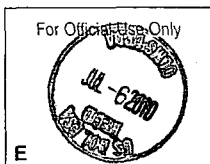


Amended
FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

432447

1. File Number C- 00525 .	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy) From: 01 / 01 / 2007	Through: 12 / 31 / 2007	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Title Organization LRI Consulting Services, Inc. P.O. Box, Building and Room Number, if any Street 7850 S Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code +4 74011	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code +4

Signatures

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

17. Signed Title President On 07 / 01 / 2010 918-455-9995 Date Telephone Number	18. Signed Title Treasurer On 07 / 01 / 2010 918-455-9995 Date Telephone Number
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Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Imperial Parking</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>510 Walnut Street, Suite 420</u>	
Attention To <u>Julie</u> <u>Sisett</u>		City <u>Philadelphia</u>	
Title <u>Human Resources Director</u>		State <u>PA</u>	ZIP Code + 4 <u>19106</u>

5.b. Termination Date 5/1/07

5.c. Amount 19917

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name (b) Salary (c) Expenses (d) Totals

				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 <u>Jason</u> <u>Greer</u> Title <u>Independent Consultant</u> Organization <u>Labor Relations Services, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>24 Corporate Plaza, Suite 100</u> City <u>Newport Beach</u> State <u>Washington</u> <u>CA</u> ZIP Code + 4 <u>92660</u>	15.d. Amount <u>10,617</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Amy Mohawk Transfer</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>426 Sand Shore Road, Suite 4</u>	
Attention To <u>Tammy Nyststrand</u>		City <u>Hackettstown</u>	
Title		State <u>NJ</u> ZIP Code + 4 <u>07840</u>	
5.b. Termination Date <u>4/13/07</u>		5.c. Amount <u>28,874</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>13,124</u>
Name <u>Peter Quist</u>	15.e. Purpose
Title	<u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Organization <u>Grubb Quist & Associates, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>12 South Main Street</u>	
City <u>Waterbury</u>	
State <u>Washington VT</u> ZIP Code + 4 <u>05676</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Railcrew Xpress</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>242 Fairlane Drive, Suite D4</u>	
Attention To <u>Scot Boyes</u>		City <u>Louisburg</u>	
Title <u>President</u>		State <u>KS</u> ZIP Code + 4 <u>66053</u>	
5.b. Termination Date <u>6/1/07</u>		5.c. Amount <u>85,185</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>7313.41</u> <u>7313</u>
Name <u>Robert Warren</u>	15.e. Purpose
Title <u>Independent Consultant</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization	
P.O. Box, Building and Room Number, if any	
Street <u>6001 Tall Pine Blvd</u>	
City <u>Little Rock</u>	
State <u>Washington</u> <u>AR</u> ZIP Code + 4 <u>72204</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Railcrew Xpress</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>242 Fairlane Drive, Suite D4</u>	
Attention To <u>Scot Boyes</u>		City <u>Louisburg</u>	
Title <u>President</u>		State <u>PA</u> ZIP Code + 4 <u>66053</u>	

5.b. Termination Date <u>6/1/07</u>	5.c. Amount <u>85,185</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals

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)	

Continuation

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 <u>38,872</u>
Name <u>Chris Borusso</u>	15.e. Purpose
Title <u>Independent Consultant</u>	<u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Organization <u>Criterion Workforce Solutions, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>323 Mariners Way</u>	
City <u>Copiague</u>	
State <u>Washington NY</u> ZIP Code + 4 <u>11726</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: LRI Consulting Services Inc	File Number C- 00525
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health System Trade Name Attention To Ron McConnell Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 620 Howard Avenue City Altoona State Pennsylvania ZIP Code + 4 16601
5.b. Termination Date 5/24/07	5.c. Amount 485,568
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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: Altoona Regional Health System	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Roz Nelsen Title Organization Chessboard Consulting, Inc. P.O. Box, Building and Room Number, if any Street 1141 W Washington Blvd., Suite 235 City Chicago State Illinois ZIP Code + 4 60607	15.d. Amount 45,641 15.e. Purpose Provided administrative support and advice. Was not in front of employees.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 45,641		

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>005255</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>620 Howard Avenue</u>	
Attention To <u>Ron McConnell</u>		City <u>Altoona</u>	
Title		State ZIP Code + 4 <u>16601</u>	
5.b. Termination Date <u>5/24/07</u>		5.c. Amount <u>435,568</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>52,918</u>
Name <u>Peter Quist</u>	15.e. Purpose
Title <u>Independent Consultant</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>Grubb Quist & Associates, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>12 South Main Street</u>	
City <u>Waterbury</u>	
State <u>Washington VT</u> ZIP Code + 4 <u>05676</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Altoona Regional Health System		P.O. Box, Building and Room Number, if any	
Trade Name		Street 620 Howard Avenue	
Attention To Ron McConnell		City Altoona	
Title		State ZIP Code + 4 16601	
5.b. Termination Date 5/24/07		5.c. Amount 485,568	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			

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)	

CONTINUATION

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 33,368
Name Khahn Tran	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization Labor Relations Services, Inc.	
P.O. Box, Building and Room Number, if any	
Street 24 Corporate Plaza, Suite 100	
City Newport Beach	
State Washington <u>CA</u> ZIP Code + 4 92660	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <i>LRI Consulting Services, Inc.</i>	File Number C- <i>00525</i>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Altoona Regional Health System		P.O. Box, Building and Room Number, if any	
Trade Name		Street 620 Howard Avenue	
Attention To Ron McConnell		City Altoona	
Title		State ZIP Code + 4 16601	
5.b. Termination Date 5/24/07		5.c. Amount 435,568	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			

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)	

CONTINUATION

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 13,729
Name Rosalyn Warren	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization Labor Relations Services, Inc.	
P.O. Box, Building and Room Number, if any	
Street 24 Corporate Plaza, Suite 100	
City Newport Beach	
State Washington <i>CA</i> ZIP Code + 4 92660	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>620 Howard Avenue</u>	
Attention To <u>Ron McConnell</u>		City <u>Altoona</u>	
Title		State <u>PA</u> ZIP Code + 4 <u>16601</u>	
5.b. Termination Date <u>5/24/07</u>		5.c. Amount <u>435,568</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>32,800</u>
Name <u>Matt Perovic</u>	15.e. Purpose
Title <u>Independent Consultant</u>	<u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Organization <u>Quantum Consulting, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>10917 Kilpatrick</u>	
City <u>Oak Lawn</u>	
State <u>Washington</u> <u>12</u> ZIP Code + 4 <u>60453</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (Including trade name, if any).		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>620 Howard Avenue</u>	
Attention To <u>Ron McConnell</u>		City <u>Altoona</u>	
Title		State <u>PA</u> ZIP Code + 4 <u>16601</u>	

5.b. Termination Date <u>5/24/07</u>	5.c. Amount <u>435,568</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>33,460</u>
Name <u>Bruce Crawford</u>	15.e. Purpose
Title <u>Independent Consultant</u>	<u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Organization	
P.O. Box, Building and Room Number, if any	
Street <u>118 Plum Street</u>	
City <u>Roswell</u>	
State <u>GA</u> ZIP Code + 4 <u>30075</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <u>Altoona Regional Health System</u> Trade Name _____ Attention To <u>Ron</u> <u>McConnell</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>620 Howard Avenue</u> City <u>Altoona</u> State _____ ZIP Code + 4 <u>16601</u>
5.b. Termination Date <u>5/24/07</u>	5.c. Amount <u>435,568</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>Keith</u> <u>Peraino</u> Title <u>Independent Consultant</u> Organization <u>Peraino & Associates, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>4959 Thames Street East</u> City <u>Kissimmee</u> State <u>Washington</u> <u>FL</u> ZIP Code + 4 <u>34778</u>	15.d. Amount <u>28,827</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>620 Howard Avenue</u>	
Attention To <u>Ron</u> <u>McConnell</u>		City <u>Altoona</u>	
Title		State <u>PA</u> ZIP Code + 4 <u>16601</u>	

5.b. Termination Date <u>5/24/07</u>	5.c. Amount <u>485,568</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>Kathleen</u> <u>Tregear</u> Title <u>Independent Consultant</u> Organization <u>Tregear & Associates, LLC</u> P.O. Box, Building and Room Number, if any Street <u>2323 Race Street, Apt 923</u> City <u>Philadelphia</u> State <u>Washington</u> <u>PA</u> ZIP Code + 4 <u>19103</u>	15.d. Amount <u>3899</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>620 Howard Avenue</u>	
Attention To <u>Ron McConnell</u>		City <u>Altoona</u>	
Title		State _____ ZIP Code + 4 <u>16601</u>	
5.b. Termination Date <u>5/24/07</u>		5.c. Amount <u>485,568</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>Mariah DeForest</u> Title <u>Independent Consultant</u> Organization <u>EMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>1340 N. Astor St. #2205</u> City <u>Chicago</u> State <u>Washington</u> / <u>L</u> ZIP Code + 4 <u>60610</u>	15.d. Amount <u>3013</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LPI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (Including trade name, if any):		Mailing Address:	
Employer <u>Oscar Wilson Engines & Parts, Inc.</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>826 Lone Star Drive</u>	
Attention To <u>Grant</u> <u>Evans</u>		City <u>O'Fallon</u>	
Title <u>Plant Manager</u>		State <u>MO</u> ZIP Code + 4 <u>63366</u>	

5.b. Termination Date <u>6/18/07</u>	5.c. Amount <u>3000</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>Jason</u> <u>Greer</u> Title <u>Independent Consultant</u> Organization <u>Greer Consulting</u> P.O. Box, Building and Room Number, if any Street <u>33 Mallory Bend Ct</u> City <u>Lake St. Louis</u> State <u>Washington</u> <u>MO</u> ZIP Code + 4 <u>63367</u>	15.d. Amount <u>1508</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any): Employer <u>General Elevator Sales & Service, Inc.</u> Trade Name _____ Attention To <u>Michael</u> <u>Cavinder</u> Title <u>President</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>10801 Satellite Blvd.</u> City <u>Orlando</u> State <u>FL</u> ZIP Code + 4 <u>32837</u>
5.b. Termination Date <u>5/15/07</u>	5.c. Amount <u>7291</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
7. Disbursements to Officers and Employees:					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
					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 <u>Ed</u> <u>Villanueva</u> Title <u>Independent Consultant</u> Organization <u>EMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, if any _____ Street <u>1340 N. Astor Street # 2205</u> City <u>Chicago</u> State <u>Washington</u> <u>12</u> ZIP Code + 4 <u>60610</u>	15.d. Amount <u>4291</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>New Age Electronics, Inc.</u></p> <p>Trade Name _____</p> <p>Attention To <u>Michelle</u> <u>Olsen</u></p> <p>Title <u>Human Resource Director</u></p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>21950 Arnold Center Road</u></p> <p>City <u>Carson</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90810</u></p>
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5.b. Termination Date 5/30/07

5.c. Amount 37,458

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name (b) Salary (c) Expenses (d) Totals

				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.

<p>15.a. Employer Name:</p>	<p>15.b. Trade Name, If any:</p>
<p>15.c. To Whom Paid</p> <p>Name <u>Jason</u> <u>Greer</u></p> <p>Title <u>Independent Consultant</u></p> <p>Organization <u>Greer Consulting</u></p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>33 Mallory Bend Ct</u></p> <p>City <u>Lake St Louis</u></p> <p>State <u>Washington</u> <u>MD</u> ZIP Code + 4 <u>63367</u></p>	<p>15.d. Amount <u>19,458</u></p> <p>15.e. Purpose</p> <p><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Broadway Real Estate Services</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>10 Post Office Square</u>	
Attention To <u>John Capuano</u>		City <u>Boston</u>	
Title		State <u>MA</u> ZIP Code + 4 <u>02109</u>	
5.b. Termination Date <u>4/6/07</u>		5.c. Amount <u>3538</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>2382</u>	
Name <u>Fred Grubb</u>		15.e. Purpose	
Title <u>Independent Consultant</u>		Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.	
Organization <u>Grubb Quist & Associates, LLC</u>			
P.O. Box, Building and Room Number, if any			
Street <u>12 South Main Street</u>			
City <u>Waterbury</u>			
State <u>Washington VT</u> ZIP Code + 4 <u>05676</u>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>IESI, LLC</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>2301 Eagle Parkway</u>	
Attention To <u>Joyce Thummell</u>		City <u>Fort Worth</u>	
Title <u>Director of Human Resources</u>		State <u>TX</u> ZIP Code + 4 <u>76177</u>	
5.b. Termination Date <u>3/23/07</u>		5.c. Amount <u>5997</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			
			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	15.d. Amount <u>3997</u>
Name <u>Matt Perovic</u>	15.e. Purpose
Title <u>Independent Consultant</u>	<u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Organization <u>Quantum Consulting, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>10917 Kilpatrick</u>	
City <u>Oak Lawn</u>	
State <u>Washington</u> ZIP Code + 4 <u>60453</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <u>Able Health Care Services, Inc.</u> Trade Name _____ Attention To <u>Michael</u> <u>Shapiro</u> Title <u>President</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>9131 Queens Blvd., Suite 604</u> City <u>Elmhurst</u> State <u>NY</u> ZIP Code + 4 <u>11373</u>
5.b. Termination Date <u>6/6/07</u>	5.c. Amount <u>15,502</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
7. Disbursements to Officers and Employees:					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
				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 <u>Guillermo</u> <u>Martinez</u> Title <u>Independent Consultant</u> Organization <u>EMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, if any _____ Street <u>1340 N Astor Street #2205</u> City <u>Chicago</u> State <u>Washington</u> <u>12</u> ZIP Code + 4 <u>60610</u>	15.d. Amount <u>7814</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Russell Transport, Inc.</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street	<u>155 North San Marcial Street</u>
Attention To <u>Rami Abdeljaber</u>		City	<u>El Paso</u>
Title <u>Executive Vice President</u>		State	<u>TX</u> ZIP Code + 4 <u>79905</u>

5.b. Termination Date 9/8/07 5.c. Amount 27,127

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name (b) Salary (c) Expenses (d) Totals

				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 <u>David Acosta</u> Title <u>Independent Consultant</u> Organization <u>Redstone Enterprises, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>5415 East Willowick Circle</u> City <u>Anaheim Hills</u> State <u>Washington</u> <u>CA</u> ZIP Code + 4 <u>92807</u>	15.d. Amount <u>10,943</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <u>Russell Transport, Inc.</u> Trade Name _____ Attention To <u>Rami Abdeljaber</u> Title <u>Executive Vice President</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>155 North San Marcial Street</u> City <u>El Paso</u> State <u>TX</u> ZIP Code + 4 <u>79905</u>
5.b. Termination Date <u>9/8/07</u>	5.c. Amount <u>27,127</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>Erasmio Navarro</u> Title <u>Independent Consultant</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>21 Cantera Street</u> City <u>Santa Ana</u> State <u>Washington CA</u> ZIP Code + 4 <u>92703</u>	15.d. Amount <u>2419</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:	File Number C- 00525
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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 Allstate Power Vac	
Trade Name	Street 928 East Hazelwood Avenue
Attention To Glenn Burke	City Rahway
Title	State New Jersey ZIP Code + 4 07065
5.b. Termination Date 10/4/07	5.c. Amount 27,609
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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: Allstate Power Vac	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 11,324	
Name Frank Barbera	15.e. Purpose	
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.	
Organization		
P.O. Box, Building and Room Number, if any		
Street 3308 Ariba Street		
City Las Vegas		
State Nevada ZIP Code + 4 89129		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 11,324		

Name of Person Filing:	File Number C- 00525
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Allstate Power Vac	P.O. Box, Building and Room Number, if any
Trade Name	Street 928 East Hazelwood Avenue
Attention To Glenn Burke	City Rahway
Title	State New Jersey ZIP Code + 4 07065
5.b. Termination Date 10/4/07	5.c. Amount 27,609
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

Continuation

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: Allstate Power Vac	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 5,779	
Name David Acosta	15.e. Purpose	
Title	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.	
Organization Redstone Enterprises, Inc.		
P.O. Box, Building and Room Number, if any		
Street 5415 East Willowick		
City Anaheim		
State California ZIP Code + 4 92807		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 5,779		

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Ferguson Enterprises, Inc.</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>12500 Jefferson Avenue</u>	
Attention To <u>David Meeker</u>		City <u>Newport News</u>	
Title		State <u>VA</u> ZIP Code + 4 <u>23602</u>	

5.b. Termination Date <u>8/30/07</u>	5.c. Amount <u>6900</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>Joseph Brock</u> Title <u>Independent Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>151 Forge Road</u> City <u>Delran</u> State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u>	15.d. Amount <u>3900</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Siemens Energy & Automation</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>500 Hunt Valley Road</u>	
Attention To <u>Elsie Deems</u>		City <u>New Kensington</u>	
Title		State <u>PA</u>	ZIP Code + 4 <u>15068</u>

5.b. Termination Date <u>9/20/07</u>	5.c. Amount <u>3154</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>Joseph Brock</u> Title <u>Independent Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>151 Forge Road</u> City <u>Delran</u> State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u>	15.d. Amount <u>1954</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LEI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>RVC Senior Management</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>65 East John Street</u>	
Attention To <u>Ron DeVito</u>		City <u>Hicksville</u>	
Title		State <u>NY</u> ZIP Code + 4 <u>11803</u>	
5.b. Termination Date <u>10/22/07</u>		5.c. Amount <u>83,553</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>48,048</u>
Name <u>Jason Greer</u>	15.e. Purpose
Title <u>Greer Consulting, Inc.</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, if any <u>PO Box 1175</u>	
Street	
City <u>O'Fallon</u>	
State <u>Washington MO</u> ZIP Code + 4 <u>63336</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LL1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>AVCORR, Inc.</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>33 College Hill Road, Suite 15A</u>	
Attention To <u>Anthony Ventetuolo, Jr.</u>		City <u>Warwick</u>	
Title		State _____ ZIP Code + 4 <u>02886</u>	

5.b. Termination Date <u>10/9/07</u>	5.c. Amount <u>20,000</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>10,412</u>
Name <u>Peter Quist</u> Title <u>Grubb Quist & Associates, LLC</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>12 South Main Street</u> City <u>Waterbury</u> State <u>Washington</u> ZIP Code + 4 <u>05676</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <i>LRI Consulting Services Inc</i>	File Number C- <i>00525</i>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <i>OmniSource</i>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <i>1610 North Calhoun Street</i>	
Attention To <i>Andrew Ables</i>		City <i>Fort Wayne</i>	
Title		State <i>IN</i> ZIP Code + 4 <i>46808</i>	
5.b. Termination Date <i>10/19/07</i>		5.c. Amount <i>42,616</i>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <i>24,466</i>
Name <i>David Acosta</i>	15.e. Purpose
Title <i>Independent Consultant</i>	<i>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</i>
Organization <i>Redstone Enterprises, Inc.</i>	
P.O. Box, Building and Room Number, if any	
Street <i>5415 East Willowick</i>	
City <i>Anaheim</i>	
State <i>Washington CA</i> ZIP Code + 4 <i>92807</i>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Portec Flomaster</u>		P.O. Box, Building and Room Number, if any <u>PO Box 589</u>	
Trade Name		Street	
Attention To <u>Mark</u> Means		City <u>Canon City</u>	
Title		State <u>CO</u> ZIP Code + 4 <u>81215</u>	
5.b. Termination Date <u>10/26/07</u>		5.c. Amount <u>3980</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>2480</u>
Name <u>Joseph Brock</u>	15.e. Purpose
Title <u>Independent Consultant</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>151 Forge Road</u>	
City <u>Delran</u>	
State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Fibrominn, LLC</u>		P.O. Box, Building and Room Number, if any <u>PO box 265</u>	
Trade Name		Street	
Attention To <u>Ron Davies</u>		City <u>Benson</u>	
Title		State <u>MA</u> ZIP Code + 4 <u>56215</u>	

5.b. Termination Date <u>11/2/07</u>	5.c. Amount <u>6761</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>Frank Barbera</u> Title <u>Independent Consultant</u> Organization P.O. Box, Building and Room Number, if any Street <u>3308 Ariba Street</u> City <u>Las Vegas</u> State <u>Washington</u> <u>NV</u> ZIP Code + 4 <u>89129</u>	15.d. Amount <u>3761</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer <u>Magic Beans</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>1319 Beacon Street, Third Floor</u>	
Attention To <u>Sheri Gurock</u>		City <u>Brookline</u>	
Title		State <u>MA</u> ZIP Code + 4 <u>02446</u>	

5.b. Termination Date <u>11/15/07</u>	5.c. Amount <u>10,591</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>5591</u>
Name <u>Frank Barbera</u> Title <u>Independent Consultant</u> Organization P.O. Box, Building and Room Number, if any Street <u>3308 Ariba Street</u> City <u>Las Vegas</u> State <u>NV</u> ZIP Code + 4 <u>89129</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (Including trade name, if any):		Mailing Address:	
Employer <u>Chicago International Trucks, LLC</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street	<u>1827 Walden Office Square, Suite 275</u>
Attention To <u>Julie Bartell</u>		City	<u>Schaumburg</u>
Title <u>Vice President Human Resources</u>		State <u>IL</u>	ZIP Code + 4 <u>60173</u>

5.b. Termination Date <u>12/6/07</u>	5.c. Amount <u>13,572</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>7542</u>
Name <u>Bradley White</u>	15.e. Purpose
Title <u>Independent Consultant</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>Interlate Systems, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>145 South Lincolnway</u>	
City <u>North Aurora</u>	
State <u>Washington</u> <u>IL</u> ZIP Code + 4 <u>60542</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Viking Coca Cola Bottling Company</u> Trade Name Attention To <u>Michael</u> <u>Faber</u> Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>4610 Rusin Street North</u> City <u>St Cloud</u> State <u>MN</u> ZIP Code + 4 <u>56303</u>
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5.b. Termination Date 12/12/07 **5.c. Amount** 29,441

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>Joseph</u> <u>Brock</u> Title <u>Independent Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>151 Forge Road</u> City <u>Delran</u> State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u>	15.d. Amount <u>19,441</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Holley Dodge Of Middletown</u></p> <p>Trade Name _____</p> <p>Attention To <u>Glenn</u> <u>Holley</u></p> <p>Title <u>Vice President</u></p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>1000 Newfield Street</u></p> <p>City <u>Middletown</u></p> <p>State <u>CT</u> ZIP Code + 4 <u>06457</u></p>
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5.b. Termination Date 11/29/07 5.c. Amount 3107

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name (b) Salary (c) Expenses (d) Totals

				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.

<p>15.a. Employer Name:</p>	<p>15.b. Trade Name, If any:</p>
<p>15.c. To Whom Paid</p> <p>Name <u>Michael</u> <u>Rosado</u></p> <p>Title <u>Independent Consultant</u></p> <p>Organization <u>M. Rosado Consultants, LLC</u></p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>5 Quail Court</u></p> <p>City <u>Englewood</u></p> <p>State <u>Washington</u> <u>NJ</u> ZIP Code + 4 <u>07631</u></p>	<p>15.d. Amount <u>1607</u></p> <p>15.e. Purpose</p> <p><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Carolina Commercial Heat Treating</u> Trade Name _____ Attention To <u>Mike</u> <u>Hachee</u> Title _____		Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>628 Grooms Road</u> City <u>Reidsville</u> State <u>NC</u> ZIP Code + 4 <u>27320</u>	
5.b. Termination Date <u>11/28/07</u>		5.c. Amount <u>8731</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>Natasha</u> <u>Gordon</u> Title <u>Independent Consultant</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>2108 Wndy Hill Point</u> City <u>Lawrenceville</u> State <u>Washington GA</u> ZIP Code + 4 <u>30045</u>	15.d. Amount <u>4266</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <u>Perfection Glass</u> Trade Name Attention To <u>Shawn Linhoff</u> Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>15 North Auburn</u> City <u>Kennewick</u> State <u>WA</u> ZIP Code + 4 <u>99336</u>
5.b. Termination Date <u>1/5/08</u> 5.c. Amount <u>22,500</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>David Acosta</u> Title <u>Independent Consultant</u> Organization <u>Redstone Enterprises</u> P.O. Box, Building and Room Number, if any Street <u>5415 E Willowick</u> City <u>Anaheim</u> State <u>Washington CA</u> ZIP Code + 4 <u>92807</u>	15.d. Amount <u>10,500</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <u>B & C Cartage, Inc.</u> Trade Name Attention To <u>Charlie</u> <u>Helms</u> Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>851 W McKimney Road</u> City <u>Gladwin</u> State <u>MI</u> ZIP Code + 4 <u>48624</u>
5.b. Termination Date	5.c. Amount <u>16,826</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>Joseph</u> <u>Brock</u> Title <u>Independent Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>151 Forge Road</u> City <u>Delran</u> State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u>	15.d. Amount <u>9000</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saia</u> Trade Name Attention To <u>Walter Schumacher</u> Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>11465 Johns Creek Pkwy, Suite 400</u> City <u>Duluth</u> State <u>GA</u> ZIP Code + 4 <u>30097</u>
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5.b. Termination Date <u>10/5/07</u>	5.c. Amount <u>23,177</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals

8. Total disbursements to officers and employees:	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)
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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 <u>Joseph Brock</u> Title <u>Independent Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>151 Forge Road</u> City <u>Delran</u> State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u>	15.d. Amount <u>12,677</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Henderson Manufacturing</u> Trade Name _____ Attention To <u>Steve</u> <u>Hoeger</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>1085 South Third Street</u> City <u>Manchester</u> State <u>IA</u> ZIP Code + 4 <u>52507</u>
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5.b. Termination Date <u>10/5/07</u>	5.c. Amount <u>60,168</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>Gerald</u> <u>O'Brien</u> Title <u>Independent Consultant</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>23 Summit Heights</u> City <u>North Oaks</u> State <u>Washington</u> <u>MN</u> ZIP Code + 4 <u>55127</u>	15.d. Amount <u>37,632</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Rotech Healthcare</u> Trade Name Attention To <u>Kim</u> <u>Lee</u> Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>2600 technology Drive, Suite 300</u> City <u>Orlando</u> State <u>FL</u> ZIP Code + 4 <u>32804</u>
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5.b. Termination Date <u>10/3/07</u>	5.c. Amount <u>58,174</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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 <u>Alex</u> <u>Casillas</u> Title <u>Independent Consultant</u> Organization <u>Action Resources</u> P.O. Box, Building and Room Number, if any Street <u>1119 S Mission Road, Suite 223</u> City <u>Fallbrook</u> State <u>Washington</u> <u>CA</u> ZIP Code + 4 <u>92028</u>	15.d. Amount <u>39,728</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Rotech Healthcare</u> Trade Name Attention To <u>Kim</u> <u>Lee</u> Title		Mailing Address: P.O. Box, Building and Room Number, if any Street <u>2600 technology Drive, Suite 300</u> City <u>Orlando</u> State <u>FL</u> ZIP Code + 4 <u>32804</u>
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5.b. Termination Date 10/3/07 5.c. Amount 58,174

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>Joseph</u> <u>Brock</u> Title <u>Independent Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>151 Forge Road</u> City <u>Delran</u> State <u>Washington</u> ZIP Code + 4 <u>08075</u>	15.d. Amount <u>2186</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>ELI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Wenner Bread Products</u> Trade Name _____ Attention To <u>Larry</u> <u>Wenner</u> Title <u>General Manager</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>33 Rajon Road</u> City <u>Bayport</u> State <u>NY</u> ZIP Code + 4 <u>11795</u>
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5.b. Termination Date 11/20/07 **5.c. Amount** 203,170

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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.c. To Whom Paid Name <u>Ed</u> Title _____ Organization <u>EMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, if any _____ Street <u>1340 N. Astor Street # 2205</u> City <u>Chicago</u> State <u>Washington</u> <u>IL</u> ZIP Code + 4 <u>60610</u>	15.b. Trade Name, If any: 15.d. Amount <u>63,175</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Wenner Bread Products</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>33 Rajon Road</u>	
Attention To <u>Larry</u> <u>Wenner</u>		City <u>Bayport</u>	
Title <u>General Manager</u>		State <u>NY</u> ZIP Code + 4 <u>11795</u>	

5.b. Termination Date 11/20/07 5.c. Amount 203,170

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>37,123</u>
Name <u>Peter</u> <u>Quist</u>	15.e. Purpose
Title	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>Grubb Quist & Associates</u>	
P.O. Box, Building and Room Number, if any	
Street <u>12 South Main Street</u>	
City <u>Waterbury</u>	
State <u>Washington</u> <u>VT</u> ZIP Code + 4 <u>05676</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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

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

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:
 Employer Wenner Bread Products P.O. Box, Building and Room Number, if any
 Trade Name Street 33 Rajon Road
 Attention To Larry Wenner City Bayport
 Title General Manager State NY ZIP Code + 4 11795

5.b. Termination Date 11/20/07 5.c. Amount 203,170

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:
 (a) Name (b) Salary (c) Expenses (d) Totals

				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)	

CONTINUATION

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 Consultant Organization M. Rosado Consultants, Inc. P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State Washington CA ZIP Code + 4 07631	15.d. Amount 10,022 15.e. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR Consulting Services Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Brandywine Senior Living</u> Trade Name Attention To <u>Ken</u> <u>Segarnick</u> Title <u>General Council</u>	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>525 Fellowship Road, Suite 360</u> City <u>Mount Laurel</u> State <u>NJ</u> ZIP Code + 4 <u>08054</u>
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5.b. Termination Date <u>12/12/07</u>	5.c. Amount <u>151,299</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			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 <u>Mike</u> <u>Rosado</u> Title <u>Independent Consultant</u> Organization <u>M. Rosado Consultants, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>5 Quail Court</u> City <u>Englewood</u> State <u>Washington</u> <u>CA</u> ZIP Code + 4 <u>07631</u>	15.d. Amount <u>41,588</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Brandywine Senior Living</u> Trade Name _____ Attention To <u>Ken</u> <u>Segarnick</u> Title <u>General Council</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>525 Fellowship Road, Suite 360</u> City <u>Mount Laurel</u> State <u>NJ</u> ZIP Code + 4 <u>08054</u>
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5.b. Termination Date <u>12/12/07</u>	5.c. Amount <u>151,299</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>Kathleen</u> <u>Tregear</u> Title <u>Independent Consultant</u> Organization <u>Tregear & Associates, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>2323 Race Street # 923</u> City <u>Philadelphia</u> State <u>Washington PA</u> ZIP Code + 4 <u>19103</u>	15.d. Amount <u>19,419</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Brandywine Senior Living</u> Trade Name _____ Attention To <u>Ken</u> <u>Segarnick</u> Title <u>General Council</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>525 Fellowship Road, Suite 360</u> City <u>Mount Laurel</u> State <u>NJ</u> ZIP Code + 4 <u>08054</u>
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5.b. Termination Date <u>12/12/07</u>	5.c. Amount <u>151,299</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals

8. Total disbursements to officers and employees:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">9. Office and Administrative Expenses</td><td> </td></tr> <tr><td>10. Publicity</td><td> </td></tr> <tr><td>11. Fees for Professional Services</td><td> </td></tr> <tr><td>12. Loans Made</td><td> </td></tr> <tr><td>13. Other Disbursements</td><td> </td></tr> <tr><td>14. Total Disbursements (Sum of Items 8-13)</td><td> </td></tr> </table>	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)	
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)													

CONTINUATION

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 <u>Natasha</u> <u>Gordon</u> Title <u>Independent Consultant</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>2108 Windy Hill Point</u> City <u>Lawrenceville</u> State <u>Washington</u> <u>GA</u> ZIP Code + 4 <u>30045</u>	15.d. Amount <u>7728</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LR1 Consulting Services, Inc

File Number C-

00525

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

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

Mailing Address:

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

Employer Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Street 7500 Soaring Eagle Blvd

Attention To

City Mt. Pleasant

Title

State

MI

ZIP Code + 4 48858

5.b. Termination Date 12/21/07

5.c. Amount 706,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				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 48,000

Name Joseph Brock

15.e. Purpose

Title Independent Consultant

Employed to give speeches to employees regarding exercising their rights 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 Washington NJ

ZIP Code + 4 08075

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Saginaw Chippewa Tribe</u></p> <p>Trade Name <u>Soaring Eagle Casino</u></p> <p>Attention To _____</p> <p>Title _____</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>7500 Soaring Eagle Blvd</u></p> <p>City <u>Mt. Pleasant</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48858</u></p>
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5.b. Termination Date 12/21/07 5.c. Amount 706,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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.

<p>15.a. Employer Name:</p>	<p>15.b. Trade Name, If any:</p>
<p>15.c. To Whom Paid</p> <p>Name <u>Gerald O'Brien</u></p> <p>Title <u>Independent Consultant</u></p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>23 Summit Heights</u></p> <p>City <u>North Oaks</u></p> <p>State <u>Washington</u> <u>MN</u> ZIP Code + 4 <u>55127</u></p>	<p>15.d. Amount <u>54,000</u></p> <p>15.e. Purpose</p> <p><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code + 4 <u>48858</u>
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5.b. Termination Date 12/21/07 5.c. Amount 706,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>Peter Quist</u> Title <u>Grubb Quist & Associates, LLC</u> Organization P.O. Box, Building and Room Number, if any Street <u>12 South Main Street</u> City <u>Waterbury</u> State <u>Washington VT</u> ZIP Code + 4 <u>05676</u>	15.d. Amount 51,750 <u>64,500</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LL1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To _____ Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code + 4 <u>48858</u>
5.b. Termination Date <u>12/21/07</u>	5.c. Amount <u>706,500</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees: _____			

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)	

CONTINUATION

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 <u>Byron</u> <u>Clay</u> Title <u>BJC and Associates, Inc.</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>10108 Fehlberg Ct.</u> City <u>St. John</u> State <u>Washington</u> <u>IN</u> ZIP Code + 4 <u>46373</u>	15.d. Amount 49,500 <u>55,500</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:

LEI Consulting Services, Inc

File Number C-

00525

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

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

Employer Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Mailing Address:

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

Street 7500 Soaring Eagle Blvd

City Mt. Pleasant

State

MI

ZIP Code + 4 48858

5.b. Termination Date 12/21/07

5.c. Amount 706,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				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)	

CONTINUATION

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 Terry Cuba

Title Grubb Quist & Associates, LLC

Organization

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

Street 12 South Main Street

City Waterbury

State Washington VT ZIP Code + 4 05676

15.d. Amount 60,000

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LLI Consulting Services, Inc.

File Number C-

00525

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

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

Mailing Address:

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

Employer Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Street 7500 Soaring Eagle Blvd

City Mt. Pleasant

State MI

ZIP Code + 4 48858

5.b. Termination Date 12/21/07

5.c. Amount 706,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				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)	

CONTINUATION

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 Rebecca Smith

Title Independent Consultant

Organization

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

Street 10620 Southern Highlands Parkway, 110

City Las Vegas

State Washington NV ZIP Code + 4 89141

15.d. Amount 33,000

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LP1 Consulting Services Inc</u>	File Number C- <u>00525</u>
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Saginaw Chippewa Tribe</u></p> <p>Trade Name <u>Soaring Eagle Casino</u></p> <p>Attention To _____</p> <p>Title _____</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>7500 Soaring Eagle Blvd</u></p> <p>City <u>Mt. Pleasant</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48858</u></p>
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5.b. Termination Date 12/21/07 5.c. Amount 706,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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.

<p>15.a. Employer Name:</p> <p>15.c. To Whom Paid</p> <p>Name <u>Frank Barbera</u></p> <p>Title <u>Independent Consultant</u></p> <p>Organization <u>Frank Barbera & Associates</u></p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>3308 Ariba Street</u></p> <p>City <u>Las Vegas</u></p> <p>State <u>Washington NV</u> ZIP Code + 4 <u>89129</u></p>	<p>15.b. Trade Name, If any:</p> <p>15.d. Amount <u>13,500</u></p> <p>15.e. Purpose</p> <p><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u></p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>HLI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To _____ Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code + 4 <u>48858</u>
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5.b. Termination Date 12/21/07 5.c. Amount 706,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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)

CONTINUATION

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 <u>Jason Greer</u> Title <u>Independent Consultant</u> Organization <u>Greer Consulting, Inc.</u> P.O. Box, Building and Room Number, if any _____ Street <u>33 Mallory Bend Ct</u> City <u>Lake St. Louis</u> State <u>Washington MO</u> ZIP Code + 4 <u>63367</u>	15.d. Amount <u>19500</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY