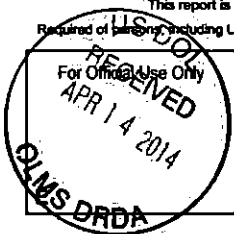


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

554287

1. File Number C- 65802	2. Period Covered By This Report From: 01/01/2013 Through: 12/31/2013
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization International Labor Relations P.O. Box, Building and Room Number, if any <input type="text"/> Street 8086 South Yale Avenue Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 03/28/2014 800-555-7509 Date Telephone Number	18. Signed Title Treasurer On 03/28/2014 800-555-7509 Date Telephone Number
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Name of Person Filing: International Labor Relations

File Number C- 65802

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 See Attached

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,020,109

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

			0	0	0	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:					0	14. Total Disbursements (Sum of Items 8-13)	0

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:

See Attached

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

15.d. Amount 0

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 525,583

Name of Person Filing: International Labor Relations		File Number C- 65802	
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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: Augustana Care	Mailing Address: P.O. Box, Bldg., Room No., if any
Trade Name:	Street: 1007 East 14th Street
Attention To: Michael R Johnson	City: Minneapolis
Title: Vice President of Human Resources	State: Minnesota ZIP Code + 4: 55404

5.b. Termination Date: 09/25/13 5.c. Amount: 100,000

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

Employer: Bay Area Beverage	Mailing Address: P.O. Box, Bldg., Room No., if any
Trade Name:	Street: 700 National Court
Attention To: William H Johnson, PHR	City: Richmond
Title: Human Resources Director	State: California ZIP Code + 4: 94804

5.b. Termination Date: 09/03/13 5.c. Amount: 9,792

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

Employer: H & L Bloom Inc.	Mailing Address: P.O. Box, Bldg., Room No., if any
Trade Name:	Street: 28 Grosvenor Street
Attention To: Matt Bloom	City: Taunton
Title: President	State: Massachusetts ZIP Code + 4: 02789

5.b. Termination Date: 11/26/13 5.c. Amount: 10,000

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

Employer: Carastar Industries Inc.	Mailing Address: P.O. Box, Bldg., Room No., if any
Trade Name: (Chicago, IL Site)	Street: 5000 Austell Powder Springs Road
Attention To: Scott O'Melia	City: Austell
Title: Vice President & General Counsel	State: Georgia ZIP Code + 4: 30106

5.b. Termination Date: 10/02/2013 5.c. Amount: 131,830

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

Employer: Carastar Industries - Lithia Springs GA	Mailing Address: P.O. Box, Bldg., Room No., if any
Trade Name: (Lithia Springs, GA Site)	Street: 5000 Austell Powder Springs Road
Attention To: Scott O'Melia	City: Austell
Title: Vice President & General Counsel	State: Georgia ZIP Code + 4: 30106

5.b. Termination Date: 10/24/13 5.c. Amount: 61,611

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

Employer: MAG Signs	Mailing Address: P.O. Box, Bldg., Room No., if any
Trade Name: Effective Sign Works	Street: 1208 Columbus Road Suite F
Attention To: Bob Persichetti	City: Burlington
Title: President	State: New Jersey ZIP Code + 4: 08016

5.b. Termination Date: 10/15/2013 5.c. Amount: 5,818

Name of Person Filing: International Labor Relations		File Number C- 65802	
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>Enercon Federal Services Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>(Piketon, Ohio Worksite Location)</u>		Street <u>500 TownPark Lane</u>	
Attention To: <u>Michelle</u> <input type="checkbox"/> <u>Zerkle</u>		City <u>Kennisaw</u>	
Title <u>Director of Human Resources</u>		State <u>Georgia</u> ZIP Code + 4 <u>30144</u>	
5.b. Termination Date <u>07/23/13</u>		5.c. Amount <u>45,739</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>FreshPoint Denver</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>5151 Bannock Street</u>	
Attention To: <u>Kevin</u> <input type="checkbox"/> <u>Naze</u>		City <u>Denver</u>	
Title <u>President</u>		State <u>Colorado</u> ZIP Code + 4 <u>80216</u>	
5.b. Termination Date <u>07/26/13</u>		5.c. Amount <u>54,000</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Curtiss-Wright Surface Technologies</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Metal Improvement Company</u>		Street <u>2151 South Hathaway Street</u>	
Attention To: <u>Kenneth</u> <input type="checkbox"/> <u>Smolko</u>		City <u>Santa Ana</u>	
Title <u>Regional Manager of Operations</u>		State <u>California</u> ZIP Code + 4 <u>92705</u>	
5.b. Termination Date <u>12/04/13</u>		5.c. Amount <u>22,617</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Milestone, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>4060 McFarland Road</u>	
Attention To: <u>Shawn</u> <input type="checkbox"/> <u>Way</u>		City <u>Rockford</u>	
Title <u>CEO</u>		State <u>Illinois</u> ZIP Code + 4 <u>61111</u>	
5.b. Termination Date <u>09/23/13</u>		5.c. Amount <u>112,984</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>MPW Industrial Services</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>9711 Lancaster Road</u>	
Attention To: <u>Stefanie</u> <input type="checkbox"/> <u>Coe</u>		City <u>Hebron</u>	
Title <u>General Counsel</u>		State <u>Ohio</u> ZIP Code + 4 <u>43025</u>	
5.b. Termination Date <u>08/30/13</u>		5.c. Amount <u>22,854</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Pine Ridge Farms Pork</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>1800 Maury Street</u>	
Attention To: <u>Brady</u> <input type="checkbox"/> <u>Stewart</u>		City <u>Des Moines</u>	
Title <u>CEO</u>		State <u>Iowa</u> ZIP Code + 4 <u>50317</u>	
5.b. Termination Date <u>12/19/13</u>		5.c. Amount <u>110,694</u>	

Name of Person Filing: International Labor Relations		File Number C- 65802	
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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>Robert Mann Packaging</u>	P.O. Box, Bldg., Room No., if any
Trade Name <u></u>	Street <u>340 El Camino Real South, Bldg. 36</u>
Attention To: <u>Steven</u> <input type="checkbox"/> <u>R</u> <u>Carroll</u>	City <u>Salinas</u>
Title <u>President</u>	State <u>California</u> ZIP Code + 4 <u>93901</u>

5.b. Termination Date 5.c. Amount 44,170

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

Employer <u>Scranton Dunlop, Inc.</u>	P.O. Box, Bldg., Room No., if any
Trade Name <u>Sandone Tire Car Care Center</u>	Street <u>531 North Main Steet</u>
Attention To: <u>Patrick</u> <input type="checkbox"/> <u>Sandone</u>	City <u>Taylor</u>
Title <u>President</u>	State <u>Pennsylvania</u> ZIP Code + 4 <u>18517</u>

5.b. Termination Date 5.c. Amount 38,000

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

Employer <u>Sysco Boston</u>	P.O. Box, Bldg., Room No., if any
Trade Name <u></u>	Street <u>99 Spring Street</u>
Attention To: <u>Chuck</u> <input type="checkbox"/> <u>Fraser</u>	City <u>Plympton</u>
Title <u>President</u>	State <u>Massachusetts</u> ZIP Code + 4 <u>02367</u>

5.b. Termination Date 5.c. Amount 112,000

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

Employer <u>Sysco Connecticut</u>	P.O. Box, Bldg., Room No., if any
Trade Name <u></u>	Street <u>100 Inwood Road</u>
Attention To: <u>Alan</u> <input type="checkbox"/> <u>Rosenblatt</u>	City <u>Rocky Hill</u>
Title <u>President</u>	State <u>Connecticut</u> ZIP Code + 4 <u>06067</u>

5.b. Termination Date 5.c. Amount 138,000

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

Employer <u>Brighter Day Behavioral Health Inc.</u>	P.O. Box, Bldg., Room No., if any
Trade Name <u></u>	Street <u>783 Us Highway 1</u>
Attention To: <u>Gwendolyn</u> <input type="checkbox"/> <u>Lundy</u>	City <u>Lawrenceville</u>
Title <u>Owner</u>	State <u>New Jersey</u> ZIP Code + 4 <u>08648</u>

5.b. Termination Date 08/28/13 5.c. Amount 0

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

Employer <u></u>	P.O. Box, Bldg., Room No., if any
Trade Name <u></u>	Street <u></u>
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>
Title <u></u>	State <u></u> ZIP Code + 4 <u></u>

5.b. Termination Date 5.c. Amount

Name of Person Filing: International Labor Relations

File Number C- 65802

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:

Augustana Care

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Christian

☐ Blaine Teague

Title

Organization International Labor Relations

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

Street 8086 South Yale Avenue Suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

15.d. Amount 25,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Augustana Care

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Randi

☐ Dubbink

Title

Organization National Labor Consultants

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

Street 1726 Carlton Avenue

City Staten Island

State New York

ZIP Code + 4 10309

15.d. Amount 12,500

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Augustana Care

15.b. Trade Name, If any:

15.c. To Whom Paid

Name James

☒ M

Clegg

Title

Organization Clegg & Associates Management Group

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

Street 25889 152nd Street

City Surrey, BC, CA V3S0A4

State

ZIP Code + 4

15.d. Amount 12,500

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

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:

Bay Area Beverage

15.b. Trade Name, if any:**15.c. To Whom Paid**

Name

Simon

Ruiz Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Avenue

City Santee

State California

ZIP Code +4 92071

15.d. Amount 5,292**15.e. Purpose**

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

H & L Bloom Inc.

15.b. Trade Name, if any:**15.c. To Whom Paid**

Name

Joseph

Mieluchowski

Title

Organization

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

Street 47 East Jonathan Court

City Kennett Square

State Pennsylvania

ZIP Code +4 19348

15.d. Amount 5,000**15.e. Purpose**

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Brighter Day Behavioral Health Inc.

15.b. Trade Name, if any:**15.c. To Whom Paid**

Name

Title

Organization International Labor Relations

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

Street 8086 South Yale Avenue Suite 225

City Tulsa

State Oklahoma

ZIP Code +4 74136

15.d. Amount 0**15.e. Purpose**

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: International Labor Relations

File Number C- 65802

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:

Caraustar Industries Inc.

15.b. Trade Name, If any:

Chicago, IL Site

15.c. To Whom Paid

Name Charles ☐ R Stephenson

Title

Organization CRS Labor Relations Solution

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

Street 1500 East Katella Avenue Suite M

City Orange

State California ZIP Code + 4 92867

15.d. Amount

37,427

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Caraustar Industries Inc.

15.b. Trade Name, If any:

Chicago, IL Site

15.c. To Whom Paid

Name Angel ☐ Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Lane

City Escalon

State California ZIP Code + 4 95320

15.d. Amount

36,591

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Caraustar Industries Inc.

15.b. Trade Name, If any:

Lithia Springs, GA Site

15.c. To Whom Paid

Name James ☐ M Clegg

Title

Organization Clegg & Associates Management Group

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

Street 25889 152nd Street

City Surrey, BC, CA V3S0A4

State ZIP Code + 4

15.d. Amount

29,591

15.e. Purpose

Pre-Petition. Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: International Labor Relations

File Number C- 65802

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:

Caraustar Industries Inc.

15.b. Trade Name, If any:

Lithia Springs, GA

15.c. To Whom Paid

Name Angel ☐ Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Lane

City Escalon

State California ZIP Code + 4 95320

15.d. Amount 4,701

15.e. Purpose

Pre-petition. Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

MAG Signs

15.b. Trade Name, If any:

Effective Sign Works

15.c. To Whom Paid

Name Joseph ☐ Mieluchowski

Title

Organization

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

Street 47 East Jonathan Court

City Kennett Square

State Pennsylvania ZIP Code + 4 19348

15.d. Amount 3,771

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Enercon Federal Services, Inc.

15.b. Trade Name, If any:

Piketon, OH Site

15.c. To Whom Paid

Name Joseph ☐ Mieluchowski

Title

Organization

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

Street 47 East Jonathan Court

City Kennett Square

State Pennsylvania ZIP Code + 4 19348

15.d. Amount 2,196

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

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:

Enercon Federal Services, Inc.

15.b. Trade Name, If any:

Piketon, OH Site

15.c. To Whom Paid

Name James ☐ M ☐ Clegg

Title

Organization Clegg & Associates Management Group

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

Street 25889 152nd Street

City Surrey, BC, CA V3S0A4

State ZIP Code + 4

15.d. Amount 22,237

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

FreshPoint Denver

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon ☐ Ruiz Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Avenue

City Santee

State California ZIP Code + 4 92071

15.d. Amount 27,000

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Curtiss-Wright Surface Technologies

15.b. Trade Name, If any:

Metal Improvement Company

15.c. To Whom Paid

Name Simon ☐ Ruiz Jara

Title

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Avenue

City Santee

State California ZIP Code + 4 92071

15.d. Amount 12,617

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

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:

Milestone, Inc.

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Christian ☐ Blaine Teague

Title

Organization International Labor Relations

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

Street 8086 South Yale Avenue Suite 225

City Tulsa

State Oklahoma ZIP Code + 4 74136

15.d. Amount 15,237

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Milestone, Inc.

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Angel ☐ Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Lane

City Escalon

State California ZIP Code + 4 95320

15.d. Amount 16,712

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Milestone, Inc.

15.b. Trade Name, if any:

15.c. To Whom Paid

Name James ☐ M Clegg

Title

Organization Clegg & Associates Management Group

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

Street 25889 152nd Street

City Surrey, BC, CA V3S0A4

State ZIP Code + 4

15.d. Amount 15,179

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

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:

Milestone, Inc.

15.b. Trade Name, If any:

15.c. To Whom Paid:

Name Joseph Mieluchowski

Title

Organization

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

Street 47 East Jonathan Court

City Kennett Square

State Pennsylvania ZIP Code + 4 19348

15.d. Amount 13,579

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

MPW Industrial Services

15.b. Trade Name, If any:

15.c. To Whom Paid:

Name Joseph Mieluchowski

Title

Organization

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

Street 47 East Jonathan Court

City Kennett Square

State Pennsylvania ZIP Code + 4 19348

15.d. Amount 11,854

15.e. Purpose

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name:

Pine Ridge Farms Pork

15.b. Trade Name, If any:

15.c. To Whom Paid:

Name Angel Cornejo

Title

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Lane

City Escalon

State California ZIP Code + 4 95320

15.d. Amount 6,412

15.e. Purpose

Pre-petition. Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

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: Pine Ridge Farms Pork	15.b. Trade Name, if any:
15.c. To Whom Paid Name Simon Ruiz Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Avenue City Santee State California ZIP Code + 4 92071	15.d. Amount 14,969 15.e. Purpose Pre-petition. Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.
15.a. Employer Name: Pine Ridge Farms Pork	15.b. Trade Name, if any:
15.c. To Whom Paid Name Charles R Stephenson Title Organization CRS Labor Relations Solutions P.O. Box, Building and Room Number, if any Street 1500 East Katella Avenue Suite M City Orange State California ZIP Code + 4 92867	15.d. Amount 20,012 15.e. Purpose Pre-petition. Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.
15.a. Employer Name: Pine Ridge Farms Pork	15.b. Trade Name, if any:
15.c. To Whom Paid Name Simon Estevan Jara Title Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Avenue City Santee State California ZIP Code + 4 92071	15.d. Amount 6,500 15.e. Purpose Pre-petition. Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

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: Pine Ridge Farms Pork	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose <input type="checkbox"/> Agraz Title Organization P.O. Box, Building and Room Number, if any Street 4010 Ivey Vista Way City Oceanside State California ZIP Code + 4 92057	15.d. Amount 8,000 15.e. Purpose Pre-petition: Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.
15.a. Employer Name: Robert Mann Packaging	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose <input type="checkbox"/> Agraz Title Organization P.O. Box, Building and Room Number, if any Street 4010 Ivey Vista Way City Oceanside State California ZIP Code + 4 92057	15.d. Amount 23,170 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.
15.a. Employer Name: Scranton Dunlop, Inc.	15.b. Trade Name, If any: Sandone Tire Car Care Center
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 19,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

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: Sysco, Boston	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> Blaine Teague Title Organization International Labor Relations P.O. Box, Building and Room Number, if any Street 8086 South Yale Avenue Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136	15.d. Amount 2,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Sysco Boston	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Ruiz Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Avenue City Santee State California ZIP Code + 4 92071	15.d. Amount 8,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Sysco Boston	15.b. Trade Name, If any:
15.c. To Whom Paid Name James <input type="checkbox"/> M Clegg Title Organization Clegg & Associates Management Group P.O. Box, Building and Room Number, if any Street 25889 152nd Street City Surrey, BC, CA V3S0A4 State ZIP Code + 4	15.d. Amount 19,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

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: Sysco Connecticut	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> Blaine Teague Title Organization International Labor Relations P.O. Box, Building and Room Number, if any Street 8086 South Yale Avenue Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136	15.d. Amount 29,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Sysco Connecticut	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Ruiz Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Avenue City Santee State California ZIP Code + 4 92071	15.d. Amount 34,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Sysco Connecticut	15.b. Trade Name, If any:
15.c. To Whom Paid Name James <input type="checkbox"/> M Clegg Title Organization Clegg & Associates Management Group P.O. Box, Building and Room Number, if any Street 25889 152nd Street City Surrey, BC, CA V3S0A4 State ZIP Code + 4	15.d. Amount 5,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:

File Number C- 65802

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: Brighter Day Behavior Health Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization International Labor Relations P.O. Box, Building and Room Number, if any Street 8086 South Yale Avenue Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Sysco Boston	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joseph Mieluchowski Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 21,536 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose