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

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

Form approved Office of Managemer and Budget No. 1215-0188 Expires 11-30-2009

1m-21

QΆ

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

. File Number C - 00525	2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)		
	By This Report From:	01 / 01 / 2007	Through:	12 / 31 / 20		
A. Person Filing						
Name and mailing address (include ZIP Code):	4. Any other address	s where records necessa	ary to verify t	his report are kept:		
Name	Name					
Title	Title					
Organization LRI Consulting Services, Inc.	Organization					
P.O. Box, Building and Room Number, if any	P.O. Box, Building	g and Room Number, if	any			
Street 7850 South Elm Place, Suite E	Street					
City Broken Arrow	City					
State : OK ZIP Code + 4 74011	State	· · · · · ·	ZIP Cod	e + 4		
Sign	atures			· · · · · · · · · · · · · · · · · · ·		
Each of the undersigned declares, under penalty of perjury and other applicable pena information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	Ities of law, that all of the he signatory and is, to th	information submitted in the best of the unit rsigne	his report (inc	luding the ge and belief, true,		
17. Signed President (if other title, see instructions)	18. Signed	asurer	MA	(If other title, see instructions)		
On 3 /31/2008 918-455-9995 Telephone Number	On 3 /3 1	/ 2008 9/. Telephor	<u>8 - 4</u> 53 ne Number	9995		
Sign/Print	Submit to OL			•		

Ĩ.

Name of Person Filing: LLI Consultin	a Services,	Inc	File Number C- 00525		
			tions advice or services regardless of the purposes of the advice		
or services.	yorb iii ooriiiootion mii	11000110101			
5.a. Name and Address of Employer (including trade name, if ar	ıу).	P.O. Box	Mailing Address: s, Building and Room Number, if any		
Employer Imperial Parking					
Trade Name		Street	510 Walnut Street, Suite 420		
Attention To Julie Sisett		City	Philadelphia		
Title Human Resources Director		State	ZIP Code + 4 19106		
5.b. Termination Date 5/1/07	·	5.c. Amo	unt 19917		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	v				
C. Statement of Disbursements Report all disbursement to the employers list 7. Disbursements to Officers and Employees:		orting orgar	nization in connection with labor relations advice or services render		
(a) Name (b) Sala	ary (c) Expenses (d)	Totals			
			Office and Administrative Expenses		
			10. Publicity		
			11. Fees for Professional Services		
			12. Loans Made		
			13. Other Disbursements		
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Activity	y Use this Schedu instructions.	ule to report	only disbursements made for the purposes described in Part D of		
15.a. Employer Name:		15.b. Tra	ade Name, If any:		
15.c. To Whom Paid		15.d. Am	nount 10,617		
Name Jason Greer		15.e. Purpose			
Title Independent Consultant			yed to give speeches to employees regarding ising their rights to organize and bargain		
Organization Labor Relations Services, I	Inc.		ctively.		
P.O. Box, Building and Room Number, if any					
Street 24 Corporate Plaza, Suite 100					
City Newport Beach					
State -Wa shington CA ZIP Code	+4 92660				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	ACTIVITY				

~		
44	•	٠

ı Ť

Name of Person Filing: LRI Cons	ulting	Sew	ces	بل	ncs	File Number C- 005	25	
B. Statement of Receipts Report all receipts fro	O					services regardless of the purp	oses of the advice	
or services.	. ,				,			
5.a. Name and Address of Employer (including trade	name, if any).		P.O.		Mailing Addre	ess: Room Number, if any		
Employer Amy Mohawk Transfer					·	•		
Trade Name			Stre	et 4:	26 Sand S	Shore Road, Suite 4		
Attention To Tammy N	ystrand		City	Н	ackettsto	own		
Title			State		NJ	ZIP Cod	le + 4 07840	
5.b. Termination Date 4/1/23/07		447777	5.c.	Amour	nt 22,874		<u> </u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	3							
C. Statement of Disbursements Report all to the emp	disbursements loyers listed in	made by the	e reporting of	rganiz	zation in conr	nection with labor relations advi	ce or services rendered	
7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expense	es (d) Totals					
					9. Office	and Administrative Expenses		
					1(t. Publici	ity		
		 			11. Fees f	or Professional Services		
					12. Loans	Made		
					13. Other	Disbursements		
8. Total disbursements to officers and employee	es:				14. Total D	isbursements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable	e Activity	Use this So	chedule to re	port o	nly cisburser	ments made for the purposes d	escribed in Part D of the	
15.a. Employer Name:			- 1	15.b. Trade Name, If any:				
					ŕ	•		
15.c. To Whom Paid			15.0	. Amo	unt 13,12	4		
Name Peter Qu	ist		15 e	15.e. Purpose				
Title			Em	Employed to give speeches to employees regarding				
Organization Grubb Quist & Associates, LLC					sing thei tively.	ir rights to organize	e and bargain	
P.O. Box, Building and Room Number, if an	٧							
Street 12 South Main Street								
City Waterbury								
State Washington VT	ZIP Code + 4(05676						
16. TOTAL DISBURSEMENTS FOR ALL REPO	ORTABLE ACT	IVITY						

Page 2 d

Name of Person Filing: LRI Cons	ultir	4 5	iev.	vices		L	File	Number C-	005	25
B. Statement of Receipts Report all receipts from or services.	n employers i	n connect	ion wit	h labor rela	ations	s ac	vice or services r	egardless of	the purpo	ses of the advice
5.a. Name and Address of Employer (including trade na	me, if any).						g Address:			
Employer Railcrew Xpress				P.O. Bo	x, Bu	ılldı:	ng and Room Nun	nber, it any		
Trade Name				Street	242	2 ::	airlane Dri	ve, Suit	e D4	
Attention To Scot Bo	yes			City			burg	·		
Title President				State			5		ZIP Code	+4 66053
5.b. Termination Date 6/1/07	- 			5.c. Ame	ount	89	,185			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			-					,		
	sbursements yers listed in (b) Salary		·		aniza	tion	in connection wit	th labor relat	ions advic	e or services rendered
(a) rearrie	(4, 54)	1	T		П	9	Office and Admir	nistrative Exp	enses	
					_		Publicity	•		
			7		寸		Fees for Profess	sional Servic	es	
						12.	Loans Made			
						10.	. Other Disbursen	nents		
8. Total disbursements to officers and employees:						14	Total Disburseme	nts (Sum of It	ems 8-13)	
D. Schedule of Disbursements for Reportable	Activity	Use this	Sched ons.	ule to repo	rt oni	y cli	sbursements mad	de for the pu	rposes des	scribed in Part D of th
15.a. Employer Name:				15.b. T	rade	Nai	me, If any:			
15.c. To Whom Paid				15.d. A	mour	nt	73 13:4 1 7 3	3/3		
Name Robert Warr	ren			15.e. Pt	15.e. Purpose					
Title Independent Consultant	;				Employed to give speeches to employees regarding exercising their rights to organize and bargain					
Organization				colle				165 60 01	ganize	and bargarn
P.O. Box, Building and Room Number, if any										
Street 6001 Tall Pine Blvd										
City Little Rock										
State Washington AR ZI	P Code + 4	72204								
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACT	IVITY								

Name of Person Filing: LRI Consulting Se	wices 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 Railcrew Xpress					
Trade Name	Street 242 Tairlane Drive, Suite D4				
Attention To Scot Boyes	City Louisburg				
Title President	State ZIP Code + 4 66053				
5.b. Termination Date 6/1/07	5.c. Amount 85,185				
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				
	Office and Administrative Expenses				
	10. Publicity				
	11. Fees for Professional Services				
	12. Loans Made				
	10. 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 Sche instructions.	dule to report only cisbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 38,872				
Name Chris Borusso	15.e. Purpose				
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Criterion Workforce Solutions, Inc.	collectively.				
P.O. Box, Building and Room Number, if any					
Street 323 Mariners Way					
City Copiague					
State Washington NV ZIP Code + 4 11726					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					
10. TO THE DIODOTIOENICITY OF THE TIET OF THE POTT OF THE					

Name of Person Filing: LPI Consul	tire	Leine	s d	n		File Number C- 0052	5	
	<u>ا</u>		,					
B. Statement of Receipts Report all receipts from or services.	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).			P.O. Box		ling Address:	n Number, if any		
Employer Altoona Regional Healtl	h System			, –		,,		
Trade Name			Street	620	Howard A	venue		
Attention To Ron Mc	Connell		City	Alto	oona			
Title	Title			State ZIP Code + 4 16601				
5.b. Termination Date 5/24/07			5.c. Amo	ount 4	165,568			
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.							
Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses (d) Totals					
(a) Name	(b) Galary	(a) Expenses (Office and	Administrative Expenses		
				-	C. Publicity			
				1	1. Fees for Pi	rofessional Services		
				1	2. Loans Mad	e		
				1	া. Other Disb	ursements		
8. Total disbursements to officers and employees:	: 			1	4 Total Disbur	sements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable	Activity	Use this Sche instructions.	dule to report	t only	cisbursement	s made for the purposes des	scribed in Part D of the	
15.a. Employer Name:			15.b. Tra	15.b. Trade Name, If any:				
15.c. To Whom Paid			15.d. An	15.d. Amount 40,129				
Name Roz Nels	son		15.e. Pu	15.e. Purpose				
Title Independent Consultant	;					speeches to employerights to organize		
Organization Chessboard Consulting, Inc.		colle			-13 10 Olyani20	u 2013111		
P.O. Box, Building and Room Number, if any								
Street 1141 W Washington Blvd., Suite 235								
City Chicago								
State Washington L ZI	P Code + 4 6	0607						
16. TOTAL DISBURSEMENTS FOR ALL REPOF	RTABLE ACTI	VITY			 -		_	

Name of Person Filing: LRI Consulting	Leurie	<i>ور بو</i>	Inc.	File Number C- 00 5	25	
B. Statement of Receipts Report all receipts from employers in or services.	connection with I	abor rela	ations advice or ser	vices regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health System Trade Name Attention To Ron McConnell Title		P.O. Bo Street City State	Mailing Address x, Building and Rod 620 Howard A Altoona	m Number, if any	₊ 4 16601	
5.b. Termination Date 5/24/07		5.c. Am	ount 485,568			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
to the employers listed in P 7. Disbursements to Officers and Employees:			anization in connec	tion with labor relations advice	e or services rendered	
			Office and	Administrative Expenses		
			10. Publicity	·		
			1 ⊢ Fees for I	Professional Services		
			12. Loans Ma	de		
			13. Other Dis	bursements		
8. Total disbursements to officers and employees:			1d. Total Disb	ursements (Sum of Items 8-13)		
CONTINU	LATIC	<u> </u>				
	Use this Schedule instructions.	to repo	rt only disburseme	nts made for the purposes de	scribed in Part D of th	
15.a. Employer Name:		15.b. T	rade Name, If any			
15.c. To Whom Paid		15.d. A	mount 52,918			
Name Peter Quist		15.e. Purpose				
Title Independent Consultant		Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Grubb Quist & Associates, LLC			ectively.			
P.O. Box, Building and Room Number, if any						
Street 12 South Main Street						
City Waterbury						
State Washington V7 ZIP Code + 4 05	5676					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV		I				

Name of Person Filing: LRI Consulting Ser	uncia, de File Number C. 00525				
B. Statement of Receipts Report all receipts from employers in connection or services.	with labor relations a livice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health System	Mailing Address: 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 to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses	reporting organization in connection with labor relations advice or services rendere				
	Office and Administrative Expenses				
	10. Publicity				
,	11. Fees for Professional Services				
	18. Loans Made				
	1a. Other Disbursements				
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
CONTINUA	1710N				
D. Schedule of Disbursements for Reportable Activity Use this Sch instructions.	nedule to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 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				
Organization Labor Relations Services, Inc.	collectively.				
P.O. Box, Building and Room Number, if any					
Street 24 Corporate Plaza, Suite 100					
City Newport Beach					
State washington C. R ZIP Code + 4 92660					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					
10. 10 THE PROOFIGEMENTO FOR THE REPORT OF THE PROPERTY.					

L.

Name of Person Filing: LRI Consultur	ie Serve	ر کھی۔	In	File Number C- 005	7.25		
	\mathcal{O}		,				
B. Statement of Receipts Report all receipts from emploor services.	yers in connection wit	th labor rela	ations allvice or se	ervices regardless of the purpo	oses of the advice		
5.a. Name and Address of Employer (including trade name, if an	y).		Mailing Address	s:			
Employer Altoona Regional Health Sys	tem	P.O. Bo	x, Building and Ro	om Number, if any			
Trade Name		Street	620 Howard	Avenue			
Attention To Ron McConne	11	City	Altoona				
	_	-		7ID 0-4	e+4 16601		
Title		State		21P C00	e + 4 10001		
5.b. Termination Date 5/24/07	-	5.c. Am	ount 4∄5,568				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C Chatamant of Biohumananta . Depart all dishuman							
C. Statement of Disbursements Report all disbursement to the employers list	ients made by the rep ed in Part B.	orting orga	anizabon in conne	ction with labor relations advic	ce or services rendered		
7. Disbursements to Officers and Employees: (a) Name (b) Sala	ry (c) Expenses (d)	Totale					
(a) Name (b) Gala	Ty (c) Expenses (d)	TOTALS	9 Office an	d Administrative Expenses	•		
			10 Publicity		-		
				Professional Services			
			12. Loans M				
			13. Other Di	sbursements			
8. Total disbursements to officers and employees:	<u> </u>		14. Total Dist	oursements (Sum of Items 8-13)			
CONT	INUATION	Ŋ			<u>- • </u>		
D. Schedule of Disbursements for Reportable Activity	Use this Sched instructions.	ule to repo	rt only disburseme	ents made for the purposes de	escribed in Part D of th		
15.a. Employer Name:		15.b. T	rade Name, If any	7.			
15.c. To Whom Paid		15.d. A	15.d. Amount 13,729				
Name Rosalyn Warren		15 e P	15.e. Purpose				
Title Independent Consultant		Emplo	Employed to give speeches to employees regarding				
Organization Labor Relations Services, I	inc.		cising their ectively.	rights to organize	and bargain		
P.O. Box, Building and Room Number, if any							
Street 24 Corporate Plaza, Suite 100							
City Newport Beach							
State -Washington CA ZIP Code	+4 92660						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	ACTIVITY		11.				

Name of Person Filing: LRI Consulting Ser	vice, Sic File Number C-00525				
B. Statement of Receipts Report all receipts from employers in connection wit	th labor relations a:lvice 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 Altoona Regional Health System Trade Name	Street 620 Howard Avenue				
	City Altopna				
Attention To Ron McConnell 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 report to the employers listed in Part B. 7. Disbursements to Officers and Employees:	porting organization in connection with labor relations advice or services rendered				
(a) Name (b) Salary (c) Expenses (d)	Totals				
	Office and Administrative Expenses				
	10. Publicity				
	1: Fees for Professional Services				
	12. Loans Made				
	10. Other Disbursements				
8. Total disbursements to officers and employees:	TION				
D. Schedule of Disbursements for Reportable Activity Use this Sched instructions.	ule to report only clisbursements made for the purposes described in Part D of t				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 32,800				
Name Matt Perovic	15.e. Purpose				
Title Independent Consultant	Employed to give speeches to employees regarding				
Organization Quantum Consulting, Inc.	exercising their rights to organize and bargain collectively.				
P.O. Box, Building and Room Number, if any					
Street 10917 Kilpatrick					
City Oak Lawn					
State Washington / ZIP Code + 4 60453					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	•				

Name of Person Filing: LRI Consulting Seurce	File Number C- 005-25				
J					
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations a:lvice or services regardless of the purposes of the advice				
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 Altona				
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 report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendere				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	otals				
	9 Office and Administrative Expenses				
	10. Publicity				
	1: Fees for Professional Services				
	12. Loans Made				
	10. Other Disbursements				
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
CONTINUATIO	N				
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only chabursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 33,460				
Name Bruce Crawford	15 a Division				
Title Independent Consultant	15.e. Purpose Employed to give speeches to employees regarding				
-	exercising their rights to organize and bargain collectively.				
Organization	Correctivity.				
P.O. Box, Building and Room Number, if any					
Street 118 Plum Street					
City Roswell					
State Washington GA ZIP Code + 4 30075					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: LLI Consu	ting	Sew	ico,	1	n		File Number C- 005	25
	<u> </u>					 		
B. Statement of Receipts Report all receipts from or services.	n employers ir	n connection	n with I	abor rela	ations	advice or serv	vices regardless of the purpo	oses of the advice
5.a. Name and Address of Employer (including trade na	me, if any).			P.O. Bo		ailing Address: ilding and Roor	m Number, if any	
Employer Altoona Regional Healt	n System				·	J	•	
Trade Name				Street	620) Howard A	venue	
Attention To Ron Mc	Connell			City	Alt	coona		
Title				State			ZIP Cod	e+4 16601
5.b. Termination Date 5/24/07				5.c. Am	ount	435,568		<u> </u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
					•			
	sbursements i		e repor	rting orga	anizat	ion in connect	ion with labor relations advic	ce or services rendere
7. Disbursements to Officers and Employees:								
(a) Name	(b) Salary	(c) Expense	es (d) To	otals				
						9 Office and	Administrative Expenses	
						10. Publicity		
						11. Fees for P	rofessional Services	
						12. Loans Mad	de	
						13. Other Dist	oursements	
8. Total disbursements to officers and employees	•					14. Total Disbu	rsements (Sum of Items 8-13)	
(CONT	INUF	7 <i>T1</i>	01				
D. Schedule of Disbursements for Reportable		Use this So		e to repo	rt only	y clisbursemen	ts made for the purposes de	escribed in Part D of th
15.a. Employer Name:				15.b. T	rade	Name, If any:		
15.c. To Whom Paid	<u> </u>			15.d. A	moun	28,827		
Name Keith Pera	aino			15.e. P	urpos	e		
Title Independent Consultant	-			Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Peraino & Associates,	LLc					valy.	rights to organize	and bargarn
P.O. Box, Building and Room Number, if any								
Street 4959 Thames Street East								
City Kissimme								
State Washington FL ZI	P Code + 4 3	34778						
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTI	IVITY						

Name of Person Filing: LRI Consulting Lewica	5, Inc. File Number C- 00525				
B. Statement of Receipts Report all receipts from employers in connection with labor relations activice 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	Mailing Address: 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					
<u> </u>					
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	rting organization in connection with labor relations advice or services rendere				
	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)				
CONTINUATIO	N				
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e 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 Name Kathleen Tregear	15.d. Amount 3899 15.e. Purpose				
	Employed to give speeches to employees regarding				
Organization Tregear & Associates, LLC	exercising their rights to organize and bargain collectively.				
P.O. Box, Building and Room Number, if any					
Street 2323 Race Street, Apt 923					
City Philadelphia					
State wasnington PA ZIP Code + 4 19103					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: LLI Consulting Sources, Shc. 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. 501 TOOS.
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:
P.O. Box, Building and Room Number, if any Employer Altoona Regional Health System
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
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 transcriptions.
15.a. Employer Name: 15.b. Trade Name, If any:
15.c. To Whom Paid 15.d. Amount 3013
Name Mariah DeForest 15.e. Purpose
Title Independent Consultant Employed to give speeches to employees regarding
Organization EMSI Consulting, Inc. exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any
Street 1340 N. Astor St. #2205
City Chicago
State Washington / ZIP Code + 4 60610
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: LLI Consul	tire 1	Duria	. Inc		File Number C- 005	25		
	7		/	<u> </u>				
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: Building and Roon	a Number if any			
Employer Oscar Wilson Engines &	Parts, Ir	nc.	F.O. BOX, E	sulfulling and noon	i Number, ir any			
Trade Name			Street 82	26 Lone Star	r Drive			
Attention To Grant Eva	ns		City o	Fallon				
Title Plant Manager State N, D ZIP Code + 4 63366								
5.b. Termination Date 6/18/07			5.c. Amoun	t 3000				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				1.				
C. Statement of Disbursements Report all dist to the employ	bursements rr	nade by the re	porting organiz	ation in connection	on with labor relations advice	e or services rendered		
7. Disbursements to Officers and Employees:	(h) Caloni	(a) Frances (d	Tatala					
(a) Name	(b) Salary	(c) Expenses (d	Totals	9 Office and 4	Administrative Expenses			
				10. Publicity	Administrative Expenses			
			··	 -	ofessional Services	<u> </u>		
				12: Loans Made	e			
				13. Other Disb	ursements			
8. Total disbursements to officers and employees:				14 Total Disbur	sements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable A		Use this Schedinstructions.	ule to report or	nly disbursement	s made for the purposes des	scribed in Part D of th		
15.a. Employer Name:			15,b. Trade	e Name, If any:				
15.c. To Whom Paid			15.d. Amou	int 1508				
Name Jason Green	r		15.e. Purpo	15.e. Purpose				
Title Independent Consultant			Employe	Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Greer Consulting			collect		.ights to Olganize	and bargain		
P.O. Box, Building and Room Number, if any								
Street 33 Mallory Bend Ct								
City Lake St. Louis								
State Washington MO ZIP	Code + 4 63	3367						
16. TOTAL DISBURSEMENTS FOR ALL REPORT	FABLE ACTIV	/ITY						

Name of Person Filing: LEI Cons	ulting	Serio	ilan 1	bi	الست	File Number C- 0052	25	
	0		,		11			
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 nar	ne, if any).		PO Box		ing Address	: om Number, if any		
Employer General Elevator Sales	& Service	, Inc.	1 .0. 50	., 	ang ana mot	, in real table of the same		
Trade Name			Street	1080	l Satel	lite Blvd.		
Attention To Michael Cav	vinder		City	Orla	indo			
Title President			State	F	Ž.,	ZIP Code	+4 32837	
5.b. Termination Date 5/15/07			5.c. Amo	ount 7	291			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				·				
					·			
C. Statement of Disbursements Report all disto the employ	bursements ma ers listed in Pa	ade by the re art B.	eporting orga	nizatio	in connec	tion with labor relations advice	e or services rendered	
7. Disbursements to Officers and Employees:	(h) Colony (e	n) Evropos (d\ Tatolo					
(a) Name	(b) Salary (d	c) Expenses (i) rotais	т,	Office and	Administrative Expenses	T	
				-+	(). Publicity	Administrative Expenses	<u> </u>	
	+				· · · · · · · · · · · · · · · · · · ·	Professional Services		
				-	2. Loans Ma		<u> </u>	
				1	3. Other Dis	bursements		
8. Total disbursements to officers and employees:	<u>l</u>			1	4. Total Disb	ursements (Sum of Items 8-13)		
		•					**************************************	
D. Schedule of Disbursements for Reportable A		se this Sche	dule to report	t only	cisbursemer	nts made for the purposes des	scribed in Part D of th	
15.a. Employer Name:			15.b. Tr	ade N	ame, If any:			
15.c. To Whom Paid			15.d. An	nount	4291			
Name Ed Vill	anueva		15 a Pu	ırnose				
Title Independent Consultant			Emplo	15.e. Purpose Employed to give speeches to employees regarding				
Organization EMSI Consulting, Inc.			colle			rights to organize	and bargain	
P.O. Box, Building and Room Number, if any								
Street 1340 N. Astor Street # 220	5							
City Chicago								
State Washington [] ZIF	Code + 4 60	610						
16. TOTAL DISBURSEMENTS FOR ALL REPOR	TABLE ACTIVI	TY	-					

Name of Person Filing: LRI Consulting	Secono	کے رہ	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 New Age Electronics, Inc.		F.O. BOX, E	duilding and Room Number, if any				
Trade Name		Street 2	.950 Arnold Center Road				
Attention To Michelle Olsen		City C	arson				
Title Human Resource Director		State	ZIP Code + 4 90	810			
5.b. Termination Date 5/30/07	- If the state of	5.c. Amour	t 37,458				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disbursements to the employers listed in F		orting organiz	ation in connection with labor relations advice or servi	ices rendere			
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (d) 1	Totals					
(a) Name	(o) Experience (d)	-	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)	····			
-							
	Use this Schedul	le to report o	nly cisbursements made for the purposes described in	n Part D of th			
15.a. Employer Name:		15.b. Trade Name, If any:					
15.c. To Whom Paid		15.d. Amount 19,458					
Name Jason Greer		15.e. Purpose					
Title Independent Consultant		Employ	Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Greer Consulting		collec	cively.	ar garii			
P.O. Box, Building and Room Number, if any							
Street 33 Mallory Bend Ct							
City Lake St Louis							
State Washington MD ZIP Code + 4 6							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTI	VITY						

Name of Person Filing: LRI Cuns	ulting	Seuri	cus .	In.	File Number C- 005	25		
B. Statement of Receipts Report all receipts from or services.	ل ا	ection with I	abor relat	ions ath	rice or services regardless of the purpos	es of the advice		
5.a. Name and Address of Employer (including trade na Employer Broadway Real Estate So	P.O. Box		g Address: g and Room Number, if any					
Trade Name			Street	10 Po	st Office Square			
Attention To John Ca	puano		City	Bosto	n			
Title			State	MA	ZIP Code	+4 02109		
5.b. Termination Date 4/6/07			5.c. Amo	unt 350	38			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
	yers listed in Part B.	y the report	•	nization	in connection with labor relations advice	or services rendere		
(4)	(5)			9	Office and Administrative Expenses			
				 -	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 thi		to report	only cis	bursements made for the purposes des	cribed in Part D of th		
15.a. Employer Name:			15.b. Tra	ade Nan	ne, if any:			
15.c. To Whom Paid			15.d. Am	ount 2	382			
Name Fred Grub	ob		15.e. Purpose					
Title Independent Consultant	:		Employed to give speeches to employees regarding exercising their rights to organize and bargain					
Organization Grubb Quist & Associates, LLC		colle	ctive	their rights to organize ly.	and Dargain			
P.O. Box, Building and Room Number, if any								
Street 12 South Main Street								
City Waterbury								
	P Code + 4 05676							
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVITY							

Name of Person Filing: LRI Consulting Seurce	rs Inc File Number C- 00525				
B. Statement of Receipts Report all receipts from employers in connection wit or services.	h 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:					
Employer IESI, LLC	P.O. Box, Building and Room Number, if any				
Trade Name	Street 2301 Eagle Parkway				
Attention To Joyce Thummell	City Fort Worth				
Title Director of Human Resources	State 7 X ZIP Code + 4 76177				
5.b. Termination Date 3/23/07	5.c. Amount 5997				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbursements made by the repto to the employers listed in Part B.	porting organization in connection with labor relations advice or services rendered				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals				
	Office and Administrative Expenses				
	10. Publicity				
	17. Fees for Professional Services				
	12. Loans Made				
	10. Other Disbursements				
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
D. Schedule of Disbursements for Reportable Activity Use this Schedi instructions.	ule to report only chabursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 3997				
Name Matt Perovic	15.e. Purpose				
Title Independent Consultant	Employed to give speeches to employees regarding				
Organization Quantum Consulting, Inc.	exercising their rights to organize and bargain collectively.				
organization quantum consultring, The.					
P.O. Box, Building and Room Number, if any					
Street 10917 Kilpatrick					
City Oak Lawn					
State Washington L ZIP Code + 4 60453					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					
TO, TO THE DIGOURGENESS TOR ALL REPUBLIABLE AUTIVITY					

Name of Person Filing: LRI Consulting Sew	icas 1/2 File Number C- 00525					
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any					
Employer Able Health Care Services, Inc.						
Trade Name	Street 9131 Queens Blvd., Suite 604					
Attention To Michael Shapiro	City Elmhurst					
Title President	State					
5.b. Termination Date 6/6/07	5.c. Amount 15,502					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered					
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	otals					
	9 Office and Administrative Expenses					
	10. Publicity					
	11. Fees for Professional Services					
	12. Loans Made					
	13. Other Disbursements					
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)					
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only c'sbursements made for the purposes described in Part D of th					
15.a. Employer Name:	15.b. Trade Name, If any:					
	7914					
15.c. To Whom Paid	15.d. Amount 7814					
Name Guillermo Martinez	15.e. Purpose					
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain					
Organization EMSI Consulting, Inc.	collectively.					
P.O. Box, Building and Room Number, if any						
Street 1340 N Astor Street #2205	J					
City Chicago						
State Washrington / ZIP Code + 4 60610						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing: LLI	Consulte	i Sewi	cas, Suc.	File Number C- 005	25		
B. Statement of Receipts Report a or services.	all receipts from employe	rs in connection wit	h labor relations advic	e or services regardless of the purpos	ses of the advice		
5.a. Name and Address of Employer (in	cluding trade name, if any).		Mailing	Address:			
Employer Bureall manage			P.O. Box, Building	and Room Number, if any			
Employer Russell Trans	port, inc.						
Trade Name			Street 155 No:	rth San Marcial Street			
Attention To Rami	Abdeljabe	er	City El Pase				
Title Executive V	ice President		State 7)	ZIP Code	+4 79905		
5.b. Termination Date 9/8/07	_	<u> </u>	5.c. Amount 27,	127			
6. TOTAL RECEIPTS FROM ALL E	MPLOYERS		,				
C. Statement of Disbursements	Report all disbursement to the employers listed		orting organization in	connection with labor relations advice	e or services rendere		
Disbursements to Officers and Empl (a) Name	loyees: (b) Salary	(c) Expenses (d)	Totals				
			9. O	ffice and Administrative Expenses			
			10. P	ublicity			
			17. F	ees for Professional Services			
			12!. Le	oans Made			
			13. C	other Disbursements			
8. Total disbursements to officers a	nd employees:		14: To	otal Disbursements (Sum of Items 8-13)			
<u>- </u>	- 		· · · · · · · · · · · · · · · · · · ·				
D. Cabadula of Blahumananta fa					7 12 0-40-41		
D. Schedule of Disbursements fo	r Heportable Activity	use this Schedi instructions.	ule to report only cisb	ursements made for the purposes des	scribed in Part D of t		
15.a. Employer Name:	_		15.b. Trade Name	e, if any:			
15.c. To Whom Paid			15.d. Amount 10	,943	, ,		
Name David	Acosta		15 e Purnose				
Title Independent	Consultant			15.e. Purpose Employed to give speeches to employees regarding			
		exercising collectivel	their rights to organize	and bargain			
Organization Redstone Ente	erprises, inc.						
P.O. Box, Building and Room N	umber, if any						
Street 5415 East Willowi	ick Circle						
City Anaheim Hills							
State Washington CA ZIP Code + 4 92807							
16 TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Name of Person Filing: LRI Consulting Seur	ras Inc File Number C- 00525				
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Russell Transport, Inc.	P.O. DOX, Building and Nooth Number, It any				
Trade Name	Street 155 North San Marcial Street				
	_				
Attention To Rami Abdeljaber	City El Paso				
Title Executive Vice President	State ZIP Code + 4 79905				
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 report of the employers listed in Part B.	rting organization in connection with labor relations advice or services rendere				
7. Disbursements to Officers and Employees:					
(a) Name (b) Salary (c) Expenses (d) T	otals				
	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)				
CONTINUAT	101				
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:				
Total Employer Hame.	,				
15.c. To Whom Paid	15.d. Amount 2419				
Name Erasmo Navarro					
Traile —— ——	15.e. Purpose				
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization	collectively.				
P.O. Box, Building and Room Number, if any					
Street 21 Cantera Street					
City Santa Ana					
State Washington CA ZIP Code + 4 92703					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: LRI Consulting &	wices In File Number C- 00525
J	*
B. Statement of Receipts Report all receipts from employers in connection or services.	with 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:
Employer Allstate Power Vac	P.O. Box, Build⊕g and Room Number, if any
Trade Name	Street 928 Bast Hazelwood Avenue
Attention To Glenn Burke	City New Fersey Rahway
Title	State // 3 ZIP Code + 4 07065
5.b. Termination Date 10/4/07	5.c. Amount 2 , 609
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	reporting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses	s (d) Totals
(a) ivanic	9 Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12: Loans Made
	10. 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 Sch	nedule to report only cisbursements 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 17,103
Name Frank Barbera	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain
Organization	collectively.
P.O. Box, Building and Room Number, if any	
Street 3308 Ariba Street	
City Las Vegas	
State -Washington NV ZIP Code + 4 89129	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	1
1	

_					
Name of Person Filing: LRI Consulting Ser	wice	2	bre	File Number C- 0052	25
B. Statement of Receipts Report all receipts from employers in connect or services.	tion with la	abor rela	tions advice or ser	vices regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name, if any).		D O Dec	Mailing Address:		
Employer Ferguson Enterprises, Inc.		P.O. 60)	x, Building and Roo	in Number, it any	
Trade Name		Street	12500 Jeffer	son Avenue	
Attention To David Meeker		City	Newport News	1	
Title		State		ZIP Code	₊ 4 23602
5.b. Termination Date 8/30/07		5.c. Amo	ount 6900	* + m.,	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			11.		
			(
C. Statement of Disbursements Report all disbursements made by to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expe	the report		nization in connect	ion with labor relations advice	or services rendered
			9. Office and	Administrative Expenses	
			10. Publicity		
			15. Fees for F	Professional Services	
			12. Loans Ma	de	
			10. Other Dis	bursements	
Total disbursements to officers and employees:			14: Total Disbu	ursements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Activity Use this instruction		to report	t only c\sbursemen	its made for the purposes desc	cribed in Part D of th
15.a. Employer Name:		15.b. Tr	ade Name, If any:		
15.c. To Whom Paid		15.d. An	nount 3900		
Name Joseph Brock		15.e. Ρι	ırpose		
Title Independent Consultant		Emplo	yed to give	speeches to employe	
Organization East Coast Labor Relations, LLC			cising their ectively.	rights to organize	and bargain
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: LRI Consu	Iting Se	wie	a <u>, e</u>	In:	<u> </u>	File Number	10-005	25
	3	•						
B. Statement of Receipts Report all receipts from or services.	nemployers in conne	ection with	labor relation	ons a	dvice or serv	ices regardles	ss of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade na	me, if any).				ng Address: ing and Room	n Number, if a	ny	
Employer Siemens Energy & Autom	ation							
Trade Name			Street 5	00	Hunt Val	ley Road		
Attention To Elsie De	ems		City N	ew	Kensingt	on		
Title			State	P)	r	ZIP Code	+4 15068
5.b. Termination Date 9/20/07	V.,		5.c. Amou	nt 3	154	_		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				······································		_		
	sbursements made byers listed in Part B.		orting organi	zatio	in connection	on with labor	relations advic	e or services rendered
Disbursements to Officers and Employees; (a) Name	(b) Salary (c) Exp	oenses (d) ¹	Totals					
				9.	Office and	Administrative	Expenses	
				10	. Publicity			
				17	Fees for P	rofessional Se	ervices	
				12	. Loans Mad	e		
				13	. Other Disb	ursements		
8. Total disbursements to officers and employees				14	. Total Disbur	sements (Sum	of Items 8-13)	
D. Schedule of Disbursements for Reportable	Activity Use th		le to report o	only c	sbursement	s made for th	e purposes de	scribed in Part D of th
15.a. Employer Name:			15.b. Trac	de Na	ıme, If any:			
15.c. To Whom Paid			15.d. Amo	ount	1954			
Name Joseph Broo	zk		15.e. Purp	ose	,			
Title Independent Consultant	:		Employ	ed	lo give	speeches	to employe	ees regarding
Organization East Coast Labor Relat	ions, LLC		collec			rights to	organize	and bargain
P.O. Box, Building and Room Number, if any								
Street 151 Forge Road								
City Delran								
State Washington NJ ZI	P Code + 4 08075						<u> </u>	
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVITY							

Name of Person Filing: Lfl Consulting Services	Inc. File Number C- 00525
B. Statement of Receipts Report all receipts from employers in connection w or Services.	ith 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:
Employer RVC Senior Management	P.O. Box, Building and Room Number, if any
Trade Name	Stroot CE Burt Take Church
	Street 65 East John Street
Attention To Ron DeVito	City Hicksville
Title	State ZIP Code + 4 11803
5.b. Termination Date 10/22/07	5.c. Amount 85,553
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
L	
Other and Pickers	
C. Statement of Disbursements Report all disbursements made by the re to the employers listed in Part B.	eporting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (c)	t) Totals
	Office and Administrative Expenses
	1(). Publicity
	1 ⁻ . Fees for Professional Services
	12. Loans Made
	10. 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	dule to report only cisbursements 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 48,048
Name Jason Greer	15.e. Purpose
Title Greer Consulting, Inc.	Employed to give speeches to employees regarding
Organization East Coast Labor Relations, LLC	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any PO Box 1175	
Street	
City O'Fallon	
A SECTION OF A CONTRACT OF A C	
State Washington MU ZIP Code + 4 63336	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LLI Consultin	in Servi	cas -	In:	File Number C- 005	25	
B. Statement of Receipts Report all receipts from employe or services.	<i>)</i>			rvices regardless of the purpos	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any)	I.	P.O. Bo	Mailing Address			
Employer AVCORR, Inc.						
Trade Name		Street	33 College	Hill Road, Suite 15A	.	
Attention To Anthony Ventetuo	lo, Jr.	City	Warwick			
Title		State	* ************************************	ZIP Code	+4 02886	
5.b. Termination Date 10/9/07		5.c. Am	ount 20,000			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
				· 		
C. Statement of Disbursements Report all disbursement to the employers listed		porting orga	anizatio i in connec	ction with labor relations advice	or services rendered	
7. Disbursements to Officers and Employees:		N T - 4 - 1 -				
(a) Name (b) Salary	(c) Expenses (d) lotals	To Office on	d Administrative Tunanes		
			10. Publicity	d Administrative Expenses		
				Professional Services		
			12. Loans Ma			
			13. Other Dis	_		
Total disbursements to officers and employees:				oursements (Sum of Items 8-13)		
o in the state of					<u></u>	
				_		
D. Schedule of Disbursements for Reportable Activity	Use this Scheo instructions.	dule to repo	rt only disburseme	nts made for the purposes des	cribed in Part D of th	
15.a. Employer Name:	mostation.	15.b. T	rade Name, If any			
15.c. To Whom Paid		15.d. A	mount 10,412	-		
Name Peter Quist			15.e. Purpose			
Title Grubb Quist & Associates, LLC			oyed to give	speeches to employe		
Organization East Coast Labor Relations,	LLC	colle	cising their ectivaly.	rights to organize	and bargain	
P.O. Box, Building and Room Number, if any						
Street 12 South Main Street						
City Waterbury						
State Washington ZIP Code +	4 05676					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE A	ACTIVITY	1	11-			

Name of Person Filing: LRI Consulting	Seur	ad ;			File Number C-	005	25
B. Statement of Recelpts Report all receipts from employers in coor services.	nnection with la	abor relation	s ad	vice or serv	rices regardless o	of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer Omnisource				g Address: ig and Rooi	m Number, if any		
Trade Name					alhoun Stre	et	
Attention To Andrew Ables		-		Wayne			
Title		State /	M			ZIP Code	+4 46808
5.b. Termination Date 10/19/07		5.c. Amount	43	,616			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
		<u>.</u>					
C. Statement of Disbursements Report all disbursements mad to the employers listed in Part 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c)			ation	in connecti	ion with labor rela	ations advice	e or services rendere
			9	Office and	Administrative Ex	penses	
			10.	Publicity			
			1:.	Fees for P	rofessional Servi	ces	
			12.	Loans Mad	le		
			13.	Other Dist	oursements		
8. Total disbursements to officers and employees:			12.	Total Disbu	rsements (Sum of	Items 8-13)	
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only chaptered and for the purposes described in Part D of the							
inst	tructions.	· '			,	•	
15.a. Employer Name:		15.b. Trade	Nar	me, If any:			
15.c. To Whom Paid		15.d. Amou	nt 2	4,466			
Name David Acosta							
Title Independent Consultant		15.e. Purpose Employed to give speeches to employees re-			es regarding		
-			ing				and bargain
Organization Redstone Enterprises, Inc.				-7.			
P.O. Box, Building and Room Number, if any							
Street 5415 East Willowick							
City Anaheim]					
State Washington CR ZIP Code + 4 928	07						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVIT	Y				<u> </u>		. , , , , , , , , , , , , , , , , , , ,

	
Name of Person Filing: LRI Consulting Se	wron In File Number C- 00525
B. Statement of Receipts Report all receipts from employers in connection wi	ith 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 Portec Flomaster	Mailing Address: P.O. Box, Building and Room Number, if any PO Box 589
Trade Name	Street
Attention To Mark Means	City Canon City
Title	State CC ZIP Code + 4 81215
5.b. Termination Date 10/26/07	5.c. Amount 3 980
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
	······································
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	porting organization in connection with labor relations advice or services render
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	i) Totals
	Office and Administrative Expenses
	10. Publicity
	17. Fees for Professional Services
	12. Loans Made
	10. 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 clisbursements made for the purposes described in Part D of
15.a. Employer Name:	15.b. Trade Name, If any:
	·
15.c. To Whom Paid	15.d. Amount 2480
Name Joseph Brock	45 - Duncas
Title Independent Consultant	15.e. Purpose 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: LR I	Consultin	z Se	urcoa	/ =l	w.	File Number C- 00	525		
	(J '							
B. Statement of Receipts Report a or services.	Il receipts from employers in	n connection w	rith labor rel	ations advic	ce or servi	ces regardless of the pu	urposes of the advice		
5.a. Name and Address of Employer (inc	cluding trade name, if any).		PO B	-	Address:	Number if any			
Employer Fibrominn, LLC	a			P.O. Box, Building and Room Number, if any PO box 265					
Trade Name			Street						
Attention To Ron	Davies		City	Benson					
Title			State	MN		ZIP C	Code + 4 56215		
5.b. Termination Date 11/2/07	7		5.c. An	nount 676	1				
6. TOTAL RECEIPTS FROM ALL E	 MPLOYERS	<u> </u>							
		_							
C. Statement of Disbursements	Report all disbursements		eporting org	anizatio:: in	connection	on with labor relations ac	dvice or services rendere		
7. Disbursements to Officers and Emplo	to the employers listed in I	ran b.							
(a) Name	(b) Salary	(c) Expenses (d) Totals						
			_	9 0	office and A	Administrative Expenses			
			_	10. P	ublicity				
						ofessional Services			
				12. Le	oans Made	-			
		<u> </u>	<u> </u>	13. C	ther Disbu	ursements			
8. Total disbursements to officers ar	nd employees:			14: Te	otal Disbur	sements (Sum of Items 8-	13)		
D. Schedule of Disbursements for	r Reportable Activity	 Use this Sche	dule to repo	ort only cisb	ursement:	s made for the numoses	s described in Part D of the		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	instructions.							
15.a. Employer Name:			15.b. 7	Trade Name	e, If any:				
					_				
15.c. To Whom Paid			15.d. A	Amount 37	61				
Name Frank	Barbera		15.0	Purpose					
Title Independent C	Consultant		i	-	give :	speeches to empl	oyees regarding		
Organization				cising ectivel:		ights to organi	ze and bargain		
Organization				· · · · · · · · · · · · · · · · · · ·	4 -				
P.O. Box, Building and Room Nu	umber, if any								
Street 3308 Ariba Street	:								
City Las Vegas									
State Washington NV	ZIP Code + 4 8	39129							
16. TOTAL DISBURSEMENTS FOI	R ALL REPORTABLE ACT	IVITY		·					

Name of Person Filing: LRI Consulting Sew	ias du File Number C- 00525
J	
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Mania Bassa	P.O. Box, Building and Room Number, if any
Employer Magic Beans	Observed and the second
Trade Name	Street 1319 Beacon Street, Third Floor
Attention To Sheri Gurock	City Brookline
Title	State ZIP Code + 4 02446
5.b. Termination Date 11/15/07	5.c. Amount 17,591
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) 1	Γotals
	9 Office and Administrative Expenses
	1(). Publicity
	11. Fees for Professional Services
	12: Loans Made
	13. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Surn of Items 8-13)
D. Schedule of Disbursements for Reportable Activity Use this Schedule	le to report only dishurpements made for the numeron described in Bart D of the
instructions.	le to report only disbursements made for the purposes described in Part D of th
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 5591
Name Frank Barbera	AE - D
Title Independent Consultant	15.e. Purpose Employed no give speeches to employees regarding
-	exercising their rights to organize and bargain collectively.
Organization	correctivity.
D.O. David Britan and David Number if any	
P.O. Box, Building and Room Number, if any	
Street 3308 Ariba Street	
City Las Vegas	
State Washington NV ZIP Code + 4 89129	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LRI Consulting Lu	rices of the File Number C- 00525
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer Chicago International Trucks, LLC	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name	Street 1827 Walden Office Square, Suite 275
Attention To Julie Bartell	City Schaumburg
Title Vice President Human Resources	State 12 ZIP Code + 4 60173
5.b. Termination Date 12/6/07	5.c. Amount 13,572
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	orting organization in connection with labor relations advice or services rendered
	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 instructions.	le to report only cisbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 7542
Name Bradley White	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain
Organization Interlate Systems, Inc.	collectively.
P.O. Box, Building and Room Number, if any	
Street 145 South Lincolnway	
City North Aurora	
State Washington // ZIP Code + 4 60542	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LLI Consulting &	urces Inc. File Number C- 80525						
\mathcal{L}							
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations a lvice or services regardless of the purposes of the advice						
5.a. Name and Address of Employer (including trade name, if any). Employer Viking Coca Cola Bottling Company Trade Name	Mailing Address: P.O. Box, Building and Room Number, if any Street 4610 Rusin Street North						
Attention To Michael Faber Title	State State ZIP Code + 4 56303						
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 report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendere						
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						
	18. 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 cisbursements 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 Joseph Brock	15.d. Amount 19,441 15.e. Purpose						
Title Independent Consultant Organization East Coast Labor Relations, LLC	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.						
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: LLI Consulting Service	s Arc. File Number C- 00525							
<u> </u>								
B. Statement of Receipts Report all receipts from employers in connection with la or services.	abor relations a livice 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 Holley Dodge Of Middletown								
Trade Name	Street 1000 Newfield Street							
	City Middletown							
-								
Title Vice President	State 27 ZIP Code + 4 06457							
5.b. Termination Date 11/29/07	5.c. Amount 31.07							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	·							
C. Statement of Disbursements Report all disbursements made by the report	ing organization in connection with labor relations advice or services rendere							
to the employers listed in Part B.	, g g							
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	tals							
	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 1607							
Name Michael Rosado	15.e. Purpose							
Title Independent Consultant	Employed to give speeches to employees regarding							
exercising their rights to organize and bargain collectively.								
P.O. Box, Building and Room Number, if any								
Street 5 Quail Court								
City Englewood								
State Washington NJ ZIP Code + 4 07631								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								

Name of Person Filing: LLI Long	sulting	. Se	ircos		ne.	File Number C-	005	25		
	()								
B. Statement of Recelpts Report all receipts from or services.	n employers in	connection w	ith labor relat	ions a	tvice or serv	vices regardless o	of the purpos	ses of the advice		
5.a. Name and Address of Employer (including trade name, if any).			P.O. Box	Mailing Address: P.O. Box, Building and Room Number, if any						
Employer Carolina Commercial He	at Treatir	ng		,						
Trade Name			Street	628	Grooms R	oad				
Attention To Mike Ha	chee		City	Reid	sville					
Title			State	Ň	C		ZIP Code	+4 27320		
5.b. Termination Date 11/28/07				unt 8	731					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS										
C. Statement of Disbursements Report all di	isbursements n oyers listed in P	nade by the re	porting organ	nizatio	in connecti	ion with labor rela	ations advice	or services rendere		
7. Disbursements to Officers and Employees: (a) Name	•	(c) Expenses (c	d) Totals							
(a) (vario	(-, <u>)</u>	(-,			Office and	Administrative Ex	penses			
				$-\!$. Publicity					
				11	. Fees for P	rofessional Service	ces			
	1			12	Loans Mac	de				
				18	Other Dist	oursements				
8. Total disbursements to officers and employees:				14	14 Total Disbursements (Sum of Items 8-13)					
										
						· · · · · ·				
D. Schedule of Disbursements for Reportable	•	Use this Sche instructions.	dule to report	only c	isbursemen	ts made for the p	urposes des	cribed in Part D of th		
15.a. Employer Name:			15.b. Tr	15.b. Trade Name, If any:						
15.c. To Whom Paid				15.d. Amount 4266						
Name Natasha Gordon				15.e. Purpose						
Title Independent Consultant				Employed to give speeches to employees regarding						
Organization				exercising their rights to organize and bargain collectively.						
Organization										
P.O. Box, Building and Room Number, if any										
. i.e. con, summing and recommend in any										
Street 2108 Wndy Hill Point										
City Lawrenceville										
State Washington GA Z	IP Code + 4 3	0045	ļ							
16. TOTAL DISBURSEMENTS FOR ALL REPO								<u> </u>		

Name of Person Filing: LLI Canon	eting les	urco	<u> </u>	lne	<u> </u>	File Number C- 00 5	25				
	<u> </u>										
B. Statement of Receipts Report all receipts from or services.	n employers in connec	tion with I	labor rela	ations	advice or serv	vices regardless of the purpo	ses 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 perfection Glass		1.0.00	, Dui	and Hoo	m rumbor, n any						
Trade Name	Street 15 North Auburn										
Attention To Shawn Li	hawn Linhoff				City Kennewick						
Title			State	W	14	ZIP Code	9+4 99336				
5.b. Termination Date 1/5/08			5.c. Am	ount 4	45,043						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			_								
O. TOTAL RECEIPTS THOW ALL LIVELOTERS			_								
C. Statement of Disbursements Report all dis	sbursements made by	the repor	rting orga	anizati	on in connect	ion with labor relations advic	e or services rendere				
7. Disbursements to Officers and Employees:	yers listed in Part B.										
(a) Name	(b) Salary (c) Expe	nses (d) Te	otals								
				[9. Office and	Administrative Expenses					
					1(I. Publicity						
					1 i. Fees for P	rofessional Services					
	ļ			\rightarrow	12: Loans Mad						
				-+	1(I. Other Dist						
8. Total disbursements to officers and employees:		1	_		14. Total Disbu	rsements (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 25,043								
Name David Acosta			15.e. Purpose								
Title Independent Consultant				Employed to give speeches to employees regarding							
Organization Redstone Enterprises			exercising their rights to organize and bargain collectively.								
l cigamania Reducino Encorprises											
P.O. Box, Building and Room Number, if any											
Street 5415 E Willowick											
City Anaheim											
State Washington CA ZI	P Code + 4 92807										
16. TOTAL DISBURSEMENTS FOR ALL REPOR	TABLE ACTIVITY										
1											

Name of Person Filing: LLI Con	sulter	: Seu	Neces	2 	Inc	File Number C-	005	25
		J						
B. Statement of Receipts Report all receipts from or services.	n employers in	connection with	labor rel	lations a	advice or sen	vices regardless o	f the purpos	ses of the advice
5.a. Name and Address of Employer (including trade na	ıme, if any).	-	P.O. B		ling Address: ding and Root	m Number, if any		
Employer B & C Cartage, Inc.								
Trade Name			Street	851	W McKimm	ey Road		
Attention To Charlie He	lms		City	Glad	h√in			
Title			State	M	Ĭ		ZIP Code	+ 4 48624
5.b. Termination Date			5.c. An	nount 1	.6,826			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						 		
C. Statement of Disbursements Report all di	sbursements n yers listed in F	nade by the repo	orting org	anizatio	on in connect	ion with labor rela	tions advice	or services rendered
Disbursements to Officers and Employees:								
(a) Name	(b) Salary	(c) Expenses (d)	Totals					
and the second s				-+	+	Administrative Exp	penses	
					(i. Publicity			
				-		Professional Service	es	
+ -21410****					2. Loans Mad			
					3. Other Dist			
8. Total disbursements to officers and employees	•				∠ Total Disbu	rsements (Sum of I	tems 8-13)	
D. Schedule of Disbursements for Reportable		Use this Scheduinstructions.	le to repo	ort only	cisbursemen	ts made for the pu	urposes des	cribed in Part D of the
15.a. Employer Name:			15.b. 1	Frade N	ame, If any:			
, .								
15.c. To Whom Paid			15.d. A	Amount	9000			
Name Joseph Bro	ck		15 - 5			•		
	.			oved		speeches to	emplove	es regarding
Title Independent Consultant	-		exer	cisir	ng their	rights to o		
Organization East Coast Labor Relat	ions, LLC		COLI	.ectiv	изту.			
P.O. Box, Building and Room Number, if any								
Street 151 Forge Road								
City Delran								
The state of the s	P Code + 4 0:	8075						
16. TOTAL DISBURSEMENTS FOR ALL REPOR	-							

Name of Person Filing: LOI Consulting Sev	vices In File Number C- 00525				
U U					
B. Statement of Receipts Report all receipts from employers in connection wi or services.	ith 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:				
F	P.O. Box, Building and Room Number, if any				
Employer Saia					
Trade Name	Street 11465 Johns Creek Pkwy, Suite 400				
Attention To Walter Schumacher	City Duluth				
Title	State				
5.b. Termination Date 10/5/07	5.c. Amount 23,177				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbursements made by the re to the employers listed in Part B.	eporting organization in connection with labor relations advice or services rendere				
7. Disbursements to Officers and Employees:					
(a) Name (b) Salary (c) Expenses (d	I) Totals				
	9 Office and Administrative Expenses				
	1(i. Publicity				
	17. Fees for Professional Services				
	12. Loans Made				
	13. Other Disbursements				
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
	dule to report only cisbursements made for the purposes described in Part D of t				
instructions.					
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 12,677				
Name Joseph Brock	15.e. Purpose				
Title Independent Consultant	Employed to give speeches to employees regarding				
Organization East Coast Labor Relations, LLC	exercising their rights to organize and bargain collectively.				
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: LCI Consulting Ser	was In File Number C- 00525
B. Statement of Receipts Report all receipts from employers in connection with 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 Henderson Manufacturing	,
Trade Name	Street 1085 South Third Street
Attention To Steve Hoeger	City Manchester
Title	State 1, 4 ZIP Code + 4 52507
5.b. Termination Date 10/5/07	5.c. Amount 60,168
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals
	9 Office and Administrative Expenses
	1(). 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 instructions.	lle to report only cisbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 37, 632
Name Gerald O'Brien	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain
Organization	collectively.
P.O. Box, Building and Room Number, if any	
Street 23 Summit Heights	
City North Oaks	
State Washington MW ZIP Code + 4 55127	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LLI Consu	Miline	Sew	ile :	J	4	Fil	e Number C-	005	25
B. Statement of Receipts Report all receipts from or services.							regardless o	of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade na	me, if any).		P.O. Bo			Address: g and Room Nu	mber, if any		
Employer Rotech Healthcare						9	,		
Trade Name			Street	260	0 1	technology	Drive,	Suite 30	00
Attention To Kim Lee	e		City	Orl	anc	do			
Title			State	F	۷-	-		ZIP Code	+4 32804
5.b. Termination Date 10/3/07			5.c. Am	ount !	58,	, 174			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS									
				·				•	
C. Statement of Disbursements Report all disto the employee	sbursements mayers listed in Pa	ade by the re art B.	porting orga	anizati	ioı: i	in connection w	rith labor rela	itions advice	e or services rendered
Disbursements to Officers and Employees: (a) Name	(b) Salary (d	c) Expenses (d	l) Totals						
			· · · · · · · · · · · · · · · · · · ·		9. (Office and Adm	inistrative Ex	penses	
					10. 1	Publicity			
				1	11.	Fees for Profes	sional Servi	ces	
				<u> </u>	12'. l	Loans Made			
				1	13. (Other Disburse	ments		
8. Total disbursements to officers and employees:					14	Total Disbursem	ents (Sum of I	Items 8-13)	
D. Schedule of Disbursements for Reportable		se this Scheo	dule to repor	rt only	dis	bursements ma	ade for the p	urposes des	scribed in Part D of the
15.a. Employer Name:			15.b. Ti	rade N	Vielm	ne, If any:			
15.c. To Whom Paid		·	15.d. Aı	mount	3	9,728			
Name Alex Casi	llas		15.e. Po	urpose	— ·—				
Title Independent Consultant									es regarding and bargain
Organization Action Resources			colle				nes co o.	rganize	and bargain
P.O. Box, Building and Room Number, if any									
Street 1119 S Mission Road, Suite	223								
City Fallbrook									
State Washington CA ZII	P Code + 4 92	028							
16. TOTAL DISBURSEMENTS FOR ALL REPOR	TABLE ACTIVI	ITY							

Name of Person Filing: LEI Consulting Sein	Cas Show File Number C- 00525
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations a lvice 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 Rotech Healthcare	
Trade Name	Street 2600 technology Drive, Suite 300
Attention To Kim Lee	City Orlando
Title	State FL. ZIP Code + 4 32804
5.b. Termination Date 10/3/07	5.c. Amount 53,174
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	ting organization in connection with labor relations advice or services rendered
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	otals
	9 Office and Administrative Expenses
	10. Publicity
	1 · . Fees for Professional Services
	12. Loans Made
	19. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
CONTINUA	TION
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of t
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 2186
Name Joseph Brock	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding
Organization East Coast Labor Relations, LLC	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State Washington ZIP Code + 4 08075	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u> </u>

Name of Person Filing: LLI Corac	elting	Servi	cos;	J.	_ريا	File Number C-	25
	<u> </u>				- ·	, , , , , , , , , , , , , , , , , , , 	
B. Statement of Recelpts Report all receipts from or services.	n employers in co	onnection w	ith labor rela	ations	advice or	services regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade na	me, if any).		P.O. Bo		ling Addr	ess: Room Number, if any	
Employer Wenner Bread Products				•	J	• •	
Trade Name			Street	33 1	Rajon	Road	
Attention To Larry We:	nner		City	Ваур	port		
Title General Manager			State	Ž	ÿ† ·	ZIP Code	+4 11795
5.b. Termination Date 11/20/07			5.c. Amo	ount a	03,17	0	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							-
					-		
C. Statement of Disbursements Report all disto the emplo	sbursements mad yers listed in Parl	de by the re t B.	porting orga	nizatio	in con	nection with labor relations advice	e or services rendere
7. Disbursements to Officers and Employees:			. .				
(a) Name	(b) Salary (c)	Expenses (d	i) lotais				<u></u>
				-+		and Administrative Expenses	
					(I. Public		
				-+		for Professional Services	<u> </u>
				-+	2. Loans		
0.7.1.1.1.1.1	1	<u></u>	_	-+		Disbursements 2.10	
8. Total disbursements to officers and employees:			_		4. Total L	Disbursements (Sum of Items 8-13)	<u> </u>
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. Tr	rade N	lame, If a	any:	
15.c. To Whom Paid			15. d . Ar	mount	53,17	5	
Name			15.e. Pt	urpose			
Title						ve speeches to employe ir rights to organize	
Organization EMSI Consulting, Inc.			colle	ectiv	rg che 7⊕ly.	II lights to organize	and Dargarn
P.O. Box, Building and Room Number, if any							
Street 1340 N. Astor Street # 220	5						
City Chicago							
14	P Code + 4 606	:10					
<u> </u>				· · · ·			
16. TOTAL DISBURSEMENTS FOR ALL REPOR	TI ABLE ACTIVIT	Y					

Name of Person Filing: LRI Consulting Leur	as Su File Number C- 00525
<u> </u>	
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Wenner Bread Products	P.O. Box, Builcing and Room Number, if any
Trade Name	Street no pain park
	Street 33 Rajon Road
Attention To Larry Wenner	City Bayport
Title General Manager	State
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 report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	otals
	Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	11. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
CONTIN	JU ATION
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of th
15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 37,123
Name Peter Quist	15.e. Purpose
Title	Employed to give speeches to employees regarding
Organization Grubb Quist & Associates	exercising their rights to organize and bargain collectively.
C. game and Graph Antac a vasociates	
P.O. Box, Building and Room Number, if any	
Street 12 South Main Street	
City Waterbury	
State Washington Y ZIP Code + 4 05676	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LAI Consulting	Seivica	5 Jac File Number C- 00525		
<u> </u>				
Statement of Receipts Report all receipts from employers in conne or services.	ection with labor	relations a fvice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:				
Employer Wenner Bread Products	F.U.	Box, Building and Room Number, if any		
Trade Name	Stree	et 33 Rajon Road		
Attention To Larry Wenner	City			
-	·			
Title General Manager	State	e // / ZIP Code + 4 11795		
5.b. Termination Date 11/20/07	5.c. <i>i</i>	Amount 203,170	_	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
			_	
C. Statement of Disbursements Report all disbursements made to the employers listed in Part B.	by the reporting o	organization in connection with labor relations advice or services render	red	
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Exp	penses (d) Totals		_	
		9 Office and Administrative Expenses	_	
		10. Publicity 11. Fees for Professional Services		
		12. Loans Made		
		13. Other Disbursements	_	
Total disbursements to officers and employees:		14 Total Disbursements (Sum of Items 8-13)		
	<u> </u>		_	
CONTINUATION				
D. Schedule of Disbursements for Reportable Activity Use the instruction of the control of the c		eport only cisbursements made for the purposes described in Part D of	th	
15.a. Employer Name:	15.b	ว. Trade Name, If any:		
15.c. To Whom Paid	15.d	d. Amount 10,022		
Name Mike Rosado	15.e	e. Purpose		
Title Independent Consultant	Emj	ployed to give speeches to employees regarding	ĺ	
Organization M. Rosado Consultants, Inc.		ercising their rights to organize and bargain lectively.		
3				
P.O. Box, Building and Room Number, if any				
Street 5 Quail Court				
City Englewood				
State Washington CA ZIP Code + 4 07631				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	L			

Name of Person Filing: Le Corsulting Ser	vice She File Number C- 00525
B. Statement of Receipts Report all receipts from employers in connection with or services.	h labor relations activice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Burnaling Garden Trial	P.O. Box, Building and Room Number, if any
Employer Brandywine Senior Living	Street FOE Dallamentin Band Guite 200
Trade Name	Street 525 Fellowship Road, Suite 360
Attention To Ken Segarnick	City Mount Laurel
Title General Council	State N . J ZIP Code + 4 08054
5.b. Termination Date 12/12/07	5.c. Amount 1.51, 299
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the repto the employers listed in Part B.	porting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expenses (d)	
	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)
o. Total disputation to officers and officers.	14 Total Diseases Italia (Galliot Italia G 167)
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	ule to report only disbursements made for the purposes described in Part D of ${ m th}$
15.a. Employer Name:	15.b. Trade Name, if any:
13.a. Limpioyer Name.	15.5. Hado Wello, II aliy.
	41.500
15.c. To Whom Paid	15.d. Amount 41,588
Name Mike Rosado	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain
Organization M. Rosado Consultants, Inc.	collectively.
P.O. Box, Building and Room Number, if any	
Street 5 Quail Court	
City Englewood	
State Washington CA ZIP Code + 4 07631	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
1	

Name of Person Filing: LLI Consulting &	Purices Inc File Number C- 00525
<u>_</u>	,
B. Statement of Receipts Report all receipts from employers in connection or services.	n with 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:
Employer passages a gasta state	P.O. Box, Building and Room Number, if any
Employer Brandywine Senior Living	Chroat and a 22 and a 22 and a 22
Trade Name	Street 525 Fellowship Road, Suite 360
Attention To Ken Segarnick	City Mourt Laurel
Title General Council	State ZIP Code + 4 08054
5.b. Termination Date 12/12/07	5.c. Amount 151,299
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	e reporting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expense	
	Office and Administrative Expenses
	10. Publicity
<u> </u>	11. Fees for Professional Services
	1/:. Loans Made
Total disbursements to officers and employees:	
	14. Total Disbursements (Sum of Items 8-13)
CONTIN	MATION
D. Schedule of Disbursements for Reportable Activity Use this Sc instructions	hedule to report only clisbursements made for the purposes described in Part D of t
15.a. Employer Name:	15.b. Trade Name, If any:
	,
15.c. To Whom Paid	15.d. Amount 19,419
Name Kathleen Tregear	
Name	15.e. Purpose Employees regarding
Title Independent Consultant	exercising their rights to organize and bargain
Organization Tregear & Associates, LLC	collectively.
P.O. Box, Building and Room Number, if any	
Street 2323 Race Street # 923	
City Philadelphia	
State Washington PA ZIP Code + 4 19103	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LRI Consulting Leur	icas Inc File Number C. 00525
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Brandywine Senior Living	P.O. Box, Building and Room Number, if any
Trade Name	Street 525 Fellowship Road, Suite 360
	be a second of the second of t
	City Mount Laurel
Title General Council	State N J ZIP Code + 4 08054
5.b. Termination Date 12/12/07	5.c. Amount 151,299
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	otals
	Office and Administrative Expenses
	16. Publicity
	11 Fees for Professional Services
	12. Loans Made
	10. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
CONTIN	"UATION"
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 7728
Name Natasha Gordon	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding
Organization	exercising their rights to organize and bargain collectively.
organization.	
P.O. Box, Building and Room Number, if any	
,	
Street 2108 Windy Hill Point	
City Lawrenceville	
State Washington CA ZIP Code + 4 30045	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u> </u>

Name of Person Filing: Lel Consulting Lews	co file Number C-00525
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations acvice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer Saginaw Chippewa Tribe	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd
Attention To	City Mt. Pleasant
Title	State
5.b. Termination Date 12/21/07	5.c. Amount 7(16,500
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	rting organization in connection with labor relations advice or services rendered
	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 Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 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
Organization East Coast Labor Relations, LLC	collectively.
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: Lel Consulting Se	urces In File Number C- 00525
<u> </u>	
B. Statement of Receipts Report all receipts from employers in connection with or services.	h labor relations acvice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Saginaw Chippewa Tribe	P.O. Box, Building and Room Number, if any
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd
Attention To	City Mt. Pleasant
Title	State ZIP Code + 4 48858
5.b. Termination Date 12/21/07	5.c. Amount 7(16,500
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
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) Salary (c) Expenses (d)	Totals
	Office and Administrative Expenses
	10. Publicity
	11 Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14 Total Disbursements (Sum of Items 8-13)
CONTINUAT	10 N
	ule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 54,000
Name Gerald O'Brien	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding
Organization	exercising their rights to organize and bargain collectively.
Organization .	
P.O. Box, Building and Room Number, if any	
Street 23 Summit Heights	
City North Oaks	
State Washington MN ZIP Code + 4 55127	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
l '-	

Name of Person Filing: LLI Consulting Su	rcs Inc. File Number C- 00525		
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations at vice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Saginary Chinneys Maih-	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		
5.b. Termination Date 12/21/07	5.c. Amount 7(16, 500		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			
<u> </u>			
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered		
7. Disbursements to Officers and Employees:			
(a) Name (b) Salary (c) Expenses (d) T	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)		
CONTIN	KATION		
	e 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 11.758 64,500		
Name Peter Quist	15.e. Purpose		
Title Grubb Quist & Associates, LLC	Employed to give speeches to employees regarding		
Organization	exercising their rights to organize and bargain collectively.		
P.O. Box, Building and Room Number, if any			
]		
Street 12 South Main Street			
City Waterbury			
State _washington V T ZIP Code + 4 05676	<u> </u>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: LLI Coxputing Service	as Inc) File Number C-00525			
0				
B. Statement of Recelpts Report all receipts from employers in connection or services.	with 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 Saginaw Chippewa Tribe	P.O. Box, Building and Hoom Number, it ally			
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd			
Attention To	City Mt. Pleasant			
Title	State			
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 to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses	reporting organization in connection with labor relations advice or services rendered			
(a) Name (c) Expenses	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)			
CONT	INUATION			
	nedule to report only disbursements made for the purposes described in Part D of t			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 49,500 55, 500			
Name Byron Clay	15.e. Purpose			
Title BJC and Associates, Inc.	Employed to give speeches to employees regarding			
Organizatio∩	exercising their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any				
Street 10108 Fehlberg Ct.				
City St. John				
State Washington / ZIP Code + 4 46373				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Part	The state of the s			
Name of Person Filing: LLI Consulting Sen	inas Inc. File Number C- 00525			
J				
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any			
Employer Saginaw Chippewa Tribe	, , , , , , , , , , , , , , , , , , , ,			
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd			
Attention To	City Mt. Pleasant			
	State ZIP Code + 4 48858			
Title	State 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 report of the employers listed in Part B.	rting organization in connection with labor relations advice or services rendere			
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Expenses (d) T	otals			
	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)			
CONTIN	WATION			
	e to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name:	15.b. Trade Na ne, If any:			
10.a. Limployer Maine.	i i i i i i i i i i i i i i i i i i i			
	15.d. Amount (:0,000			
15.c. To Whom Paid	13.d. Ambuilt 1.07000			
Name Terry Cuba	15.e. Purpose			
Title Grubb Quist & Associates, LLC	Employed to give speeches to employees regarding exercising their rights to organize and bargain			
Organization	collectively.			
P.O. Box, Building and Room Number, if any				
Street 12 South Main Street				
City Waterbury				
State Washington V 7 ZIP Code + 4 05676				
	<u> </u>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: LRI Consulting Service	File Number C- 00525			
C C	·			
B. Statement of Receipts Report all receipts from employers in connection with or services.	illabor relations activice 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 Saginaw Chippewa Tribe				
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd			
Attention To	City Mt. Pleasant			
Title	State			
5.b. Termination Date 12/21/07	5.c. Amount 7(16,500			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered			
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Expenses (d)	Totals			
	Office and Administrative Expenses			
	10. Publicity			
	11. Fees for Professional Services			
	12 Loans Made			
	13 Other Disbursements			
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)			
CONTINU	ATION			
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	ile to report only di∋bursements made for the purposes described in Part D of th			
15.a. Employer Name;	15.b. Trade Name, If any:			
15.d. Employor Hunte,	is is read that is, it any.			
	12.000			
15.c. To Whom Paid	15.d. Amount 13,000			
Name Rebecca Smith	15.e. Purpose			
Title Independent Consultant	Employed to give speeches to employees regarding			
Organization	exercising their rights to organize and bargain collectively.			
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				
16, TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				
10, TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: LAI Consulting	Servi	iles ,	Jac 1	File Number C-	125
B. Statement of Receipts Report all receipts from employers in conne or services.	ection with lab	or relations	advice or service	es regardless of the purp	oses of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer saginaw Chippewa Tribe	· F		illing Address: ilding and Room i	łumber, if any	
Trade Name Soaring Eagle Casino					
Attention To	c	City Mt. Fleasant			
Title	S	State	WI	ZIP Cod	le + 4 48858
5.b. Termination Date 12/21/07	5	5.c. Amount 706,500			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbursements made by to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Exp	by the reporting		ion in connection	with labor relations advi	ce or services rendered
	<u> </u>		9. Office and Ad	ministrative Expenses	
			10 Publicity		
		Ī	11. Fees for Prof	essional Services	
			12. Loans Made		
			13. Other Disbur	sements	
8. Total disbursements to officers and employees:			14. Total Disburse	ments (Sum of Items 8-13))
CONT	TINUI	ATIL	71/		
D. Schedule of Disbursements for Reportable Activity Use this instruction.		o report only	/ di≋bursements i	nade for the purposes d	escribed in Part D of th
15.a. Employer Name:					
15.c. To Whom Paid	1	15.d. Amount 3.3,500			
Name Frank Barbera		15.e. Purpose			
Title Independent Consultant		Employed to give speeches to employees regarding			
Organization Frank Barbera & Associates		exercising their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any					
Street 3308 Ariba Street					
City Las Vegas					
State Washington NV ZIP Code + 4 89129					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			**		· · · ·
i e e e e e e e e e e e e e e e e e e e					

Name of Person Filing: Il Consulting Servi	(c) Sm File Number C- 00 5 2 5			
	7			
B. Statement of Receipts Report ali receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any			
Employer Saginaw Chippewa Tribe	1.0. box, building and Hoors Number, if any			
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd			
Attention To	ty Mt. Pleasant			
Title	State			
5.b. Termination Date 12/21/07	5.c. Amount 7(16,500			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered			
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals			
	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)			
CONTINU	CATION			
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 3.9500			
Name Jason Greer	15.e. Purpose			
Title Independent Consultant	Employed to give speeches to employees regarding			
Organization Greer Consulting, Inc.	exercising their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any				
Street 33 Mallory Bend Ct				
City Lake St. Louis				
State washington MO ZIP Code + 4 63367				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	•			