbursements ma	de by the re	porting organiza	ation in connection	on with labor relations advice or services rendere		
•	yers listed in Par	rt B.					
Disbursements to Officers and Employees: (a) Name	(b) Salary (c)	Expenses (d	i) Totals				
				9. Office and A	Administrative Expenses		
				10. Publicity			
_				11. Fees for Pr	ofessional Services		
				12. Loans Made	9		
				13. Other Disbi	ursements		
8. Total disbursements to officers and employees				14. Total Disburs	sements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable		e this Sched	lule to report on	ly disbursements	s made for the purposes described in Part D of th		
15.a. Employer Name:			15.b. Trade	Name, If any:			
15.c. To Whom Paid			15.d, Amou	15.d. Amount 8208			
Name Ed Vili	Lanueva			15.e. Purpose			
Title Independent Contractor	:				speeches to employees regarding right to organize and bargain		
Organization EMSI Consulting, Inc.		collect					
P.O. Box, Building and Room Number, if any							
Street 1340 N Astor Street, #2205							
^{City} Chicago							
State Illinois 🔾 ZI	P Code + 4 606	10					
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVIT	ГҮ					

,	<i>Con</i>	T ilua	TICIN		EPIC 2	6/2	
Name of Person Filing: LRI C	Can Except no	Jur in ca	2 . LY	رح:	File Number C- COS	75	
	٠٠/						
B. Statement of Receipts Report all receipt or services.	eipts from employers i	n connection w	ith labor relatio	ns advice or serv	vices regardless of the purpor	ses of the advice	
5.a. Name and Address of Employer (including	g trade name, if any).			Mailing Address: Building and Roor			
Employer Enterprise for Pr	cogress in the	Community					
Trade Name			Street 2	902 Castlev	ale Road, Suite A		
Attention To Steve	Mitchell		City Y	akima			
Title			State W	Mashington	S ZIP Code	+4 98902	
5.b. Termination Date 9/27/09	<u>.</u>		5.c. Amour	nt 21149	·		
6. TOTAL RECEIPTS FROM ALL EMPLO	OYERS				· · · · · · · · · · · · · · · · · · ·	·	
<u> </u>		-			····	<u>-</u>	
			_				
C. Statement of Disbursements Rep	oort all disbursements he employers listed in	made by the re Part B.	porting organiz	zation in connecti	ion with labor relations advice	or services rendere	
7. Disbursements to Officers and Employees	: :						
(a) Name	(b) Salary	(c) Expenses (d	i) Totals	T		· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	Administrative Expenses		
				10. Publicity			
		<u> </u>		-+-	rofessional Services		
				12. Loans Mad		<u></u> .	
8. Total disbursements to officers and em		<u> </u>					
o. Total dispursements to officers and em	ipioyees.	<u></u>		14. TOTAL DISDU	rsements (Sum of Items 8-13)		
. <u> </u>							
D. Schedule of Diabursements for Rep	portable Activity	Use this Scheo instructions.	dule to report o	nly disbursemen	ts made for the purposes des	scribed in Part D of the	
15.a. Employer Name:			15.b. Trad	le Name, If any:			
15.c. To Whom Paig	- · · · · ·		15.d. Amo	unt 3941			
Name Denise	Malwitz		15.e. Purp				
Title Independent Cont	ractor			Employed to give speeches to employees regarding exercising their right to organize and bargain			
Organization				tively.			
P.O. Box, Building and Room Numbe	r, if any						
Street 3530 Milford Haven							
City Las Vegas							
State Nevada	ZIP Code + 4 g	39122					
16. TOTAL DISBURSEMENTS FOR ALI	L REPORTABLE ACT	IVITY					

Name of Person Filing:		Ser a		File Number C-		
Name of Person Filing: A Chical train	Drie Con	1	<u> </u>	(· · · · · · · · · · · · · · · · · · ·	
B. Statement of Receipts Report all receipts from employers i or services.	n connection with	labor relation	s advice or serv	ices regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).	•		lailing Address: uilding and Roor	n Number, if any		
Employer Gemini Manufacturing LLC			•	·		
Trade Name Jetline	Street 30 Warren Place					
Attention To Eric Levin		City MO	unt Vernon			
Title CEO		State Ne	w York	ZIP Code	+4 10550	
5.b. Termination Date 7/17/08	<u></u>	5.c. Amount	33164			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
	·					
C. Statement of Disbursements Report all disbursements to the employers listed in	made by the repo	rting organiza	ation in connecti	on with labor relations advice	or services rendered	
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (d) T	otals				
			9. Office and	Administrative Expenses		
			10. Publicity			
			11. Fees for P	rofessional Services		
			12. Loans Mad	e		
			13. Other Disb	ursements		
8. Total disbursements to officers and employees:			14. Total Disbui	sements (Sum of Items 8-13)		
				<u></u>		
D. Schedule of Disbursements for Reportable Activity	Use this Schedul instructions.	e to report on	ly disbursement	s made for the purposes des	cribed in Part D of th	
15.a. Employer Name:		15.b. Trade	Name, If any:			
15.c. To Whom Paid		15.d. Amou	nt 16654			
Name Mike Rosado		15.e. Purpo				
Title Independent Contractor				speeches to employeright to organize a		
Organization M. Rosado Consultants, LLC		collect		-14.00 014	ara baryara	
P.O. Box, Building and Room Number, if any						
Street 5 Quail Court						
City Englewood						
State New Jersey SIP Code + 4	07631	<u> </u>				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	IVITY					

Name of Person Filling: LRI Commentaring Size	File Number C C 5.25
	· · · · · · · · · · · · · · · · · · ·
B. Statement of Receipts Report all receipts from employers in connection with or services.	ith labor relations advice or services regardless of the purposes of the advice
5.a Name and Address of Employer (including trade name, if any).	Mailing Address:
 Ethnology	P.O. Box, Building and Room Number, if any
Employer Global Sign, Inc.	
Trade Name	Street 913 William Leigh Drive, Unit 1
Attention To Michael Seserko	City Tullytown
Tit)e	State Pennsylvania 🗘 ZIP Code + 4 19007
5.b. Termination Date 3/19/08	5.c. Amount 3375
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
- TOTAL RECEIPTOT HOW ALL EMPLOTENS	
	porting organization in connection with labor relations advice or services rendere
to the employers listed in Part B.	
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	I) 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 Schedinstructions.	dule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 3938
Name Joe Brock	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding
	exercising their right to organize and bargain collectively.
Organization East Coast Labor Relations, LLC	
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State New Jersey	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: 1-61 (16/6.26.	itiza Siz	: 1:729	v , 3/1	10	File Number C- CC52	25
	1			_		-
B. Statement of Receipts Report all receipts from or services.	n employers in connec	tion with I	abor relatio	ns advice or serv	rices regardless of the purpor	ses of the advice
5.a. Name and Address of Employer (including trade na	me, if any).		ı	Mailing Address:		
			P.O. Box, f	Building and Roor	n Number, if any	
Employer Goodwill Industries						
Trade Name			Street 1	800 Appleto:	n Road	
Attention To Doug Be:	rman	City Menasha				
Title			State W	isconsin	ZIP Code	+4 54952
5.b. Termination Date 4/24/08	··- <u></u>		5.c. Amour			
	<u> </u>					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
	·					
C. Statement of Disbursements Report all dis	shursements made by	the repor	ting organiz	ration in connecti	on with labor relations advice	or services rendere
	yers listed in Part B.	пто торол				
Disbursements to Officers and Employees. (a) Name	(b) Salary (c) Exper	nses (d) To	otals			
				9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for P	rofessional Services	·
				12. Loans Mad	e	·
				13. Other Disb	pursements	
Total disbursements to officers and employees:	<u> </u>	1		14. Total Disbur	rsements (Sum of Items 8-13)	 -
				1	· · · · · · · · · · · · · · · · · · ·	<u></u>
		_				
D. Schedule of Disbursements for Reportable	Activity Use this instruction		to report o	nly disbursement	ts made for the purposes des	scribed in Part D of th
15.a. Employer Name:			15.b. Trad	e Name, If any:		
15.c. To Whom Paid	<u></u>		15.d. Amo	 unt 7943		 _
2.12.1.2	, b				<u> </u>	
744.70			15.e. Purpose Employed to give speeches to employees regarding			es regarding
Title Independent Contractor	•		exercia	sing their :	right to organize a	
Organization East Coast Labor Relat	ions, LLC		collect	tively.		
P.O. Box, Building and Room Number, if any			!			
Street 151 Forge Road						
City Delran						
State New Jersey 🕡 ZI	P Code + 4 08075		ļ			
16. TOTAL DISBURSEMENTS FOR ALL REPOP						

Name of Person Filing: LL1 (cn	11. (ting	Bein	<i>Cl.st.</i> <u></u>	inco	File Number C CV 52	5
	<u> </u>					
B. Statement of Receipts Report all receipts from or services.	n employers in	connection wit	h labor relatio	ons advice or service	es regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade name, if any).				Mailing Address:		
Forela			P.O. Box,	Building and Room N	Number, if any	
Employer Hann & Hann, Inc.						
Trade Name			Street 1	.2307 Washingt	on Avenue	
Attention To Terry Ha	nn		City Rockville			
Title			State 1	Maryland	ZIP Code	+4 20852
5.b. Termination Date 2/11/08		,	5.c. Amou	Int 16550	<u></u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						<u> </u>
		-				
						. <u></u>
	sbursements m yers listed in P		orting organi	zation in connection	with labor relations advice	or services rendere
7. Disbursements to Officers and Employees:	yoro motog iii t	Q.1. D.				
(a) Name	(b) Salary	(c) Expenses (d)	Totals			
			<u> </u>	9. Office and Ad	ministrative Expenses	
				10. Publicity		
				11. Fees for Prof	essional Services	·
				12. Loans Made		
				13. Other Disbur	sements	
8. Total disbursements to officers and employees:				14. Total Disburse	ments (Sum of Items 8-13)	
		•				
D. Schedule of Disbursements for Reportable	Activity (Ise this Schedu	ele to report o	only disbursements r	made for the purposes des	cribed in Part D of th
		instructions.				
15.a. Employer Name;			15.b. Trac	de Name, If any:		
15.c. To Whom Paid	-		15.d. Amo	ount 9361	·	
Name Alex Casi	illas		15.e. Purp			
Title Independent Contractor	<u>-</u>		Employ	Employed to give speeches to employees regarding exercising their right to organize and bargain		
Organization Action Resources				tively.	.g 00 01 gamabo 0	
P.O. Box, Building and Room Number, if any						
Street 1119 S Mission Road						
City Fallbrook						
State California 🔘 ZI	P Code + 4 92	2028				
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIV	/ITY	<u> </u>			

Name of Person Filing: LCI Ci. N.20.	iting line	در: ما	Juc.	,	File Number C- CC52	
B. Statement of Receipts Report all receipts from e or services.	.)					
5.a. Name and Address of Employer (including trade name Employer Jeff Dobbs Crane Rental Trade Name Attention To Jeff Dobb Title			P.O. Box, But Street 99	ailing Address: uilding and Room Leonard La orefare w Jersey	•	+4 08086
5.b. Termination Date 2/29/08		·	5.c. Amount	4500		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
to the employer 7. Disbursements to Officers and Employees:	ursements made by th rs listed in Part B. o) Salary (c) Expense			tion in connectic	on with labor relations advice	or services rendered
				9. Office and A	Administrative Expenses	
				10. Publicity		
				11. Fees for Pr	ofessional Services	
				12. Loans Made	•	
				13. Other Disbu	ursements 	
Total disbursements to officers and employees:				14. Total Disburs	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Ac 15.a. Employer Name:	tivity Use this So instructions			y disbursements Name, If any:	s made for the purposes des	scribed in Part D of th
15.c. To Whom Paid			15.d. Amour	nt 2250		
Name Joe Brock Title Independent Contractor Organization East Coast Labor Relations, LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road				l to give s ing their r	peeches to employe ight to organize a	
City Delran						
	Code + 4 08075					
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	ABLE ACTIVITY		•			

Name of Person Filing: LLI Consulture Serie	File Number C- (1/5-25
B. Statement of Receipts Report all receipts from employers in connection v or services.	with labor relations advice or services regardless of the purposes of the advice
S.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
E-plane	P.O. Box, Building and Room Number, if any
Employer L-3 Communications	
Trade Name	Street 8001 Mid America Blvd., Suite 500
Attention To Linda Mandel	City Oklahoma City
Title	State Oklahoma
5.b. Termination Date 1/15/08	5.c. Amount 9890
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the re	eporting organization in connection with labor relations advice or services rendere
to the employers listed in Part B.	
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
· · · · · · · · · · · · · · · · · · ·	
D. Schedule of Disbursements for Reportable Activity Use this Sche instructions.	edule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
	,
15.c. To Whom Paid	15.d. Amount 5671
Name Matt Perovic	15.e. Purpose Employeed to give speeches to employees regarding
Title Independent Contractor	exercising their right to organize and bargain
Organization Quantum Consulting	collectively.
P.O. Box, Building and Room Number, if any	
Street 10917 Kilpatrick	
City Oak Lawn	
State Illinois 🔘 ZiP Code + 4 60453	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LKI (Umaniti) B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless or the services or services regardless or the services or services rendere to the services and Employees: (a) Name (b) Salary (c) Expenses (c) Tolas (d) Name (d) Salary (d) Expenses (c) Tolas (e) Salary (f) Expenses (c) Tolas (g) Salary (g) Expenses (g) Tolas (g) Name (h) Salary (g) Expenses (g) Tolas (g) Salary (g) Expenses (g) Tolas (g) Name (g) Salary (g) Expenses (g) Tolas (g)		7	Henren	/ 4/	゚ ゚゚゚゚゚ヺ	
E. 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 Rear's Transportation Trade Name Attention To Chuck Carns State State Attention To Chuck Carns State Florida 24 Wet Gore Street Attention To Chuck Carns State Florida 25 ZIP Code + 4 32086 5.b. Termination Date 8/29/08 5.c. Amount 45402 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursements In Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employees iterated in Part 8. 7. Disbursements to Officers and Employees: (a) Name (b) Salay (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Disbursements to officers and employees: (a) Name (b) Salay (c) Expenses (d) Totals 9. Office and Administrative Expenses 11. Total Disbursements (Sum of them 8-13) 12. Loans Made 13. Other Disbursements (Sum of them 8-13) 15. Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of It instructions. 15. Employer Name: 15. Disbursements for Reportable Activity Name Milke Rosado Name Nike Name N	Name of Person Filing: LKI Committee Sin	? Cra	/		File Number C- ((ゴ	25
P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Sired: 324 Wet Gore Street Attention To Chuck Carns Site 324 Wet Gore Street City orlando State Florida	B. Statement of Receipts Report all receipts from employers in connec					ses of the advice
Trade Name Attention To Chuck Carns City orlando State Florida State Flo					n Number, if any	
Attention To Chuck Carns City Orlando State Florida ZIP Code + 4 32086 5.b. Termination Date 8/29/08 5.c. Amount 45402 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Diabursements Begort all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employers listed in Part B. 7. Diabursements 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 15. Disbursements made for the purposes described in Part D of the Instructions. 15. Trade Name, If any: 15. Trade Name, If any: 15. Trade Name, If any: 15. Dispuss	Employer Mears Transportation					
State Florida	Trade Name		Street 32	4 Wet Gore	Street	
5.b. Termination Date 8/29/08 5.c. Amount 45402 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employees isted in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 6. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13) D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Mike Rosado Title Independent Contractor Organization N. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey Q ZIP Code + 4 07631	Attention To Chuck Carns		City Or	lando		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursements to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Despenses (d) Totals 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) D. Schadule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of trinstructions. 15. a. Employer Name: 15. d. Amount 8655 Title Independent Contractor Organization N. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 quail Court City Englewood State New Jersey Q ZIP Code + 4 07631	Title		State F1	orida.	ZIP Code	+4 32086
C. Statement of Diabursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. 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: 15.b. Trade Name, If any: 15.d. Amount 18655 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively. P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey 2 ZIP Code + 4 07631	5.b. Termination Date 8/29/08		5.c. Amount	45402		·
To Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. a. Employer Name: 15. a. Employer Name: 15. b. Trade Name, If any: 15. c. To Whom Paid Name Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey Q ZIP Code + 4 07631	6. TOTAL RECEIPTS FROM ALL EMPLOYERS	•				
To Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Feas for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. a. Employer Name: 15. a. Employer Name: 15. c. To Whom Paid Name Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey 2 ZIP Code + 4 07631		-			-	
9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey 2IP Code + 4 07631	to the employers listed in Part B. 7. Disbursements to Officers and Employees:			ttion in connection	on with labor relations advice	e or services rendere
10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey 2 ZIP Code +4 07631	(a) Name (b) Salary (c) Exper	nses (a) 1	otais	O Office and	desiriate the Evenes	γ
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: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Mike Rosado Title Independent Contractor Crganization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey 2 ZIP Code +4 07631		$-\!\!\!+\!\!\!\!-$		<u> </u>	Administrative Expenses	
12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey 218 Code + 4 07631		_			ofaccional Seniose	<u></u>
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 trinstructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Mike Rosado Title Independent Contractor Organization N. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey 2 ZIP Code + 4 07631		-		_		
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 Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, ILC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey Q ZIP Code +4 07631		-				
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 Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey Q ZIP Code +4 07631	Total disbursements to officers and employees:	_ 		14. Total Disbur	sements (Sum of Items 8-13)	
instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey 215.b. Trade Name, If any: 15.d. Amount 8655 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.					·	
15.c. To Whom Paid Name Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey 15.d. Amount 8655 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	• • • • • • • • • • • • • • • • • • • •		e to report on	ly disbursement	s made for the purposes des	scribed in Part D of th
Name Mike Rosado Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey Title Rosado 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	15.a. Employer Name:		15.b. Trade	Name, If any:		
Title Independent Contractor Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey Title Independent Contractor Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	15.c. To Whom Paid		15.d. Amour	nt 8655		
Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey ZIP Code +4 07631	Name Mike Rosado					
Organization M. Rosado Consultants, LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State New Jersey ZIP Code + 4 07631	Title Independent Contractor					
Street 5 Quail Court City Englewood State New Jersey	Organization M. Rosado Consultants, LLC					
City Englewood State New Jersey	P.O. Box, Building and Room Number, if any					
City Englewood State New Jersey	Street 5 Quail Court					
State New Jersey						
			<u> </u>			

'	1100 2 2 0/3					
Name of Person Filing: Lk1 (Lincourture Section)	//(iii 2 2 0/ 5 File Number C- ((5.25					
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice					
5.a. Name and Address of Employer (including trade name, if any). Employer Mears Transportation	Mailing Address: P.O. Box, Building and Room Number, if any					
Trade Name	Street 324 Wet Gore Street					
Attention To Chuck Carns	City Orlando					
Title State Florida						
5.b. Termination Date 8/29/08	5.c. Amount 45402					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
to the employers listed in Part B. 7. Disbursements to Officers and Employees:	orting organization in connection with labor relations advice or services rendere					
(a) Name (b) Salary (c) Expenses (d)						
	Office and Administrative Expenses 10. Publicity					
	11. Fees for Professional Services					
	12. Loans Made					
	13. Other Disbursements					
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)					
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	le 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 Pat O'Mara	15.d. Amount 8518					
Title Independent Contractor	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain					
Organization O'Mara & Associates, LLC	collectively.					
P.O. Box, Building and Room Number, if any PO Box 2624 Street						
City Novato						
State California						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing: LLI (ilianity Series	Men	,	3 6/3				
Name of Person Filing:	2.1	4.6.1	File Number C-	<u>'</u>			
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B. Statement of Receipts Report all receipts from employers in connection or services.	with labor relations	advice or service	es regardless of the purpos	ses of the advice			
5.a. Name and Address of Employer (including trade name, if any).		iling Address: Iding and Room N	lumber, if any				
Employer Mears Transportation							
Trade Name	Street 324	Street 324 Wet Gore Street					
Attention To Chuck Carns	City Orl	ando					
Title	State Flo	orida		+ 4 32086			
5.b. Termination Date 8/29/08	5.c. Amount	45402					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			· · · · · · · · · · · · · · · · · · ·				
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				_			
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	eporting organizati	on in connection	with labor relations advice	or services rendere			
7. Disbursements to Officers and Employees:							
(a) Name (b) Salary (c) Expenses	· ·			_			
	† 		ministrative Expenses				
	 	10. Publicity		<u> </u>			
	 	11. Fees for Prof	essional Services				
 -	1	13. Other Disburs					
Total disbursements to officers and employees:	 +		· · · · · · · · · · · · · · · · · · ·				
o. Total disputisements to Unicers and employees.		14. TOTAL DISDUISE	ments (Sum of Items 8-13)	_			
D. Schedule of Disbursements for Reportable Activity Use this Scheinstructions.	dule to report only	disbursements r	nade for the purposes des	cribed in Part D of th			
15.a. Employer Name:	15.b. Trade	Name, If any:		<u> </u>			
15.c. To Whom Paid	15.d. Amount	8260					
Name Byron Clay	15.e. Purpose	15.e. Purpose					
Title Independent Contractor	Employed	to give sp	eeches to employe ght to organize a				
Organization BJC and Associates, Inc.		vely.	gnt to organize a	nd bargain			
200 2112 11250020000, 11101	1						
P.O. Box, Building and Room Number, if any							
Street 10108 Fehlberg Ct							
City st John							
State Indiana	1						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u></u>						

Name of Person Filling: LRI Consulting L	erner	 المبير لد	ac 1	File Number C-	25
B. Statement of Receipts Report all receipts from employers in conne or services.				rices regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer Novatron			lailing Address: uilding and Roor	n Number, if any	
Trade Name			1 Loop 59		
Attention To Charles DeBeau		City At	lanta		
Title president		State Te	exas		+ 4 75551
5.b. Termination Date 4/24/08		5.c. Amount	24843		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbursements made by to the employers listed in Part B.	y the repoi	rting organiza	ition in connecti	on with labor relations advice	or services rendere
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Exp	enses (d) To	otals			
			9. Office and	Administrative Expenses	
			10. Publicity		
			11. Fees for P	rofessional Services	
			12. Loans Mad	e	
			13. Other Disb	ursements	
8. Total disbursements to officers and employees:			14. Total Disbui	rsements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Activity Use this instruct	s Schedule	to report on	ly disbursement	s made for the purposes des	cribed in Part D of th
15.a. Employer Name:		15.b. Trade	Name, If any:		
15.c. To Whom Paid	···	15.d. Amoui	nt 13143		
Name James H Strong		15.e. Purpos			
Title Independent Contractor		Employed	d to give :	speeches to employe right to organize a	es regarding
Organization Labor Crisis, Inc.		collect			Jurgur
P.O. Box, Building and Room Number, if any					
Street 906 W McDermott, Suite 116					
City Allen		[
State Texas State Texas State Texas					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: LEI C674241	time June		رمرین		File Number C-	 75
	Ø .	_				
B. Statement of Receipts Report all receipts from or services.	n employers in connecti	ion with I	abor relation	ns advice or serv	rices regardless of the purp	oses of the advice
5.a. Name and Address of Employer (including trade na	ıme, if any).			Mailing Address:	n Number, if any	· — -
Employer OPW Fueling Components			1 .O. DOX, D	anding and 11001	ir Hombol, ir ally	
Trade Name			Street 93	93 Priceto	n Glendale Road	
Attention To Tom Ci	epichal		City Ha	milton		
Title	-		State 01	n io	S ZIP Cod	e+4 45011
5.b. Termination Date 7/22/08			5.c. Amoun	74252	<u> </u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all di	sbursements made by t yers listed in Part B.	he repor	ting organiza	ation in connecti	on with labor relations advi	ce or services rendere
7. Disbursements to Officers and Employees:	yers listed in Part b.					
(a) Name	(b) Salary (c) Expens	ses (d) To	otals			T
· · · · · · · · · · · · · · · · · · ·				9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for Pi	rofessional Services	<u> </u>
				12. Loans Mad	e	_
	<u> </u>		<u></u>	13. Other Disb	ursements	_
8. Total disbursements to officers and employees:		<u> </u>		14. Total Disbur	sements (Sum of Items 8-13)	<u> </u>
D. Schedule of Disbursements for Reportable	Activity Use this Sinstruction		to report or	ıly disbursement	s made for the purposes de	escribed in Part D of the
15.a. Employer Name:			15.b. Trade	Name, If any:		
15.c. To Whom Paid			15.d. Amou	nt 40783		
Name Peter Quis	st		15.e. Purpo	188		
Title Independent Contractor	•		Employed to give speeches to employees regarding exercising their right to organize and bargain			ees regarding
Organization preferred Consulting Group, LLC		collect				
P.O. Box, Building and Room Number, if any			!			
Street 29 Taft Corners, #225						
City Williston						
State Vermont 🔘 Zi	P Code + 4 05495					
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVITY					

Name of Person Filing: LLI (1)	sulting	Sence	c. 2 .) 1700	File	e Number C- ((5)	25
B. Statement of Receipts Report all receipts from or services.	<i>う</i> m employers in	n connection w	ith labor relation	ns advice or services	regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade of Employer Orthovita Trade Name Attention To Christine A	ame, if any).		P.O. Box, B Street 77 City Ma	Mailing Address: Building and Room Nur Great Valley alvern ennsylvania	·	+4 19355
5.b. Termination Date 6/6/08			5.c. Amoun	t 6000		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
						
C. Statement of Disbursements Report all of to the employees: (a) Name	oyers listed in F	nade by the re Part B. (c) Expenses (d		ation in connection wi	ith labor relations advice	or services rendere
(m) remine	(-,,	(0, 2pococ (0	, , , , , , , , , , , , , , , , , , , ,	9. Office and Admir	nistrative Expenses	<u> </u>
				10. Publicity		
			-	11. Fees for Profes	sional Services	
				12. Loans Made		
				13. Other Disburser	ments	
8. Total disbursements to officers and employee	S:]		14. Total Disburseme	ents (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable		Use this Scheo	dule to report or	nly disbursements ma	de for the purposes des	cribed in Part D of th
15.a. Employer Name:			15.b. Trade	Name, If any:		
15.c. To Whom Paid			15.d. Amou	int 3000		
Name Denise Malwitz Title Independent Contractor Organization			Employe exercis	15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		
P.O. Box, Building and Room Number, if any			ļ			
Street 3530 Milford Haven						
City Las Vegas						
State Nevada 🔘 Z	IP Code + 4 89	9122				
16. TOTAL DISBURSEMENTS FOR ALL REPO	RTABLE ACTIV	VITY				

Name of Person Filing: LEI Consulting Security	Sinc File Number C- C (52:5
: <i>y</i>	
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer	P.O. Box, Building and Room Number, if any
Employer Pepsi Cola Bottling	Chrost
Trade Name	Street 1001 S First Street
Attention To Mike Trammel	City Yakima
Title General Manager	State Washington
5.b. Termination Date 11/14/08	5.c. Amount 24064
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) 1	otals
	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 Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 13564
Name Scott Michel	15.e. Purpose
Title Independent Contractor	
Organization	
P O. Box, Building and Room Number, if any	
Street 819 Herman Road	
City Horsham	
State New Mexico	

Name of Person Filing: LL / Clinsc	they deen	·Ciay .	4725	<u>.</u>	File Number C-	2.5
	.,,					
B. Statement of Receipts Report all receipts from e or services.	employers in connection	with labor	relation	s advice or serv	ices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade name	e, if any).	P.O.		lailing Address: uilding and Roon	n Number, if any	
Employer Petermann Transportation	1					
Trade Name		Stre	et en	41 Hosbrook	c. Suite 330	
Attention To Lisa Fors	sthoefel	City	-	ncinnati	t, Buile 330	
 Title		Stat	. Ot	io		. A AE336
1100		Clai			W Zir Coue	+ 4 43230
5.b. Termination Date 3/21/08		5.c.	Amount	60595		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	·	·	-	<u> </u>		
		reporting o	organiza	ation in connection	on with labor relations advice	e or services rendered
• •	ers listed in Part B.					
7. Disbursements to Officers and Employees: (a) Name (t	b) Salary (c) Expenses	s (d) Totals				
				9. Office and A	Administrative Expenses	
		T		10. Publicity	·	
				11. Fees for Pr	ofessional Services	
				12. Loans Made	•	
				13. Other Disb	ursements	
8. Total disbursements to officers and employees:				14. Total Disbur	sements (Sum of Items 8-13)	
						
D. Schedule of Disbursements for Reportable Ad		hedule to re	port on	ly disbursement	s made for the purposes des	scribed in Part D of th
45 2 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	instructions		Trada	Name. If anv:		
15.a. Employer Name:		15.6). Iraqe	Mame, II any:		
<u> </u>						
15.c. To Whom Paid		15.0	. Amou	nt 34063		
Name Rebecca Smith	1		. Purpo		<u> </u>	
Title Independent Contractor					speeches to employeright to organize a	
Organization				ively.		··· 9
P.O. Box, Building and Room Number, if any						
Street 4836 Castle Lake Ct						
City Las Vegas						
- 200 .0300	Code + 4 89139]				
						
16. TOTAL DISBURSEMENTS FOR ALL REPORT.	ADLE AU IIVII I					

г		
Name of Person Filing: (Cl. Reulting Service	. ب کی	File Number C- (16525
Statement of Receipts Report all receipts from employers in conner or services.	ection with	h labor relations advice or services regardless of the purposes of the advice
5.a Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Building and Room Number, if any
Employer Props for Today		
Trade Name		Street 330 w 34th Street
Attention To Dyann Klein		City New York
Title		State New York
5.b. Termination Date 3/28/09		5.c. Amount 3985
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		
		
C. Statement of Disbursements Report all disbursements made b to the employers listed in Part B. 7. Disbursements to Officers and Employees:	y the repo	orting organization in connection with labor relations advice or services rend
	enses (d) To	Totals
		Office and Administrative Expenses
		10. Publicity
		11. Fees for Professional Services
		12. Loans Made
		13. Other Disbursements
B. Total disbursements to officers and employees:		14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity Use this instructions.		le to report only disbursements made for the purposes described in Part D o
15.a. Employer Name:		15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount 2063
Name Chris Borusso		15.e. Purpose
Title Independent Contractor		Employed to give speeches to employees regardin exercising their right to organize and bargain
Organization _{Axiomatix} , LLC		collectively.
P.O. Box, Building and Room Number, if any		
Street 323 Mariners Way		
City Copiague		
State New York		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: LKI (1715)	ultima 1	benira	~	מש	File Number C-	?🤊 ¯
B. Statement of Receipts Report all receipts fro	<u> </u>					· · · · · · · · · · · · · · · · · · ·
or services.						
5.a. Name and Address of Employer (including trade r	name, if any).			Mailing Address:	\$6b 16	
Employer Quesos La Ricura			P.O. BOX, B	uliding and Hoof	m Number, if any	
Trade Name			Street 22	5 Park Ave	ກາເລ	
Attention To Ester A	lvardo			cksville		
Title				ew York	⊘ ZIP Code	. 4 11001
riue			State A	J# 1011	₩ ZIF Code	74 11801
5.b Termination Date 11/13/08			5.c. Amoun	35171		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all d	tisbursements made	le by the rep	orting organiza	ation in connecti	on with labor relations advice	e or services rendere
to the emp	oyers listed in Part	В.	······g •··g·····			
Disbursements to Officers and Employees: (a) Name	(b) Salary (c) E	Expenses (d)	Totals			
		Ţ		9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for P	rofessional Services	
				12. Loans Mad	e	
	<u>.</u>			13. Other Disb		
Total disbursements to officers and employee:	B:			14. Total Disbu	rsements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable		this Schedu ructions.	le to report or	ly disbursement	s made for the purposes des	scribed in Part D of th
15.a. Employer Name:			15.b. Trade	Name, If any:		
15.c. To Whom Paid			15.d. Amou	nt 17734		
Name Mike Ros	ado		15.e. Purpo	se		
Title Independent Contracto	r					
Organization M. Rosado Management	Consultants					
-						
P.O. Box, Building and Room Number, if any						
Street 5 Quail Court						
City Englewood						
	IP Code + 4 0763	31				
16. TOTAL DISBURSEMENTS FOR ALL REPO						

Name of Person Filling: LP (Trick)	Try live	- <u>- بعزیر-</u>	ディン File N	lumber C - ((5.25		
-						
B. Statement of Receipts Report all receipts from emptor services.	oyers in connection with	labor relations	advice or services reg	jardless of the purpose	es of the advice	
5.a. Name and Address of Employer (including trade name, if	any).	Ma	ailing Address:			
Employer		P.O. Box, Bu	ilding and Room Numb	er, if any		
Employer Railcrew Xpress		_				
Trade Name		Street 577	5 Yonge Street	Suite 1010		
Attention To scott Boyes		City TO	onto, Canada			
Title President		State Otl	her	ZIP Code +	4 M2M4J1	
5.b. Termination Date 8/29/08		5.c. Amount	77520			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	.					
O. TOTAL TEOLIF TO THOM ALL LIMIT COTETO				_ -		
C. Statement of Disbursements Report all disburse	ments made by the repo	rting organizat	ion in connection with	labor relations advice (or services rendere	
to the employers li	sted in Part B.					
7. Disbursements to Officers and Employees (a) Name (b) Sa	lary (c) Expenses (d) To	otals				
			9. Office and Administ	trative Expenses	··· <u></u>	
			10. Publicity		<u>-</u>	
			11. Fees for Profession	nal Services		
	- - -		12. Loans Made		· 	
			13. Other Disbursemen	nts		
8. Total disbursements to officers and employees:			14. Total Disbursements	s (Sum of Items 8-13)		
		.		<u> </u>		
-						
D. Schedule of Disbursements for Reportable Activi	ty Use this Schedule instructions.	e to report only	/ disbursements made	for the purposes descri	ribed in Part D of th	
15.a. Employer Name:	THOM do No.	15.b. Trade	Name, If any:			
Total Employer Name.		1.2.2.				
	<u>. </u>	15.d. Amoun				
Name Chris Borusso						
		15.e. Purpos Employed		hes to employee	s regarding	
Title Independent Contractor		exercisi	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.			
Organization Axiomatix, LLC						
P.O. Box, Building and Room Number, if any						
Street 323 Mariners Way						
City Copiague		1				
	8+4 11726					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABL		L				
	 .					

<u> </u>	Sammer 161	9		
Name of Person Filing: LEI Consultura Bensia	File Number C-	0525		
·/				
B. Statement of Receipts Report all receipts from employers in connection with or services.	abor relations advice or services regardless of the	purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	•		
Employer Saginaw Chippewa Tribe	P.O. Box, Building and Room Number, if any			
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd			
Attention To	City Mt Pleasant			
Title		Code + 4 48858		
· IIIO		Oude + + 40000		
5.b. Termination Date 7/16/08	5.c. Amount 769,078			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursements made by the rep	ing organization in connection with labor relations			
to the employers listed in Part B.	ing organization in connection with labor relations	advice or services rendere		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	tais			
	Office and Administrative Expense	es		
	10. Publicity	-		
	11. Fees for Professional Services			
	12. Loans Made			
	13. Other Disbursements			
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items	8-13)		
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	to report only disbursements made for the purpos	es described in Part D of the		
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 66342			
Name Byron Clay	15.e. Purpose			
Title Independent Consultant	Employed to give speeches to emp			
Organization BJC and Associates, Inc.	exercising their right to organicollectively.	ze and bargain		
but and Associates, Inc.				
P.O. Box, Building and Room Number, if any				
Street 10108 Fehlberg Ct				
City St. John				
State Indiana				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				
10. (OTTLE DIGDOTTOLINETTO FOTTLETTE OF THE POST OF THE				

			بربد وبركر	ر ا کی سرور ا	4 4
Name of Person Filing: \(\begin{aligned} \int \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	na birina			File Number C-	<u>'</u> 7
	·1)	, 370		003	
B. Statement of Receipts Report all receipts from emplor or services.	oyers in connection wi	th labor relation	s advice or serv	ices regardless of the purp	ooses of the advice
5.a. Name and Address of Employer (including trade name, if a	any).		lailing Address:		
Employer Saginaw Chippewa Tribe		P.O. Box, B	uilding and Roon	Number, if any	
Trade Name Soaring Eagle Casino		Street 75	00 g!	Newle plant	
Attention To		73	•	Eagle Blvd	
			Pleasant	A	
Title		State Mi	ichigan	₩ ZIP Cod	de + 4 48858
5.b. Termination Date 7/16/08		5.c. Amount	769,078		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
	· · · · · · · · · · · · · · · · · · ·				
C. Statement of Disbursements Report all disburse to the employers list	ments made by the re sted in Part B.	porting organiza	ation in connection	on with labor relations adv	ice or services rendere
7. Disbursements to Officers and Employees:	tome (a) Francisco (d	Tatala			
(a) Name (b) Sa	lary (c) Expenses (d	lotais	O Office and	Administrativa Evnanca	1
			10. Publicity	Administrative Expenses	
		 .	<u> </u>	ofessional Services	
			12. Loans Made		
			13. Other Disb		
Total disbursements to officers and employees:	<u></u>		14. Total Disbur	sements (Sum of Items 8-13)
		<u> </u>	<u> </u>		1
D. Schedule of Disbursements for Reportable Activities	y Use this Sched instructions.	ule to report on	ly disbursements	s made for the purposes d	escribed in Part D of th
15.a. Employer Name:		15.b. Trade	Name, If any:		
15.c. To Whom Paid		15.d. Amou	nt 71818		
Name Joe Brock		15.e. Purpo			
Title Independent Consultant		Employe	d to give s	peeches to employ	
Organization East Coast Labor Relations	LIC	collect		right to organize	and bargain
East Coast Habol Relactions	, iiic	!			
P.O. Box, Building and Room Number, if any					
Street 151 Forge Road					
City Delran					
	e + 4 08075				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	E ACTIVITY	1			

			danne 30/9	; 		
Name of Person Filing: LRI ('5712 interior	Services	Sic	'1 I	25		
. ツ B. Statement of Receipts Report all receipts from employer or services.						
5.a. Name and Address of Employer (including trade name, if any). Employer Saginaw Chippewa Tribe			lailing Address: uilding and Room Number, if any			
paginaw Chippewa ilipe		Street 75				
Trade Name Soaring Eagle Casino Attention To		75	00 Soaring Eagle Blvd			
Allendon 10			Pleasant			
Title		State Mi	ichigan 🔘 ZIP Code	9+4 48858		
5.b. Termination Date 7/16/08		5.c. Amount	769,078			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		-				
C. Statement of Disbursements Report all disbursement to the employers listed 7. Disbursements to Officers and Employees. (a) Name (b) Salary			ation in connection with labor relations advic	e or services rendere		
		<u> </u>	9. Office and Administrative Expenses	<u> </u>		
	-		10. Publicity			
			11. Fees for Professional Services			
			12. Loans Made			
			13. Other Disbursements			
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity	Use this Sche instructions.	dule to report on	ly disbursements made for the purposes de	scribed in Part D of th		
15.a. Employer Name:		15.b. Trade	Name, If any:			
15.c. To Whom Paid		15.d. Amou	nt 9625			
Name Frank Barbera		15.e. Purpo	15.e. Purpose			
Tite Independent Consultant			d to give speeches to employ			
Organization Frank Barbera & Associates			exercising their right to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any						
Street 3308 Ariba Street						
City Las Vegas						
State Nevada	4 89129			<u></u>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE A	CTIVITY					

				Dagin	1 4 0/	<i>;</i>	
Name of Person Filing: LEI Citia	Lting	Le rece	- 211		File Number C-	22	
	٠1/		/				
B. Statement of Receipts Report all receipts for services.	rom employers in	n connection wi	th labor relation	ns advice or serv	ices regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade	name, if any).	• •		Mailing Address:			
Employer Saginaw Chippewa Trik	oe .		P.O. BOX, B	Building and Roon	n Number, If any		
Trade Name Soaring Eagle Casin			Street 75	00 Soaring	Eagle Blvd		
Attention To			04	: Pleasant	-		
Title			State M:	ichigan		+4 48858	
	 -						
5.b. Termination Date 7/16/08		·	5.c. Amoun	t 769,078			
6. TOTAL RECEIPTS FROM ALL EMPLOYER	s 						
			porting organiza	ation in connection	on with labor relations advic	e or services rendere	
7. Disbursements to Officers and Employees:	ployers listed in F		\ T -4-1-				
(a) Name	(b) Salary	(c) Expenses (d	OTAIS	9. Office and	Administrative Expenses		
			<u>.</u>	10. Publicity	Administrative Expenses		
			<u> </u>	<u> </u>	rofessional Services	 	
				12. Loans Mad			
				13. Other Disb	ursements		
8. Total disbursements to officers and employe	BS:			14. Total Disbur	sements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportab		Use this Sched	ule to report on	nly disbursement	s made for the purposes de	scribed in Part D of th	
15.a. Employer Name:			15.b. Trade	e Name, If any:			
15.c. To Whom Paid			15.d. Amou	int 67019			
Name Gerald O'	Brien		15.e. Purpo	15.e. Purpose			
Title Independent Consulta	nt			Employed to give speeches to employees regardin exercising their right to organize and bargain			
Organization			collect				
P.O. Box, Building and Room Number, if an	у						
Street 23 Summit Heights							
City North Oaks							
	ZIP Code + 4 5	5127					
16. TOTAL DISBURSEMENTS FOR ALL REP	ORTABLE ACTIV	VITY	-				

				<u>\</u>	agini - 9	-a/ y
Name of Person Filing: 1月1 Colling	ulting Size	1C	_ باول .	-	File Number C-	05.25
B. Statement of Receipts Report all receipts from or services.	employers in connection	n with I	abor relations	s advice or serv	vices regardless of the	purposes of the advice
5.a. Name and Address of Employer (including trade nat	me, if any).			lailing Address: uilding and Roo	m Number, if any	
Employer Saginaw Chippewa Tribe			Phone			
Trade Name Soaring Eagle Casino				00 Soaring	Eagle Blvd	
Attention To			City Mt	Pleasant		
Title			State Mi	.chigan	⊘ ZIP	Code + 4 48858
5.b. Termination Date 7/16/08			5.c. Amount	769,078		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	 -					
	 ·		·			
to the employ 7. Disbursements to Officers and Employees:	sbursements made by the yers listed in Part B. (b) Salary (c) Expense			tion in connecti	on with labor relations	advice or services rendere
		T		9. Office and	Administrative Expense	es
				10. Publicity	·-·	
		十		11. Fees for P	rofessional Services	-
				12. Loans Mad	le	
		\neg		13. Other Disb	pursements	
8. Total disbursements to officers and employees:				14. Total Disbu	rsements (Sum of Items	B-13)
D. Schedule of Disbursements for Reportable	Activity Use this So instructions		to report on	ly disbursement	ts made for the purpos	es described in Part D of the
15.a. Employer Name:			15.b. Trade	Name, If any:	· ·	
15.c. To Whom Paid			15.d. Amour	nt 2279		
Name Jason Gree	r		15.e. Purpos			
Title Independent Consultant					speeches to emp right to organi	loyees regarding ze and bargain
Organization Greer Consulting, Inc.			collect		.	
P.O. Box, Building and Room Number, if any		ļ				
Street 33 Mallory Bend Court						
City Lake St Louis						
	Code + 4 63367					
16. TOTAL DISBURSEMENTS FOR ALL REPOR						

	_				10-31211 - 6	09
Name of Person Filing: 上紀 (台ルム、	Ct.	Ji 6, 20	1	nc,	File Number C-	£'5-
B. Statement of Receipts Report all receipts from or services.	n employers in	n connection w	ith labor relation	s advice or ser	vices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade na	ıme, if any).	<u> </u>		Mailing Address:	m Number, if any	
ougina chippena ilio			Street 75			
Trade Name Soaring Eagle Casino Attention To			73	_	Eagle Blvd	
Attention to				Pleasant	_	
Title			State M:	ichigan	⊘ ZIP Code	+4 48858
5.b. Termination Date 7/16/08	 -	<u></u> ,	5.c. Amount	769,078		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
	sbursements yers listed in		porting organiza	ation in connect	ion with labor relations advic	e or services rendered
(a) Name	(b) Salary	(c) Expenses (c	i) Totals	,		
				9. Office and	Administrative Expenses	
<u> </u>	·			10. Publicity		<u> </u>
					rofessional Services	<u> </u>
				12 Loans Mac		
O Tabel dish was a state of the same and a state of th		<u> </u>		13. Other Dish	rsements (Sum of Items 8-13)	
8. Total disbursements to officers and employees:	·		·	14. Total Disbu	isements (Sum of Items 6-13)	<u> </u>
D. Schedule of Disbursements for Reportable	Activity	Use this Scheonstructions.	dule to report on	nly disbursemen	ts made for the purposes de	scribed in Part D of th
15.a. Employer Name:			15.b. Trade	Name, If any:		
15.c. To Whom Paid			15.d. Amou	int 148,008		
Name Peter Quis	st		15.e. Purpo			
Title Independent Consultant	;				speeches to employeright to organize	
Organization Grubb Quist & Associat	es, LLC		collect		,	-
P.O. Box, Building and Room Number, if any						
Street 12 S Main Street						
City Waterbury						
_	P Code + 4 0	5676				
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTI	VITY				

					Marina - 16/	Ĝ.	
Name of Person Filing:	(time	Si 6. 21	کرنہ میں	Dic .	File Number C-		
	.)		 ,				
B. Statement of Receipts Report all receipts from or services.	n employers ir	n connection w	ith labor relatio	ns advice or ser	vices regardless of the purpo	ses of the advice	
5 a. Name and Address of Employer (including trade na	me, if any).			Mailing Address	: om Number, if any		
Employer Saginaw Chippewa Tribe					,		
Trade Name Soaring Eagle Casino			Street 7	500 Soaring	g Eagle Blvd		
Attention To			014.	t Pleasant			
Title			State M	lichigan		+4 48858	
1110				,	© 211 0000	400JO	
5.b. Termination Date 7/16/08			5.c. Amour	nt 769,078			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all distortion to the employer	sbursements i yers listed in l	made by the re Part B.	porting organiz	zation in connec	tion with labor relations advic	e or services rendere	
Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses (d) Totals				
				9. Office and	Administrative Expenses		
				10. Publicity	· · ·		
				11. Fees for F	Professional Services		
				12. Loans Ma	de		
				13. Other Dis	bursements		
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable		Use this Scheo	lule to report o	nly disbursemer	nts made for the purposes de	scribed in Part D of the	
15.a. Employer Name:		mon donorio.	15.b. Trad	e Name, If any:	<u>.</u>		
				- · · - · · · · · · · · · · · · · · · ·			
15.c. To Whom Paid			15.d. Amo	unt 38109			
Name			15.e. Purpo	ose		<u>.</u>	
Title			Employe	ed to give	speeches to employe		
Organization R. J. Berrier, Ltd				tively.	right to organize a	ind bargain	
P.O. Box, Building and Room Number, if any							
Street 711 Montgomery Avenue							
City Narberth							
	Code + 4 ₁	9072					
16. TOTAL DISBURSEMENTS FOR ALL REPOR			I			•	

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Name of Person Filing: LRI College Vtc.	ng Sino	الادوي ما	, -J1	il ()	File Number C	25
B. Statement of Receipts Report all receipts from employ or services.	yers in connection	with lab	or relation	ns advice or serv	rices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade name, if an	y).	Р		Mailing Address: Building and Roor	n Number, if any	
Employer Saginaw Chippewa Tribe						
Trade Name Soaring Eagle Casino		S	treet 75	00 Soaring	Eagle Blvd	
Attention To		C	ity Mt	Pleasant		
Title		s	tate M.	ichigan	S ZIP Code	+4 48858
5.b. Termination Date 7/16/08		5.	c. Amoun	t 769,078		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					• • • • • • • • • • • • • • • • • • • •	_
						-
C. Statement of Disbursements Report all disbursem		reportin	g organiz	ation in connecti	on with labor relations advice	or services rendere
to the employers list		•	•			
7 Disbursements to Officers and Employees: (a) Name (b) Salai	ry (c) Expenses	(d) Tota	s			
		Ť		9. Office and	Administrative Expenses	
				10. Publicity	<u></u> .	<u> </u>
			_	11. Fees for P	rofessional Services	
		 		12. Loans Mad	e	
				13. Other Disb	ursements	-
8 Total disbursements to officers and employees:		<u> </u>		14. Total Disbui	rsements (Sum of Items 8-13)	
	•				-	<u> </u>
D. Schedule of Disbursements for Reportable Activity	Use this Sch		report or	nly disbursement	s made for the purposes des	cribed in Part D of th
15.a. Employer Name:	ijispodions.		5 b Trade			
13.a. Employer Name.			J.J. 1144	ortano, n any.		
15.c. To Whom Paid		1.	5.d. Amou	ınt 70031		
Name Rebecca Smith			5.e. Purpo)ea	··· -	
Title Independent Contractor		1	mploye	ed to give :	speeches to employe	
Organization				sing their : :ively.	right to organize a	ind bargain
Organization				-		
P.O. Box, Building and Room Number, if any						
Street 4869 Castle Court Lake						
City Las Vegas						
State Nevada SIP Code	+ 4 89139					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	ACTIVITY			·—		

			<u>.</u>	J.	Erm - 1 01	<i>/ '/</i>	
Name of Person Filing: LRI (Should	. (.n.g	<u>di a 2000</u>	· Dre	•	File Number C-	25	
B. Statement of Receipts Report all receipts from or services.	n employers ii	n connection wi	th labor relation	s advice or serv	rices regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade na	me, if any).			lailing Address: uilding and Roor	m Number, if any		
Employer Saginaw Chippewa Tribe			·	· ·	•		
Trade Name Soaring Eagle Casino			Street 75	00 Soaring	Eagle Blvd		
Attention To			City Mt	Pleasant			
Title			State Mi	ichigan	⊘ ZIP Code	+4 48858	
5.b. Termination Date 7/16/08			5.c. Amount	769,078			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		 		 			
	sbursements yers listed in (b) Salary			ation in connecti	on with labor relations advice	e or services rendere	
				9. Office and	Administrative Expenses		
				10. Publicity			
·				11. Fees for P	rofessional Services		
				12. Loans Mad	le		
				13. Other Disb	pursements		
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable	Activity	Use this Scheo instructions.	lule to report on	ly disbursement	ls made for the purposes de	scribed in Part D of th	
15.a. Employer Name:			15.b. Trade	Name, If any:			
15.c. To Whom Paid			15.d. Amou	nt 17131			
Name Terry Cuba	L		15.e. Purpo				
Title Independent Contractor					speeches to employeright to organize a		
Organization Brahma Defense Enterpr	ise, LLC		collect	ively.		-	
P.O. Box, Building and Room Number, if any							
Street 10815 Argonite Dr, NW							
City Albuquerque							
State New Mexico	P Code + 4						
16. TOTAL DISBURSEMENTS FOR ALL REPOR	TABLE ACTI	IVITY			 	· · · 	

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Name of Person Filing: LL1	Consulting.	dic	, Dru	,	File Number C	2
B. Statement of Receipts Report all or services.	Il receipts from employers in	n connection w	ith labor relation	ns advice or servic	es regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (inc	-			Mailing Address: Building and Room	Number, if any	
Trade Name			Street 5	100 Onterio	Mills Parkway, Ste	100
Attention To Tom	Observat.		04	ntario	MIIIS PAIKWAY, SCE	100
Title	Stuart			alifornia	⊘ ZIP Code	+4 91764
5.b. Termination Date 6/27/08	3		5.c. Amoun	128,560	<u> </u>	
6. TOTAL RECEIPTS FROM ALL EI	MPLOYERS		· .			<u></u>
C. Statement of Disbursements 7. Disbursements to Officers and Emplo (a) Name	to the employers listed in			etion in connection	n with labor relations advice	e or services rendere
	<u></u>			9. Office and A	dministrative Expenses	
<u>. </u>			-	10. Publicity	·	
			-	11. Fees for Pro	fessional Services	
			·	12. Loans Made		
				13. Other Disbu	rsements	
8. Total disbursements to officers an	nd employees:			14. Total Disburs	ements (Sum of Items 8-13)	
D. Schedule of Disbursements for	r Reportable Activity	Use this Scheinstructions.	dule to report or	nly disbursements	made for the purposes des	cribed in Part D of the
15.a. Employer Name:		THOSE SOLIOTION	15.b. Trad	e Name, If any:		
15.c. To Whom Paid	Malwitz		15.d. Amoi	unt 19665		
Name Denise Title Independent C Organization			15.e. Purpo Employe exercis collect	ed to give sp sing their r	peeches to employe ight to organize a	es regarding nd bargain
P.O. Box, Building and Room Nu	umber, if any					
Street 3530 Milford Have	n					
City Las Vegas						
State Nevada	ZIP Code + 4 g	9122				
16. TOTAL DISBURSEMENTS FOR	R ALL REPORTABLE ACTI	VITY				

	Cintu	11. 4. tici	1	Jaladine's &	(6/3
Name of Person Filing: LEI Corastina		_	,	File Number C	<u>/_</u> ;_
.)		,			
B. Statement of Receipts Report all receipts from employers or services.	s in connection w	vith labor relation	ons advice or ser	vices regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address Building and Roc	: em Number, if any	
Employer Saladino's Inc					
Trade Name		Street 5	400 Ontario	Mills Parkway, Ste	100
Attention To Tom Stuart		City O	ntario		
Title		State C	California	⊘ ZIP Code	+4 91764
5.b. Termination Date 6/27/08		5.c. Amou	nt 128,560		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
					
C. Statement of Disbursements Report all disbursement to the employers listed	its made by the re in Part B.	eporting organi	zation in connec	tion with labor relations advice	or services rendere
7 Disbursements to Officers and Employees:					
(a) Name (b) Salary	(c) Expenses (c	d) Totals	1		
			+	Administrative Expenses	
	-		10. Publicity	Professional Services	
	<u> </u>		12. Loans Ma		
	-		13. Other Dis	·	
Total disbursements to officers and employees:	<u> </u>	<u> </u>		ursements (Sum of Items 8-13)	· ···
					
D. Schedule of Disbursements for Reportable Activity	Use this Sche instructions.	dule to report of	only disbursemer	nts made for the purposes des	cribed in Part D of th
15.a. Employer Name:		15.b. Trac	le Name, If any:		
15.c. To Whom Paid	-	15.d. Amo	ount 22840		•
Name David Acosta		15.e. Purp	<u> </u>		
Title Independent Contractor		Employ	ed to give	speeches to employe	
Organization Redstone Enterprises, Inc			tively.	right to organize a	nd bargain
DOD DUIL 17					
P.O. Box, Building and Room Number, if any					
Street 5415 East Willowick					
City Anaheim					
State California	92807				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	YTIVITY				

Name of Person Filing: LFL (Spice: Literia Survives) Disc. File Number C- Literia Survives: Disc. File Number C- Literia Survives: File Number C- Literia Survives: P.O. Box. Building Address: P.O. Box. Building and Room Number, if any Employer saladino's Inc Trade Name Street 5400 Ontario Mills Parkway, Ste 100 Attention To Tom Stuart City Ontario Title State California ZIP Code + 4 91764 5.b. Termination Date 6/27/08 5.c. Amount 128,560 6. TOTAL RECEIPTS FROM ALL EMPLOYERS Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.	•		601	i_1t_1	wat.	(ei)	Saladines	30/3	
Sa. Name and Address of Employer (Including trade name, if any). Employer Saladino's Inc Trade Name Attention To Tom Stuart Street \$400 Ontario Mills Parkway, Ste 100 Attention To Tom Stuart City Ontario Title State California © ZIP Code + 4 91764 St. Amount 128,560 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursementa Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employees listed in Part B. 7. Obstrusements of Officers and Employees: (a) Name (b) Salay (c) Expenses (d) Totals (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements (Sum of Items 8-18) P. Oschedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions. 15.b. Trade Name, If any. 15.c. To Whom Paid Name Hactor Barcenae Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Sireet 6217 Crossfire Ct City Corona State California 2IP Code + 4 92880	Name of Person Filing: [([[[[[[[[[[[[[[[[[cettering &	11:12700	بر ر	Duc.		L	-5- C	
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Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Ct City Corona State California City Code + 4 92880	Name Hector I	Barcenas							
P.O. Box, Building and Room Number, if any Street 6217 Crossfire Ct City Corona State California ZIP Code + 4 92880	Title Independent Contrac	etor							
Street 6217 Crossfire Ct City Corona State California	Organization				collect:	ively.			
City Corona State California	P.O. Box, Building and Room Number, if	any							
State California	Street 6217 Crossfire Ct								
	City Corona								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	State California	ZIP Code + 4 g	92880						
	16. TOTAL DISBURSEMENTS FOR ALL RE	PORTABLE ACT	IVITY		<u> </u>				

					
Name of Person Filing: LRI ('S) 2011	ing become	· in	·	File Number C. ((5.2	ร
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B. Statement of Receipts Report all receipts from err or services.	nployers in connection wi	th labor relation	s advice or service	es regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name,	if any).		failing Address: uilding and Room	Number, if any	
Employer Southwark Metal Manufactu	ring Company		3		
Trade Name		Street 86	80 Stanton	Road	
Attention To Dave Ricci	.0	City So	uthaven		
Title		State Mi	ississippi	ZIP Code	+4 38671
5.b. Termination Date 4/26/08		5.c. Amount	66592		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					· · ·
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15.a. Employer Name:		15.b. Trade	Name, If any:		•
15.c. To Whom Paid		15.d. Amou	nt 36217		
Name Byron Clay		15.e. Purpo	se		
Title Independent Contractor				peeches to employe ight to organize a	
Organization BJC & Associates, Inc.		collect		rync to organize a	nd Dargarn
P.O. Box, Building and Room Number, if any					
Street 10108 Fehlberg Ct					
City st John					
State Indiana SIP Co	ode + 4 46373				
16. TOTAL DISBURSEMENTS FOR ALL REPORTAL	BLE ACTIVITY	<u> </u>	•		

R. 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 removes. Sa. Name and Address of Services. Sa. Name and Address of Services. Sa. Name and Address of Services. Employer Sweet San.' s Trade Name Attention To David Grogan Title Statement of Disbursementa Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to employees: (a) Name (b) Statement of Disbursementa Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to employees: (a) Name (b) Statement of Disbursementa Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to employees: (a) Name (b) Statement of Disbursementa (c) Statement of Disbursementa (d) Name (e) Statement of Disbursementa (e) Statement of Disbursementa (f) Statement of Disbursementa (g) Statement of Disbursementa (h) Statement of Disbursementa (g) Statement of Disbursementa (h) Statement of Disbursementa (g) Statement of Disbursementa (g) Statement of Disbursementa (h) Statement of Disbursementa (g) Statement of Disbursements (g)							
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B. Total disbursements to officers and employees: D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Hector Barcenas Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 15.b. Trade Name, If any: 15.b. Trade Name, If any: 15.c. To Whom Paid 15.d. Amount 12412 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		11. Fees for Professional Services					
B. Total disbursements to officers and employees: D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Hector Barcenas Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California		12. Loans Made					
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 Hector Barcenas Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California		13. Other Disbursements					
instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Hector Barcenas Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California Tis.b. Trade Name, If any: 15.d. Amount 12412 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)					
instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Hector Barcenas Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California Tis.b. Trade Name, If any: 15.d. Amount 12412 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	***************************************						
15.c. To Whom Paid Name Hector Barcenas Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California 15.d. Amount 12412 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		dule to report only disbursements made for the purposes described in Part D of tr					
Name Hector Barcenas Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California Discretage State California 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	15.a. Employer Name:	15.b. Trade Name, If any:					
Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California	15.c. To Whom Paid	15.d. Amount 12412					
Organization P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California Contractor exercising their right to organize and bargain collectively.	Name Hector Barcenas						
Organization collectively. P.O. Box, Building and Room Number, if any Street 6217 Crossfire Court City Corona State California ZIP Code + 4 92880	Title Independent Contractor						
Street 6217 Crossfire Court City Corona State California	Organization						
City Corona State California	P.O. Box, Building and Room Number, if any						
State California	Street 6217 Crossfire Court						
	City Corona						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	State California						
	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing: LCI Coicul	ting Seren	red Tu	ر File Number C- ر	U525			
	<u> </u>	·					
B. Statement of Receipts Report all receipts from er or services.	nployers in connection	with labor relation	ns advice or services regardless of the	purposes of the advice			
5.a. Name and Address of Employer (including trade name,	if any).		Mailing Address: cuilding and Room Number, if any				
Employer T.D. Desert Development, I	Employer T.D. Desert Development, LP						
Trade Name Rancho La Quinta Count		Street 79	-301 Las Cascadas				
Attention To Grady Spari		6 ''	Quinta				
Title		State Ca	alifornia 🗘 ZN	Code + 4 92253			
5.b. Termination Date 4/11/08		5.c. Amoun	70006				
5.b. Termination Date 4/11/08			- /8886 				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
			 				
							
	rsements made by the s listed in Part B.	reporting organiz	ation in connection with labor relations	advice or services render			
7. Disbursements to Officers and Employees:							
(a) Name (b)	Salary (c) Expenses	s (d) Totals	,				
			Office and Administrative Expens	es			
			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)			
							
							
D. Schedule of Disbursements for Reportable Act	Ivity Use this Sci instructions.		nly disbursements made for the purpo	ses described in Part D of			
15.a. Employer Name:			Name, If any:				
10.a. Employor Hamo.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·				
							
15.c. To Whom Paid		15.d. Amoi	mt 41386				
Name Alex Casil	.as	15.e. Purpo					
Title Independent Contractor			ed to give speeches to em ling their right to organ				
Organization Action Resources		collect		and bargan			
neggon neggation		ĺ					
P.O. Box, Building and Room Number, if any							
Street 1119 S Mission Road, Suite 2	23						
City Fallbrook							
	ode + 4 92028						
<u> </u>							
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	BLE ACTIVITY						

Name of Person Filing:						File Number C-	
						<u></u>	
B. Statement of Receipts Report all receipts reservices.	eipts from employers i	n connection	with la	abor relation	s advice or serv	ices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including	trade name, if any).				ailing Address:	n Number, if any	
Employer Tappan Zee Manor	Home for Adult	.s			•	•	
Trade Name				Street 51	Mountainv	iew Avenue	
Attention To Vincent	Cuono			City Ny	ack		
Title				State Ne	w York	ZIP Code	+4 10960
5.b. Termination Date 8/20/08				5.c Amount	7599		_
6. TOTAL RECEIPTS FROM ALL EMPLO	YERS						
							
C. Statement of Disbursements Rep	ort all disbursements be employers listed in	made by the Part B.	repor	ting organiza	ition in connecti	on with labor relations advice	e or services rendered
Disbursements to Officers and Employees: (a) Name	: (b) Salary	(c) Expenses	(d) To	tals			
					9. Office and	Administrative Expenses	
					10. Publicity		
-					11. Fees for P	rofessional Services	
					12. Loans Mad	е	
					13. Other Disb	ursements	
8. Total disbursements to officers and em	ployees:				14. Total Disbur	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Rep	ortable Activity	Use this Sch	edule	to report on	ly disbursement	s made for the purposes des	scribed in Part D of th
15.a. Employer Name:				15.b. Trade	Name, If any:		· ·
15.c. To Whom Paid				15.d. Amou	nt 11215		
Name Carina	Hunt			15.e. Purpo	se		
Title Independent Cont:	ractor					speeches to employeright to organize a	
Organization C. Hunt Managemen	nt Consulting	Inc		collect		right to organize t	nd baryarn
P.O. Box, Building and Room Number	r, if any						
Street 1405 Stone Lakes Driv	<i>7</i> e						
City Southlake							
State Texas	ZIP Code + 4 7	76092					
16. TOTAL DISBURSEMENTS FOR ALL							
IS THE SISSON CONTROL OF TAKE							

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Name of Person Filing:	(chace	Cterg	<u> Legraces</u>	<u> راك</u>	()	File Number C- CL 5.3	25
n 01-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-15-14-		<u>:,/</u>		_			
B. Statement of Receipts Report a or services.	ii receipts from	employers I	n connection wi	in labor relati	ons advice or serv	vices regardless of the purpor	ses of the advice
5.a Name and Address of Employer (inc	duding trade nar	ne, if any).			Mailing Address:		
Employer				P.O. Box,	Building and Rooi	m Number, if any	
Employer Traditions Go	lf Course			Otro et			
Trade Name					78504 Old Av	enue 52	
Attention To John	Rey	nolds		City _I	La Quinta		
Title				State	California	ZIP Code	+4 92253
5.b. Termination Date 7/14/08	3			5.c. Amou	ınt 18767	<u> </u>	
6. TOTAL RECEIPTS FROM ALL EI	MPLOYERS					= =	
C. Statement of Disbursements	Report all dis	bursements ers listed in	made by the rep	oorting organi	ization in connecti	on with labor relations advice	e or services rendere
Disbursements to Officers and Empk (a) Name	yees:	(b) Salary	(c) Expenses (d)	Totals			
				·	9. Office and	Administrative Expenses	
					10. Publicity		
					11. Fees for P	rofessional Services	
					12. Loans Mad	le	
			<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>		13. Other Disb	oursements	
8. Total disbursements to officers an	id employees:				14. Total Disbu	rsements (Sum of Items 8-13)	
D. Schedule of Disbursements for	Reportable A	ctivity		ule to report	only disbursement	ts made for the purposes des	cribed in Part D of the
15 a Employee Name:			instructions.	15 h Tro	de Name, If any:		
15.a. Employer Name:				15.b. 11a	ue ivame, ii any:		
15.c. To Whom Paid				15.d. Amo	ount 9767		
Name Jose	Agra	Ż		15.e. Purp			
Title Independent C	ontractor			Employ	red to give :	speeches to employe	
Title Independent Contractor Organization EMSI Consulting, Inc.			sing their : tively.	right to organize a	nd bargain		
EMSI CONSULCI	ng, inc.						
P.O. Box, Building and Room Nu	ımber, if any						
Street 1340 N Aster Stree	et #2205						
City Chicago							
State Illinois	🗖 ZIP	Code + 4 6	:0610				
16. TOTAL DISBURSEMENTS FOR	-						
10. TO TAL DIGBONGENIENTO FOR	· ALL HEFUN	HOLL AUTI	****				

•			Trinky 10/3			
Name of Person Filing: [] (Shout Turns	Jene	· (1)	File Number C	[.25]		
B. Statement of Receipts Report all receipts from employers or services.	in connection v	vith labor relatio	ns advice or services regardless of the purp	oses of the advice		
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: Building and Room Number, if any			
Employer Trinity Industries, Inc.						
Trade Name		Street 2	525 Stemmons Freeway			
Attention To Pat Wallace		City Da	allas			
Title President		State T	exas 🗘 ZIP Coo	le + 4 75207		
5.b. Termination Date 3/14/09		5.c. Amour	1 137,088	••-		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
	 					
C. Statement of Disbursements Report all disbursements to the employers listed in	s made by the re Part B.	eporting organiz	ation in connection with labor relations advi	ce or services rendere		
7. Disbursements to Officers and Employees:						
(a) Name (b) Salary	(c) Expenses (d) Totals	_	, 		
	<u> </u>		Office and Administrative Expenses	 		
			10. Publicity			
			11. Fees for Professional Services	 		
	<u> </u>		12. Loans Made			
	<u> </u>		13. Other Disbursements	 		
Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13))		
D. Schedule of Disbursements for Reportable Activity	Use this Sche instructions.	dule to report o	nly disbursements made for the purposes d	escribed in Part D of th		
15.a. Employer Name:		15.b. Trad	e Name, If any:			
15.c. To Whom Paid		15.d. Amo	unt 62739			
Name Ken Cannon		15.e. Purpo	15.e. Purpose			
Title Independent Contractor			ed to give speeches to employ sing their right to organize			
Organization Action Resources		collect		and bargarn		
		1				
P.O. Box, Building and Room Number, if any						
Street 2207 Ballantrae Drive						
^{City} Colleyville						
State Texas	76034					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	IVITY					

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Name of Person Filing: LCI College	C. siaj	Since.	1	ي	File Number C-	25-6		
B. Statement of Receipts Report all receipts from ea or services.	mployers in	connection v	vith labor relati	ons advice or ser	vices regardless of the purpo	ses of the advice		
5.a. Name and Address of Employer (including trade name	, if any).		P.O. Box	Mailing Address: Building and Roo				
Employer Trinity Industries, Inc.								
Trade Name			Street	2525 Stemmor	ıs Freeway			
Attention To Pat Wall	ace		City 1	Dallas				
Title President			State	State Texas				
5.b. Termination Date 3/14/09			5.c. Amo	unt 137,088	· · · · · · · · · · · · · · · · · · ·			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
								
to the employer 7. Disbursements to Officers and Employees:	's listed in F	made by the reart B.		ization in connect	tion with labor relations advice	e or services rendere		
(a) Hauno	, Januar ,	(0) = Apolisco (9 Office and	Administrative Expenses	<u> </u>		
				10. Publicity				
					Professional Services			
				12. Loans Ma	de			
				13. Other Dis	bursements			
8. Total disbursements to officers and employees:	·····			14. Total Disbu	rsements (Sum of Items 8-13)			
		•		•				
D. Schedule of Disbursements for Reportable Act		Use this Sche	dule to report	only disbursemer	ats made for the purposes des	scribed in Part D of t		
15.a. Employer Name:			15.b. Tra	de Name, If any:				
15.c. To Whom Paid			15.d. Am	ount 7777				
Name Russell Brown				15.e. Purpose				
Title Independent Contractor					speeches to employed right to organize a			
Organization RoadWarrior Productions	LLC		collec	ctively.	,	. .		
P.O. Box, Building and Room Number, if any								
Street 108 S Indian Circle								
City Coca								
State Florida 🔵 ZIP C	ode + 4 3;	2922						
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	BLE ACTIV	VITY						

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Name of Person Filing: LL! (in.)	V. 600	راً. ر	IK i	File Number C-	2-
B. Statement of Receipts Report all receipts from employers in coor services.	onnection wit	h labor relatio	ns advice or serv	ices regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address:		
Employee		P.O. Box, E	Building and Roor	n Number, if any	
Employer Trinity Industries, Inc.		a			
Trade Name			525 Stemmon	B Freeway	
Attention To Pat Wallace		City D	allas		
Title President		State T	'exas	S ZIP Code	+4 75207
5.b. Termination Date 3/14/09		5.c. Amour	nt 137,088		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				. <u> </u>	
				·	
		·	<u></u>		
C. Statement of Disbursements Report all disbursements ma to the employers listed in Par	ide by the rep rt B.	orting organiz	zation in connecti	on with labor relations advice	or services rendere
7. Disbursements to Officers and Employees:					
(a) Name (b) Salary (c)) Expenses (d)	Totals			
				Administrative Expenses	
			10. Publicity		
			+	rofessional Services	_
			12. Loans Mad		_
		 	13. Other Disb		
Total disbursements to officers and employees:			14 Total Disbur	sements (Sum of Items 8-13)	L
D. Schedule of Disbursements for Reportable Activity Us	e this Sched	ule to report o	nly disbursement	s made for the purposes des	cribed in Part D of the
ins	structions.			<u> </u>	
15.a. Employer Name:		15.b. Trad	e Name, If any:		
			_		
15.c. To Whom Paid		15.d. Amoi	unt 6898		
Name Joe Brock		15.e. Purpo	nse		
Title Independent Contractor		Employe	ed to give :	speeches to employe	
			sing their : tively.	right to organize a	na bargain
Organization Fast Coast Labor Relations, LLC			_		
P.O. Box, Building and Room Number, if any					
r.O. Dox, Building and Hoom Hamber, It arry					
Street 151 Forge Road		1			
City pelran					
State New Jersey	175				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVIT					_
10. TOTAL DISBURSENTS FOR ALL REPORTABLE ACTIVIT	1 (

Name of Person Filing: Li Carcourture June File Number Carcourture		United C/ 16/3					
Sa. Name and Address of Employer (including trade name, if any). Employer United Cerebral Palsay/Greater Sacramento Trade Name Attention To Doug Bergman Title State Sinest 191 Lathrop Way, Suite N Attention To Doug Bergman Title State California Operation Title Operation State California Operation Title State California Operation Title Operation State California Operation State California Operation Title Operation State California Operation Title Operation State California Operation Operation State California Operation Operation State California Operation	Name of Person Filing: LRI Compatitions Access	,					
Employer United Cerebral Palsay/Greater Sacramento Trade Name Attention To Doug Bergman Title State Street 191 Lathrop Way, Suite N City Sacramento Title State California City Sacramento Street 291 Lathrop Way, Suite N City Sacramento Street 191 Lathrop Way, Suite N City Sacramento State California City Sacramento City Sacramento Street 291 Lathrop Way, Suite N California City Sacramento City Lavrenceville City Lavrencevil		labor relations advice or services regardless of the purposes of the advice					
Trade Name Attention To Doug Bergman City Sacramento Title State California Q ZIP Code + 4 95815 5.b. Termination Date 9/5/08 5.c. Amount 25770 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Diebursements Report all diebursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. C. Diebursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals (c) Expenses (d) Totals (d) Name (d) Name (d) Salary (e) Expenses (d) Totals (f) Debits (d		<u> </u>					
Attention To Doug Bergman City Saczamento Title State California © ZIP Code + 4 95815 5.b. Termination Date 9/5/08 5.c. Amount 25770 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Diabursementa Paport all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employees isladd in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expensee (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 112. Loans Made 113. Other Diabursements 15. D. Schedule of Diabursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of this Instructions. 15. D. Trade Name. If any: 15. D. Tra		Street 101 Tathman Wass Guita W					
State California 2PC Code + 4 95815 5.b. Termination Date 9/5/08 5.c. Amount 25770 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Diabursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employees listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Lorans Made 11. Total Disbursements 8. Total disbursements to officers and employees: 11. Total Disbursements (Sum of Items 6-13) D. Schedule of Diabursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 windy 8i11 Point City Lawrenceville State Georgia 2IP Code + 4 30045	Au	131 Bachrop way, Suite W					
5.b. Termination Date 9/5/08 5.c. Amount 25770 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Diebursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers lated in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals (b) Salary (c) Expenses (d) Totals (c) Expenses (d) Totals (d) Name (d							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Diabursements to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 15. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13) D. Schedule of Diabursementa for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions. 15. Trade Name, If any: 15. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively. Street 2108 Windy Hill Point City Lawrenceville State Georgia 2IP Code + 4 30045	Title	State Calliornia					
C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employeers 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: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 2 IP Code+4 30045	5.b. Termination Date 9/5/08	5.c. Amount 25770					
To Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Leans Made 13. Other Disbursements 14. Total Disbursements 15.a. Employer Name: 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 2 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 11. Fees for Professional Services 12. Leans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 15. Trade Name, If any: 15. D. Trade Name, If any: 15. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
To Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Leans Made 13. Other Disbursements 14. Total Disbursements 15.a. Employer Name: 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 2 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 11. Fees for Professional Services 12. Leans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 15. Trade Name, If any: 15. D. Trade Name, If any: 15. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.							
9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. a. Employer Name: 15. a. Employer Name: 15. a. Employer Name: 15. a. Town Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia PIC Code + 4 30045	to the employers listed in Part B. 7. Disbursements to Officers and Employees:						
10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 210. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 15. Trade Name, If any: 15.b. Trade Name, If any: 15.e. Purpose 8mployed to give speeches to employees regarding exercising their right to organize and bargain collectively.	(a) reality (b) in particularly (c)	· ··- · · · · · · · · · · · · · · · · ·					
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 Items 15.a. Employer Name: 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia							
8. Total disbursements to officers and employees: D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 15.d. Amount 7199 15.d. Amount 7199 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		11. Fees for Professional Services					
B. Total disbursements to officers and employees: D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 214. Total Disbursements (Sum of Items 8-13) 15.d. Amount 7199 15.d. Amount 7199 15.e. Purpose Employeed to give speeches to employees regarding exercising their right to organize and bargain collectively.		12. Loans Made					
D. Schedule of Diabursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 215.b. Trade Name, If any: 15.b. Trade Name, If any: 15.c. Purpose Employees regarding exercising their right to organize and bargain collectively.		13. Other Disbursements					
instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 215.b. Trade Name, If any: 15.d. Amount 7199 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)					
instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 215.b. Trade Name, If any: 15.d. Amount 7199 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.							
15.c. To Whom Paid Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia 15.d. Amount 7199 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.		e to report only disbursements made for the purposes described in Part D of the					
Name Natasha Gordon Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia ZIP Code + 4 30045	15.a. Employer Name:	15.b. Trade Name, If any:					
Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia		15.d. Amount 7199					
Organization P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia P.O. Box and bargain collectively.	Tight Hadden						
P.O. Box, Building and Room Number, if any Street 2108 Windy Hill Point City Lawrenceville State Georgia ZIP Code + 4 30045	Title Independent Contractor	exercising their right to organize and bargain					
Street 2108 Windy Hill Point City Lawrenceville State Georgia ZIP Code + 4 30045	Organization	collectively.					
City Lawrenceville State Georgia	P.O. Box, Building and Room Number, if any						
State Georgia	Street 2108 Windy Hill Point						
	City Lawrenceville						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	State Georgia						
	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	}					

					United Cl	242
Name of Person Filing: LLI C	Dre (ting	Li-LLZC.	بلا ه	עב)	File Number C-	25
B. Statement of Receipts Report all receipts or services.			_		vices regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including	-			Mailing Address: Building and Roo	m Number, if any	
Employer United Cerebral P	Palsay/Greater	Sacramento				
Trade Name			Street 1	91 Lathrop	Way, Suite N	
Attention To Doug	Bergman		City _S	acramento		
Title			State C	alifornia	SZIP Code	+4 95815
5.b. Termination Date 9/5/08			5.c. Amour	nt 25770		
6. TOTAL RECEIPTS FROM ALL EMPLO	DYERS				•	
C. Statement of Disbursements Rep to the 7 Disbursements to Officers and Employees (a) Name	ne employers listed in I	made by the rep Part B. (c) Expenses (d)		zation in connect	ion with labor relations advice	or services rendere
	,			9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for F	rofessional Services	
				12. Loans Mad		
		<u> </u>		13. Other Disl		
Total disbursements to officers and em	ployees:			14. Total Disbu	rsements (Sum of Items 8-13)	
D. Schedule of Disbursements for Rep	•	Use this Schedi instructions.	ule to report o	nly disbursemen	ts made for the purposes des	cribed in Part D of th
15.a. Employer Name:			15.b. Trad	e Name, If any:		
15.c. To Whom Paid			15.d. Amo	unt 6572		
Name Denise	Malwitz		15.e. Purp		anneahor to employe	os vossydins
Title Independent Cont	ractor		exerci	sing their	speeches to employe right to organize a	
Organization D. M. Consulting			collect	tively.		
P.O. Box, Building and Room Number	r, if any					
Street 3530 Milford Haven						
City Las Vegas						
State Nevada	Ø ZIP Code + 4 8	9122				
16. TOTAL DISBURSEMENTS FOR ALL	. REPORTABLE ACTIV	VITY				

Name of Person Filing:	reling.	Siegr	<u></u>	nic.	File Number C- CC 57.	25
B. Statement of Receipts Report all receipts from or services.	n employers in con	nection with	labor relation	ons advice or serv	rices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade na	ame, if any).		P.O. Box	Mailing Address: Building and Roor	n Nember, if any	
Employer Victoria Court				g	.	
Trade Name			Street 5	5 Oaklawn A	venue	
Attention To Ron De	lfino		City C	ranston		
Títle			State 1	Rhode Island	ZIP Code	+4 02920
5.b. Termination Date 4/22/08			5.c. Amou	nt 19151		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
						_
to the emplo	sbursements made eyers listed in Part l	e by the repo B.	orting organi	zation in connecti	on with labor relations advice	e or services rendere
Disbursements to Officers and Employees: (a) Name	(b) Salary (c) E	xpenses (d)	Totals			
				9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for Pr	rofessional Services	
				12. Loans Mad	e	
				13. Other Disb	ursements	
8. Total disbursements to officers and employees	;			14. Total Disbur	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable		this Schedu	le to report o	only disbursement	s made for the purposes des	scribed in Part D of th
15.a. Employer Name:			15.b. Trac	de Name, If any:		
15.c. To Whom Paid			15.d. Amo	ount 10151		_
Name Mike Ros	ado		15.5			
			15.e. Purp Employ		speeches to employe	es regarding
Title Independent Contractor Organization M. Rosado Consultants				sing their material tively.	right to organize a	nd bargain
P.O. Box, Building and Room Number, if any						
Street 5 Quail Court						
City Englewood						
State New Jersey	P Code + 4 0763	1	<u></u>			
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVITY	,				

, ' 			1.	ب. 11 ما <i>ل</i>	(8/2	
Name of Person Filing:	1 Consultana	Liser	1017	Dave	File Number C-	25
B. Statement of Receipts Report a or services.	all receipts from employers in	n connection w	ith labor relatio	ons advice or serv	ices regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (in	-			Mailing Address: Building and Roor	π Number, if any	
Trade Name	11000000		Street 2		5	
			OH	3 Rajon Roa	a	
Attention To Larry	Wenner		City B	ayport		
Title			State 1	New York	⊘ ZIP Code	+4 11795
5.b. Termination Date			5.c. Amou	nt 52654		
6. TOTAL RECEIPTS FROM ALL E	EMPLOYERS		•			
					·	
			.		<u> </u>	
C. Statement of Disbursements	Report all disbursements to the employers listed in I	made by the re Part B.	porting organi	zation in connecti	on with labor relations advice	or services rendere
7. Disbursements to Officers and Emp (a) Name	loyees: (b) Salary	(c) Expenses (d	i) Totals			
				9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for Pi	rofessional Services	
				12. Loans Mad	e	
				13. Other Disb	ursements	
8. Total disbursements to officers a	nd employees:			14. Total Disbur	sements (Sum of Items 8-13)	
D. Schedule of Disbursements fo	-	Use this Scheo	dule to report o	only disbursement	s made for the purposes des	cribed in Part D of th
15.a. Employer Name:			15.b. Trac	de Name, if any:	 -	
15.c. To Whom Paid			15.d. Amo	ount 4924		
Name Peter	Quist		15.e. Pum	ose	_	
Title Independent (Contractor		Employ	ed to give s	speeches to employe	
Organization Grubb Quist	& Associates, LLC			tively.	Tight to organize a	nd bargain
P.O. Box, Building and Room N	umber, if any					
Street 12 S Main Street						
City Waterbury						
State Vermont	Ø ZIP Code + 4 0	5676				
16. TOTAL DISBURSEMENTS FO	R ALL REPORTABLE ACTIV	VITY				

			Walling	3 6/ 2		
Name of Person Filing:	niting Stills	:(File Number C. CC 5	 2 5 ¯	
, , , , , ,	•)	,				
B. Statement of Receipts Report all receipts from e or services.	employers in connection with	labor relation	ns advice or servi	ces regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade nam	e, if any).		Mailing Address:			
Employer Wenner Bread Products		P.O. Box, B	building and Room	Number, if any		
Trade Name		Street 22	. Dodan Bood	1		
Attention To Larry Wenn	nor	0	Rajon Road			
_	IGI		yport	A		
Title		State Ne	ew York		+4 11795	
5.b. Termination Date		5.c. Amount	1 52654			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<u>.</u>			<u> </u>		
						
						
C. Statement of Disbursements Report all disb to the employee	oursements made by the repo ers listed in Part B.	orting organiza	ation in connectio	n with labor relations advice	or services rendere	
7. Disbursements to Officers and Employees:	h) Colony (a) Evenesses (d) 3	- Catala				
(a) Name (t	b) Salary (c) Expenses (d) 1		Q Office and A	dministrative Expenses		
		····	10. Publicity			
			 	ofessional Services		
			12. Loans Made			
			13. Other Disbu	rsements		
8. Total disbursements to officers and employees:			14. Total Disburs	ements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Ac	ctivity Lies this Schodul	a to report on	lly diabyroomonto	made for the numeros doe	aribad in Bart D of th	
D. Contoure of Disburdonichia for Hoportable Ac	instructions.	e to report on	ny disbursements	made for the purposes des	chibed in Pan D of th	
15.a. Employer Name:		15.b. Trade	Name, If any:			
15.c. To Whom Paid		15.d. Amou	nt 25187			
Name		15.e. Purpo	15 a Purnosa			
Title		Employe	d to give s	peeches to employe ight to organize a		
Organization EMSI Consulting Inc.		collect		ight to organize a	nd baryarn	
P.O. Box, Building and Room Number, if any						
Street 1340 N Aster Steet, Suite 22	205					
City Chicago						
State Illinois	Code + 4 60610					
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	ABLE ACTIVITY					

,	Western 10/3
Name of Person Filing: LEI Consultance Size	Western 10/3 File Number & CC525
B. Statement of Receipts Report all receipts from employers in connection or services.	with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Western Refining Wholesale, Inc	•
Trade Name	Street 123 West Mills Street
Attention To Scott Stevens	City El Paso
Title Senior Vice President	State Texas
5.b. Termination Date 5/10/08	5.c. Amount 133,476
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the report all disbur	reporting organization in connection with labor relations advice or services render
7. Disbursements to Officers and Employees:	40 To 1
(a) Name (b) Salary (c) Expenses	······································
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
8. Total disbursements to officers and employees:	13. Other Disbursements
8. Total dispursements to officers and employees.	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity Use this Scheinstructions.	edule to report only disbursements made for the purposes described in Part D of
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 25452
Name Terry Cuba	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding
Organization Brahma Defense Enterprise, LLC	exercising their right to organize and bargain collectively.
O'SWILLIAM BIRING Defense Encerprise, LLC	
P.O. Box, Building and Room Number, if any	
Street 10815 Argonite Drive W	
City Albuquerque	
State New Mexico	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

•	Contin	water		243
Name of Person Filing: LRI ('Doubten	Jeus	· , i	File Number (CC525
B. Statement of Receipts Report all receipts from employers or services.	in connection with	labor relation	ns advice or services regardless	of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: Building and Room Number, if an	y
Employer Western Refining Wholesale, In	c			
Trade Name		Street 1	23 West Mills Street	
Attention To scott Stevens		City _E	l Paso	
Title Senior Vice President		State 7	'exas	3 ZIP Code + 4 79901
5.b. Termination Date 5/10/08		5.c. Amou	nt 133,476	
5. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursement to the employers listed in 7. Disbursements to Officers and Employees: (a) Name (b) Salary	s made by the report Part B. (c) Expenses (d)		ration in connection with labor re	elations advice or services rendere
			Office and Administrative E	xpenses
			10. Publicity	
	<u> </u>		11. Fees for Professional Serv	vices
			12. Loans Made	
	<u>!l</u>		13. Other Disbursements	
Total disbursements to officers and employees:			14. Total Disbursements (Sum o	f Items 8-13)
D. Schedule of Disbursements for Reportable Activity	Use this Schedu	le to report o	nly disbursements made for the	purposes described in Part D of t
15.a. Employer Name:		15.b. Trad	e Name, If any:	
15.c. To Whom Paid		15.d. Amo	unt 21941	
Name Alex Casillas Title Independent Contractor			ed to give speeches to	o employees regarding
Organization Action Resources			sing their right to on tively.	rganize and bargain
P.O. Box, Building and Room Number, if any				
Street 1119 S Mission Road				
City Fallbrook				

State California

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

· ·	Conti	112-11	un Western	3 o/ 3			
Name of Person Filing: LRI Comultaria	Lizci	112-11	File Number C-	(525			
B. Statement of Receipts Report all receipts from employers in or services.	connection w	ith labor relation	s advice or services regardless of the	e purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).			ailing Address: uilding and Room Number, if any				
Employer Western Refining Wholesale, Inc		.					
Trade Name			3 West Mills Street				
Attention To Scott Stevens		City E1	Paso				
Title Senior Vice President		State Te	State Texas				
5.b. Termination Date 5/10/08		5.c. Amount	133,476	<u> </u>			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disbursements m	nade by the re	eporting organiza	ation in connection with labor relations	s advice or services rendere			
to the employers listed in P 7. Disbursements to Officers and Employees:	Part B.						
(a) Name (b) Salary	(c) Expenses (d	d) Totals	 -				
			Office and Administrative Expens	es			
			10. Publicity				
		<u> </u>	11. Fees for Professional Services				
			12. Loans Made				
			13. Other Disbursements	2.0			
8. Total disbursements to officers and employees:		*	14. Total Disbursements (Sum of Items	8-13)			
	Jse this Sche nstructions.	dule to report on	ly disbursements made for the purpor	ses described in Part D of the			
15.a. Employer Name:		15.b. Trade	Name, If any:				
15.c. To Whom Paid		15.d. Amou	nt 24021				
Name Jose Agraz		15.e. Purpo		<u> </u>			
Title Independent Contractor			d to give speeches to em ing their right to organ				
Organization EMSI Consulting, Inc.	collect		200 402 202 3020				
P.O. Box, Building and Room Number, if any							
Street 1340 N Astor Street #2205							
City Chicago							
State Illinois	0610						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV	/ITY	•.					