Office of Labor-Management Standards Washington, DC 20210

## RECEIPTS AND DISBURSEMENTS REPORT

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

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered By This Report From:  2. Period Covered By This Report Inmodelypys and Incompleted Promises and President Information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned sknowledge and belief, true, correct, and complete. (See the Section on perialties in the instructions)  2. Period Covered By This Report Inmodelypys and Inmodely President (indicate) Into President (indicate) Into President (if other title, see instructions)  2. Period Covered By This Report Inmodelypys and Inmodelypys and Into President (indicate) Into President (indicate) Into President (indicate) Into President (if other title, see instructions)  2. Period Covered By This Report Inmodelypys and Into President (indicate) Into President (i	E CAS DROP	619905
A. Person Filing  3. Name and mailing address (include ZIP Code):  Name	1. File Number C- 7 K7	
3. Name and mailing address (include ZIP Code):  Name		By Inis Report
3. Name and mailing address (include ZIP Code):  Name		
Name	A. Person Filing	
Name Eric J Vanetti Name Title Owner  Organization Vantage Point Alliance  P.O. Box, Building and Room Number, if any  Street 2860 S Honeycomb Way  City Boise State Tdaho ZIP Code + 4 83716  Signatures  Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).  17. Signed Proprietor  Treasurer (if other title, see instructions)  18. Signed  Treasurer (if other title, see instructions)	Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Organization Vantage Point Alliance  P.O. Box, Building and Room Number, if any  Street 2860 S Honeycomb Way  City Boise  State Idaho  ZIP Code + 4 83716  Signatures  Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on perialties in the instructions).  17. Signed  Treasurer  (if other title, see instructions)  18. Signed  Treasurer  (if other title, see instructions)	Name Eric J Vanetti	
P.O. Box, Building and Room Number, if any  Street 2860 S Honeycomb Way  City Boise State Idaho ZIP Code + 4 83716  Signatures  Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on perialties in the instructions).  17. Signed  Title Sole Proprietor  18. Signed  Treasurer  (if other title, see instructions)  Treasurer  (if other title, see instructions)	Title Owner	Title
Street 2860 s Honeycomb Way  City Boise State Idaho  Signatures  Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).  17. Signed  President (if other title, see instructions)  18. Signed  Treasurer (if other title, see instructions)	Organization Vantage Point Alliance	Organization
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State Idaho  ZIP Code + 4 83716  State  ZIP Code + 4  Signatures  Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).  17. Signed  President (if other title, see instructions)  Treasurer (If other title, see instructions)  18. Signed  Treasurer (If other title, see instructions)	Street 2860 S Honeycomb Way	Street
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Title Sole Proprietor (if other title, see instructions)  Title Treasurer (If other title, see instructions)  03 / 29 / 2016 704-804-1625	information contained in any accompanying documents) has been examined by the	ties of law, that all of the information submitted in this report (including the ne signatory and is, to the best of the undersigned's knowledge and belief, true,
Title Sole Proprietor instructions)  Title Treasurer instructions)  03 / 29 / 2016 704-804-1625	(if other title see	
	1 - ISOIA Dropriator 1	Treasurer /
\	On	On
Date Telephone Number Date Telephone Number	Date Telephone Number	Date Telephone Number

Name of Person Filing: Eric Vanetti	File Number C- 13							
B. Statement of Receipts Report all receipts from employers in connection with	h labor relations orbitis are socious according of the surrous of the orbitis							
or services.	habor 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 Ashley Furniture Industries, Inc.	P.O. Box, Building and Room Number, if any							
Trade Name	Street One Ashley Way							
Attention To Gregory Kammer	City Arcadia							
Title VP, Human Resources	State Wisconsin ZIP Code + 4 54612							
ride	State #13constr							
5.b. Termination Date 11-5-2015	5.c. Amount \$55,575							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$120,303								
1 20, 303								
C. Statement of Disbursements Recort all disbursements made by the rep								
to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered							
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals							
(7, 100)	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								
Name 15.e. Purpose								
Title 15.e. Purpose								
Organization								
- Signification	<b></b>							
P.O. Box, Building and Room Number, if any								
Street								
City								
State Wash Digitals ZIP Code + 4								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								

Name of Person Filing: Eric, Vanetti	File Number C- 7.52
B. Statement of Receipts Report all Acceipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer NTN-Bower Corporation	
Trade Name	Street 1600 East Bishop Court
Attention To Pete Tully	City Mt. Prospect
Title VP, Human Resources	State Illinois ZIP Code + 4 60056
5.b. Termination Date 2-17-2015	5.c. Amount \$26,242
6. TOTAL RECEIPTS FROM ALL EMPLOYERS # 120,303	
C. Statement of Disbursements  Report all disbursements made by the report of the employers listed in Part B.  7. Disbursements to Officers and Employees:	orting organization in connection with labor relations advice or services rendered
(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)
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D. Schedule of Disbursements for Reportable Activity  Use this Schedu 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	15.d. Amount
Name	15.e. Purpose
Title ,	
Organization	
P.O. Box, Building and Room Number, if any	
City	
	,
State Washington ZIP Code + 4	

Name of Person Filing: Eric	Vanetti			File Number 0	· 75			
	<u> </u>							
B. Statement of Receipts Report all if or services.	eceipts from employers in	n connection wit	h labor rel	ations advice or services regardless	of the purpos	es of the advice		
5.a. Name and Address of Employer (more	uding trade name, if any).		P.O. Bo	Mailing Address: ox, Building and Room Number, if any	<i>I</i>			
Employer Paradigm Preci	sion							
Trade Name			Street	967 Parker St.				
Attention To Brenda	Ransford		City	Manchester				
Title VP, Human Res	ources		State	ZIP Code + 4 06042				
5.b. Termination Date 7-30-20	19		5.c. Am	ount \$6,632				
6. TOTAL RECEIPTS FROM ALL EM	PLOPYERS \$   a	20,303	3					
	1	·						
	to the employers listed in I vees:	Part B.		anization in connection with labor re	lations advice	or services rendered		
(a) Name	(b) Salary	(c) Expenses (d)	Totals					
				Office and Administrative E	xpenses			
				10. Publicity				
				11. Fees for Professional Sen	rices			
				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 Scheduinstructions.	ule to repo	rt only disbursements made for the	purposes des	cribed in Part D of the		
15.a. Employer Name:			15.b. T	rade Name, If any:				
	<del></del>							
15.c. To Whom Paid		<del></del> .	15.d. A	mount		<u> </u>		
Name	] 🗆 🗀		15.e. P	urpose				
Title								
Organization			٦					
Organization			<b>-</b>					
P.O. Box, Building and Room Nu	imber, if any							
Street								
City								
<u> </u>			٦					
State	ZP Code + 4		<u> </u>					
16. TOTAL DISBURSEMENTS FOR	RALL REPORTABLE ACTI	IVITY						

File Number C-

B. Statement of Receipts Report all occipits 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 Trinity Industries, Inc.  Trade Name  Street 2525 N. Stesimons Freeway Attention To Blicia  Hunt  City Dallas  Title Director, Rushan Resources  State  Texas  ZIP Code + 4 75207  5. b. Termination Date 8-14-2013  5. c. Amount \$6,014  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  EQUATION 10 Statement of Disbursements  (b) Salary (c) Expenses (c) Totals  (c) Salary (c) Expenses (c) Totals  (d) Name  (e) Name  (h) Other Disbursements  (e) Name  (h) Other Disbursements  (e) Salary (c) Expenses (c) Totals  (f) Disbursements to officers and employees:  (g) Salary (g) Expenses (g) Totals  (h) Disbursements (g) Other Disbursements  (h) Disbursements (g) Other Disbursements  (h) Salary (h) Purpose  (h) Purpose  (h) Salary (h) Purpose  (h) Salary (h) Purpose  (h) Salary (h) Purpose  (h) Salary (h) Purpose  (h) Purpose  (h) Salary (h) Purpose  (h) Purpose  (h) Salary (h) Purpose	Name of Person Filing: Exi	- /Var	<u>1etti</u>				File Number C-	75,		
So seemed Address of Employer (reducing trade name, if any).  So seemed Address of Employer (reducing trade name, if any).  Employer Trinity Industries, Inc.  Tride Name Attention To Elicia Hunt Cisy Dallas  Street 2525 N. Stermons Freeway Attention To Elicia Hunt Cisy Dallas  Title Director, Human Resources State Texas ZIP Code • 4 75207  5.b. Termination Date 8-14-2015 5.c. Amount \$6,014  6. TOTAL RECEIPTS FROM ALL EMPLOYERS Final Address: Observaments to Officers and Employees Observaments Observaments to Officers and employees Observaments Observaments to Officers and employees Observaments O										
P.O. Box, Building and Room Number, if any  Principle Principle Principle Process of Processing and Room Number, if any  Principle Principle Principle Process of Pro	B. Statement of Receipts Report a or services.	ll receipts from	n employers i	n connection w	rith labor rela	tions advice or serv	ices regardless of the	e purposes o	of the advice	
Employer Trinity Industries, Inc.  Trade Name Attention To Elicia Hunt City Dallas Title Director, Human Resources State Rexas ZIP Code + 4 75207  5.b. Termination Date 8-14-2013 5.c. Amount \$6,014 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursements (a) Name (b) Salary (c) Expenses (d) Totals (d) Salary (e) Salary (f) Expenses (d) Totals (h) Fees for Professional Services (a) Name (b) Salary (c) Expenses (d) Totals (d) From Professional Services (e) Name (f) Salary (f) Salary (g) Salary (g) Salary (g) Salary (g) Salary (g) Salary (g) Expenses (d) Totals (h) Fees for Professional Services (g) Total disbursements to Officers and employees (g) Amount (h) Total Disbursements (g) Salary (h) Salar	5.a. Name and Address of Employer (including trade name, if any).			P O Box	_	n Number if any				
Attention To Elicia Hunt City Dallas  Title Director, Ruman Resources State Texas ZIP Code + 4 75207  5.b. Termination Date 8-14-2015 5.c. Amount \$6,014  6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$203  C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.  7. Disbursements to Officers and Employees (e) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Cuars Made 11. Cuars	Employer Trinity Indus	tries, Ir	ıc.			,, <i></i>				
State Texas	Trade Name	1			Street	2525 N. Stem	mons Freeway			
5.b. Termination Date 8-14-201s 5.c. Amount \$6,014 6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 203  C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered 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 11. Pees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. 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. Employer Name: 15. Trade Name, If any: 15. Purpose 15. Purpose 15. Purpose 15. Purpose 15. Purpose	Attention To Elicia	H	int		City	Dallas				
C. Statement of Disbursements  Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employees (a) Name  (b) Salary  (c) Expenses (d) Totals  9. Office and Administrative Expenses  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  9. Schedule of Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportative 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:  Street  City  State  25. Purpose	Title Director, H	uman Resc	ources		State	State Texas ZIP Code + 4 75207				
C. Statement of Disbursements To the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name  D. Schedule of Disbursements for Reportative Activity  Street  City  State  C. Statement of Disbursements  Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employees: (a) Name  (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  14. Total Disbursements (Sum of Items 8-13)  15. D. Trade Name, If any:  15. D. Trade Name, If any:  15. D. Purpose	5.b. Termination Date 8-14-2	015			5.c. Amo	ount \$6,014				
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  (a) Name  (b) Salary  (c) Expenses (d) Totals  (d) Name  (b) Salary  (c) Expenses (d) Totals  (d) Name  (d) Name  (e) Salary  (f) Expenses (d) Totals  (g) Name  (h) Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  (b) Salary  (c) Expenses (d) Totals  (d) Name  (e) Name  (h) Publicity  11. Fees for Professional Services  (h) Publicity  (h) Publici	6. TOTAL RECEIPTS FROM ALL E	MPLOYERS	# 16	10 30	3					
7. Disbursements to Officers and Employees (b) Salary (c) Expenses (d) Totals			· ·	1-						
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  15. Employer Name: 15. Employer Name: 15. Trade Name, If any: 15. Trade Name, If any: 15. Amount 15. Amount 15. Purpose  15. Purpose  15. Purpose  15. Purpose  15. Purpose	C. Statement of Disbursements	Report all d	isbursements	made by the re	eporting orga	nization in connecti	on with labor relation	ns advice or	services rendered	
(a) Name (b) Salary (c) Expenses (d) Totals  9. Office and Administrative Expenses  10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  15. Employer Name: 15. Empl	7 Dishursements to Officers and Empl		oyers listed in	Part B.						
10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportary Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State  216 D Code + 4		) <u>}</u>	(b) Salary	(c) Expenses (	d) Totals					
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 Reportative Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15.a. Employer Name: 15.b. Trade Name, If any:  15.c. To Whom Paid  Name Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State  ZIF-P Code + 4						9. Office and	Administrative Expen	ises		
2. Total disbursements to officers and employees:  D. Schedule of Disbursements for Reportarile 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  15. c. To Whom Paid  Name  Organization  P.O. Box, Building and Room Number, if any  Street  City  State  218 P Code + 4						10. Publicity				
2. Total disbursements to officers and employees:  D. Schedule of Disbursements for Reportar le Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State  216 Code +4						11. Fees for P	rofessional Services	,		
2. Total disbursements to officers and employees:  14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportative 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  Organization  P.O. Box, Building and Room Number, if any  Street  City  State  Zlif P Code + 4		-				12. Loans Mad	e			
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  15.d. Amount  15.e. Purpose  P.O. Box, Building and Room Number, if any  Street  City  State  216 P Code + 4						13. Other Disb	ursements			
instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State  ZIFD Code + 4	8. Total disbursements to officers and employees:  14. Total Disbursements (Sum of Items 8-13)									
instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State  ZIFD Code + 4		į								
15.a. Employer Name:    15.b. Trade Name, If any:   15.c. To Whom Paid	D. Schedule of Disbursements fo	r Reportable	Activity		dule to repor	t only disbursement	ts made for the purpo	oses describ	ed in Part D of the	
15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State  ZIFP Code + 4	15.a. Employer Name:				15.b. Tr	ade Name, If any:				
Name   15.e. Purpose   15.e. P							· · · · · · · · · · · · · · · · · · ·		]	
Name	15.c. To Whom Paid				15.d. Ar	mount				
Organization  P.O. Box, Building and Room Number, if any  Street  City  State  ZIF P Code + 4	Name									
P.O. Box, Building and Room Number, if any  Street  City  State  ZIF P Code + 4	Title				15.6. F	ii puse	<u></u>			
Street	Organization									
Street										
City State ZIF Code + 4	P.O. Box, Building and Room Nu	mber, if any		<del></del> -						
State ZIF Code + 4	Street									
2103 Code + 4	City									
	State	 	P Code + 4		<b>-</b> -					
	16. TOTAL DISBURSEMENTS FOR			L TIVITY						

Name of Person Filing: Exic	Vane	tti			File Number C-	52		
B. Statement of Receipts Report all receipts or services.	ots from emplo	oyers in connection v	with labor relation	ns advice or serv	ices regardless of the purpos	ses of the advice		
5.a. Name and Address of Employer (including t	rade name, if a	ny).		Mailing Address:	n Number, if any			
Trade Name			Street 1	04 Wilmot R	d., MS# 1416			
Attention To Chris	Murray		City Do	eerfield				
Title Senior Attorney			State [I	llinois	ZIP Code	+4 60015		
5.b. Termination Date 03-20-2015			5.c. Amoun	\$25,840				
6. TOTAL RECEIPTS FROM ALL EMPLO	rers #	120,30	3					
		1		-				
C. Statement of Disbursements  Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (d) Totals								
				9. Office and	Administrative Expenses			
			7	10. Publicity				
				ļ	rofessional Services			
	1		1	12. Loans Mad	e			
13. Other Disbursements								
8. Total disbursements to officers and employees:  14. Total Disbursements (Sum of Items 8-13)								
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15.a. Employer Name: 15.b. Trade Name, If any:								
15.c. To Whom Paid  15.d. Amount								
Name	<u>                                    </u>		15.e. Purpo	ose				
Title								
Organization		)						
P.O. Box, Building and Room Number,	if any							
P.O. Box, Building and Room Number,	ii ally							
Street								
City								
State Washington			[]					
	ZIP Cod	9 + 4				i		