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 10-31-2013

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

524851

| 1. File Number C- 45325 | 2. Period Covered | Month/Day/Year (mm/dd/yyyy) | | Month/Day/Year (mm/dd/yyyy) | |
|-------------------------|-------------------------|--------------------------------|----------|--------------------------------|--|
| , | By This Report From: | 01 / 01 / 2012 | Through: | 12 / 31 / 2012 | |

| Name and mailing address (include ZIP 0 | iddress (include ZIP Code): | | 4. Any other address where records necessary to verify this report are kept: | | | |
|--|-----------------------------|----------|--|-----------------|-----------|--|
| Name David A | Jacobson | Name | James | M Gary | | |
| Title Chairman | | Title | Partner | | | |
| Organization Kutak Rock LLP | | Organiza | ation Kutak Rock LI | LP | | |
| P.O. Box, Building and Room Number, if The Omaha Building | aṇy | | x, Building and Room Nu One Union Nation | • | | |
| Street 1650 Farnam Street | | Street | 124 W. Capital A | ve., Šuite 2000 | | |
| City Omaha | | City | Little Rock | | | |
| State Nebraska | ZIP Code + 4 68102-2186 | State | Arkansas | ZIP Code + 4. | 2701-3706 | |

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 whowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions). Treasurer 17. Signed 18. Signed **President** (If other title, see (if other title, see Title Other (Specify) Other (Specify) Title instructions) instructions) CFO Chairman 402-346-6000 402-346-6000 03 / 28 / 2013 28 / 2013 On On Date Telephone Number Telephone Number Date

| Name of Person Filing: David Jacobson | File Number C- | |
|---------------------------------------|----------------|--|

| B. Statement of Receipts Report all receipts from employers in connection or services. | n with labor rel | ations advice or services rega | rdless of the purposes of the advice |
|--|------------------|--|--------------------------------------|
| 5.a. Name and Address of Employer (including trade name, if any). | P.O. B | Mailing Address: ox, Building and Room Number | , if any |
| Employer Pace Industries | | | |
| Trade Name Patterson Mold & Tool Division | Street | 481 Shiloh Drive | |
| Attention To Gene Eggman | City | Fayetteville | |
| Title Sr. VP Human Resources | State | Arkansas | ZIP Code + 4: 72704 |
| 5.b. Termination Date 12/31/2012 | 5.c. An | nount 214,118 | |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 214, 118 | | | |

| 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. | | | |
|--|---|------------------------|---|--------|
| Disbursements to Officers and Emp (a) Name | loyees: (b) Salary | (c) Expenses (d) Total | s ' | |
| See Attached | | | Office and Administrative Expenses | 1,742 |
| · · · · · · · · · · · · · · · · · · · | | | 10. Publicity | 269 |
| | | | 11. Fees for Professional Services | 8,259 |
| | | | 12. Loans Made | . 0 |
| <u> </u> | | | 13. Other Disbursements | 2,227 |
| 8. Total disbursements to officers a | and employees: | · | 14. Total Disbursements (Sum of Items 8-13) | 12,497 |

| 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. | | | | |
|---|---|--|--|--|
| 5.a. Employer Name: | 15.b. Trade Name, If any: | | | |
| Not Applicable | | | | |
| 15.c. To Whom Paid | 15.d. Amount 0 | | | |
| Name | 15.e. Purpose | | | |
| Title Organization | Reporting organization did not make disbursements to any organization or person other than the reporting organization and no such organization was engaged to conduct any reportable activity. (See Instructions p. 5) | | | |
| P.O. Box, Building and Room Number, if any | | | | |
| Street | | | | |
| City | | | | |
| State Nebraska ZIP Code + 4 | | | | |

Form LM-21 Receipts and Disbursements Kutak Rock LLP (1/1/12 - 12/31/12)

7. Disbursement to Officers and Employees

| (b) Salary | (c) Expenses | (d) Totals |
|-----------------------|---|---|
| Partner Distributions | 1,629.48 | 1,629.48 |
| Partner Distributions | - | - |
| Partner Distributions | - | - |
| Partner Distributions | · - | - |
| Partner Distributions | 32.50 | 32.50 |
| Partner Distributions | - | - |
| Partner Distributions | - | - |
| Partner Distributions | - | - |
| 16.00 | - | 16.00 |
| 1,103.00 | - | 1,103.00 |
| 219.00 | - | 219.00 |
| 237.00 | - | 237.00 |
| 238.00 | - | 238.00 |
| 4,555.00 | - | 4,555.00 |
| 169.00 | _ | 169.00 |
| 6,537.00 | 1,661.98 | 8,198.98 |
| | Partner Distributions 16.00 1,103.00 219.00 237.00 238.00 4,555.00 169.00 | Partner Distributions |