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

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

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

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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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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R 1 6 2015)						
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Pro Comment						
File Number C- 65668	2. Period Covered	Month/Day/Year	Month/Day/Yea			
File Number C. 03000	By This Report	(mm/dd/yyyy)	(mm/dd/yyyy)			
	From:	01 / 01 / 2014	Through: 12 / 31 / 3			
Person Filing						
Name and mailing address (include ZIP Code):	4. Any other addres	s where records necessa	ry to verify this report are kep			
Name Kirk Cummings	Name					
Title Member	Title		·			
	line					
Organization Cummings Group, LLC	Organization		•			
P.O. Box, Building and Room Number, if any	P.O. Roy Ruildin	g and Room Number, if a	any.			
P.O. Box 761	1 .O. Box, Building	y and Routh Number, it a				
Street	Street		• • • •			
Manufacture and the control of the c						
City Lapeer	City					
State Michigan ZIP Code + 4 48446	State		ZIP Code + 4			
	1					
Cia	natures					
ormation contained in any accompanying documents) has been examined by rect, and complete, (See the Section on penalties in the instructions). Signed	nalties of law, that all of the information submitted in this report (including the the signatory and is, to the best of the undersigned's knowledge and belief, true. 18. Signed					
Tile President (if other title, see	_	surer	Treasurer (If other title, see			
instructions)	Title Trea	surer	instructions)			
03 / 09 / 2015 248-210-1162	, .					
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LM-21 (2003)			Page			
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Name of Person Filing: CUMMINGS GROO	PLLC		File Number C- 6 5	7668		
B. Statement of Receipts Report all receipts from employers in or services.	n connection	with labor relation	ns advice or services regardless of the purpo	ses of the advice		
5.a. Name and Address of Employer (including trade name, if any). Employer SEE ATTACHTE. Trade Name Attention To	D		Mailing Address: Building and Room Number, if any	·		
Title		State	ZIP Code	: + 4		
5.b. Termination Date ((/)) (2 4 4		5.c. Amoun	t			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 27	73 82	24 00				
<i></i>	700	- (,				
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 Sche	edule to report on	ly disbursements made for the purposes de	scribed in Part D of the		
15.a. Employer Name:		15.b. Trade	Name, If any:			
M. Rosado Consultants			÷ ¹	:		
15.c. To Whom Paid		15.d. Amou	1507071			
Name Title Organization			15.e Purpose Educate employees of Westport Axle Corp on NLRB elections and union membership.			
P.O. Box, Building and Room Number, if any Street 5 Quail Court	-					
City Englewood						
State New Jersey ZIP Code + 4 07631				;		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV	"ITY JU	4945				
orm I M-21 /2003)	/					

Name of Person Filing: COMMINGS GROOF				
B. Statement of Receipts Report all receipts from employers in connection w or services.	nith labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any). Employer Oakland Logistics	Mailing Address: P.O. Box, Building and Room Number, if any			
Trade Name LINC COG/S/7CS	Street 12755 E. 9 Mile Rd.			
Attention To	City Warren			
Title	State Michigan ZIP Code + 4 48089			
5.b. Termination Date 8/1/2014	5.c. Amount -9 \$ 26, 784			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS & \$ 277,8	24			
7				
C. Statement of Disbursements Report all disbursements made by the re to the employers listed in Part B. 7. Disbursements to Officers and Employees:	eporting organization in connection with labor relations advice or services rendered			
(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 Sched instructions.	dule to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	45.4 A			
free to the second of the second of	15.d. Amount			
Name Title Organization	15.e. Purpose			
P.O. Box, Building and Room Number, if any Street City State Support A Su				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				
orm LM-21 (2003)	Page 2 of 2			

Name of Person Filing: CUMMWGS GOOP LL	C File Number C- 65668			
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Statement of Receipts Report all receipts from employers in connection with or services.	n labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any			
Employer Westport Axle Corp. Trade Name	Street 12740H Westport Rd.			
Attention To	City Louisville			
Title	State Kentucky ZIP Code + 4 40245			
5.b. Termination Date -10/2072014 11/22/2014	5.c. Amount of 247040			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0 273 8	24			
C. Statement of Disbursements Report all disbursements made by the rep	orting 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) Safary (c) Expenses (d)				
	Office and Administrative Expenses			
	10. Publicity			
	11. Fees for Professional Services			
	12 Loans Made			
	13. Other Disbursements			
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	ale to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name:	15.b. Trade Name, If any:			
Westport Axle Corp				
15.c. To Whom Paid	15.d. Amount 41, 456			
Name David Acosta				
Title	15.e Purpose Educate employees of Westport Axle on NLRB			
Organization Redstone Enterprises, Inc.	elections and union membership.			
P.O. Box, Building and Room Number, if any				
Street 5415 E. Willowick				
City Anahoim				

\$ 116, 945

Form LM-21 (2003)

State California

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

ZiP Code + 4 92807

Name of Person Filing: CUMM (NGS	GROUP	- 4	رد		File Number C- 65	668	
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 Westport Axle Corp. Trade Name			Street 12740H Westport Rd.				
Attention To	Attention To			City Louisville			
Title			State Kentucky ZIP Code + 4 40245				
5.b. Termination Date 1872072014 11/12/2014 5.c. Amount 0 247 040							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	273, 82	4					
					_		
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) Expen	ses (d) Te	Italis				
				9. Office and A	Administrative Expenses		
				10. Publicity			
				11. Fees for Pr	ofessional Services	 	
				12. Loans Made)		
11				13. Other Disbu	ursements		
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Ad	ctivity Use this S	Schedule ns.	to report on	ly disbursements	made for the purposes de	scribed in Part D of the	
15.a. Employer Name:			15.b. Trade Name, If any:				
Westport Axle Corp							
			† <i>*</i>				
15.c. To Whom Paid			15.d. Amount 3 3 8, 4/8				
Name Russ Brown	Name Russ Brown			15.e. Purpose			
Title			Educate employees of Westport Axle on NLRB				
Organization RoadWarrior, Inc.			elections and union membership.				
P.O. Box, Building and Room Number, if any P.O. Box 373636 Street City Satellite Beach State Florida	Code + 4 32937-2	636					
16. TOTAL DISBURSEMENTS FOR ALL REPORT.	ABLE ACTIVITY					, · · · · · · · · · · · · · · · ·	