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

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

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.

DISTRIBUTION OF THE 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

1-12001

<u>E</u>	5901
1 . File Number C- 66578	2. Period Covered By This Report From: 01 / 01 / 2015 Through: Month/Day/Year (mm/dd/yyyy)  Month/Day/Year (mm/dd/yyyy)  Italy 31 / 2015
A. Person Filing	
Name and mailing address (include ZIP Code):  Name  Title	Any other address where records necessary to verify this report are kept:  Name  Title
Organization Sparta, Incorporated	Organization
P.O. Box, Building and Room Number, if any  Street 8086 S. Yale Ave, ste 225  City Tulsa  State Oklahoma ZIP Code + 4 74136	P.O. Box, Building and Room Number, if any  Street  City  State  ZIP Code + 4
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable penalti- information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	
President (if other title, see instructions)  On Date Telephone Number	18. Signed Treasurer (If other title, see instructions)  On Market Boo-555-7509  Date Telephone Number

Name of Person Filing:	File Number C- 66578				
B. Statement of Receipts Report all receipts from employers in connection was or services.	th 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 See Attached	J. S. Son, Suntaing and Toom Trainson, It all,				
Trade Name	Street				
Attention To	City				
Title	State ZIP Code + 4				
5.b. Termination Date	5.c. Amount				
	S.C. Allount				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 747,610					
C. Statement of Disbursements Report all disbursements made by the re	porting organization in connection with labor relations advice or services rendered				
to the employers listed in Part B.	F				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (c)	i) Totals				
	0 9. Office and Administrative Expenses				
	10. Publicity				
	11. Fees for Professional Services				
	12. Loans Made				
	13. Other Disbursements				
8. Total disbursements to officers and employees:	0 14. Total Disbursements (Sum of Items 8-13) 0				
D. Schedule of Disbursements for Reportable Activity Use this Scheinstructions.	dule to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
See Attached					
15.c. To Whom Paid	15.d. Amount 0				
	15.G. Amount to				
Name	15.e. Purpose				
Title					
Organization					
P.O. Box, Building and Room Number, if any					
Street					
City					
State ZIP Code + 4					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 382,3	94				

Form LM-21 (2003)

Name of Person Fi	lling:				F	File Number C-	66578
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 Add	dress of Employer (includ		ıy).	P O P	Mailing Address: ox, Bldg., Room No., i	f any	
Employer A1	liance Ground	<del></del>	<del> </del>	P.O. B	ox, Bidg., Hoom No., I	ı any	
Trade Name				 Street	6705 Red Rd		
Attention To:	Jared	Azcuy		City	Coral Gable		
Title				State	Florida		ZIP Code + 4 33143
5.b. Termination D	ate 12/01/2015			5.c. Amo	ount 52,082	<del></del>	
	fress of Employer (includ	ing trade name, if an	y).		Mailing Address:		
				P.O. B	ox, Bldg., Room No., if	f anv	
Employer Ba	yarea						
Trade Name		77			700 National C	Ct	
Attention To:	Todd	Rovelsted		City	Richmond		ZID Code : 4
Title	General Manager			State-	California		ZIP Code + 4 94804
5.b. Termination D	eate 07/21/2015			5.c. Amo	ount 10,921		
5.a. Name and Ad	dress of Employer (includ	ling trade name, if ar	ny).	D O D	Mailing Address: ox, Bidg., Room No., i	if any	
Employee Bo	ston Pipe			Р.О. В	ox, Bidd., Hoom No., I	ir anv	
Trade Name				Street	121 St Ave		
Attention To:	Teff	Nierman		City	Somerville		······································
Title	President			State	Massachusetts		ZIP Code + 4 02143
THE	Flesident				Massachaseces		02113
5.b. Termination D	ate 06/25/2015			5.c. Amo	ount 9,259		
	ate 06/25/2015			5.c. Amo	ount 9,259		
	dress of Employer (include	ling trade name, if ar	ny).	<u> </u>	Mailing Address:	if any	
5.a. Name and Add	dress of Employer (includ	ling trade name, if ar	ny).	<u> </u>		if any	
5.a. Name and Add		ling trade name, if ar	ny).	P.O. B	Mailing Address:		
5.a. Name and Add Employer DM Trade Name	dress of Employer (include E Company		ny).	P.O. B	Mailing Address: ox. Bldg., Room No., i		
5.a. Name and Add	dress of Employer (include E Company Thomas	ling trade name, if ar	ny).	P.O. B Street City	Mailing Address: ox. Bldg Room No i  3010 Disney St		ZIP Code + 4 45209
5.a. Name and Add Employer DM Trade Name Attention To: Title	Thomas		ny).	P.O. B Street City State	Mailing Address: ox. Bldg. Room Noi  3010 Disney St Cincinnati Ohio		ZIP Code + 4 45209
5.a. Name and Add Employer DM Trade Name Attention To: Title  5.b. Termination D	Thomas  CEO  Oate 07/10/2015	Goeke		P.O. B Street City State	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570		ZIP Code + 4 45209
5.a. Name and Add  Employer DM  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add	Thomas  CEO  Date 07/10/2015  dress of Employer (included)	Goeke		P.O. B Street City State 5.c. Am	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570 Mailing Address:		ZIP Code + 4 45209
5.a. Name and Add  Employer DM  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add	Thomas  CEO  Date 07/10/2015  dress of Employer (included)	Goeke		P.O. B Street City State 5.c. Am	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570		ZIP Code + 4 45209
5.a. Name and Add Employer DM Trade Name Attention To: Title  5.b. Termination D	Thomas  CEO  Date 07/10/2015  dress of Employer (included)	Goeke		P.O. B Street City State  5.c. Am	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570 Mailing Address:	if anv	
5.a. Name and Add  Employer DM  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer He  Trade Name	Thomas  CEO  Date 07/10/2015  dress of Employer (includents)	Goeke		P.O. B Street City State  5.c. Am	Mailing Address: ox. Bldg Room No i  3010 Disney St  Cincinnati  Ohio  ount 57,570  Mailing Address: ox. Bldg Room No i	if anv	
5.a. Name and Add  Employer DM  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer He	Thomas  CEO  Date 07/10/2015  dress of Employer (includents)	Goeke ding trade name, if ar		P.O. B Street City State 5.c. Am P.O. B	Mailing Address: ox. Bldq Room No i  3010 Disney St Cincinnati Ohio ount 57,570  Mailing Address: ox. Bldq Room No i  10450 Corkscre	if anv	
5.a. Name and Add Employer DM Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer He Trade Name Attention To: Title	Thomas  CEO Date 07/10/2015  dress of Employer (includence)  CTTZ  Lynette  LR Assistant	Goeke ding trade name, if ar		P.O. B Street City State  5.c. Am P.O. B Street City State	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570  Mailing Address: ox. Bldg Room No i	if anv	Dr
5.a. Name and Add  Employer DM  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer He  Trade Name  Attention To:  Title  5.b. Termination D	Thomas  CEO Date 07/10/2015  dress of Employer (includence)  CTTZ  Lynette  LR Assistant	Goeke  fing trade name, if ar	ny).	P.O. B Street City State  5.c. Am P.O. B Street City State	Mailing Address: ox. Bldq Room No i  3010 Disney St Cincinnati Ohio ount 57,570  Mailing Address: ox. Bldq Room No i  10450 Corkscre Estero Florida	if anv	Dr
5.a. Name and Add  Employer DM  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer He  Trade Name  Attention To:  Title  5.b. Termination D	Thomas  CEO Date 07/10/2015  dress of Employer (includent to the content to the c	Goeke  fing trade name, if ar	ny).	P.O. B Street City State  5.c. Am P.O. B Street City State  5.c. Am	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570  Mailing Address: ox. Bldg Room No i  10450 Corkscre Estero Florida ount 111,390	if anv	Dr
5.a. Name and Add  Employer DM  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Head Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Head Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Ho	dress of Employer (included to the company of the c	Goeke  fing trade name, if ar	ny).	P.O. B Street City State  5.c. Am P.O. B Street City State  5.c. Am P.O. B	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570  Mailing Address: ox. Bldg Room No i  10450 Corkscre Estero Florida ount 111,390  Mailing Address: ox. Bldg Room No i	if anv	Dr
5.a. Name and Add  Employer DM  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer He  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer He  Trade Name  Attention To: Title	Thomas  CEO Date 07/10/2015  dress of Employer (includence)  Lynette  LR Assistant  Date 07/10/2015	Goeke  ding trade name, if and trade name, if any t	ny).	P.O. B Street City State  5.c. Am P.O. B Street City State  5.c. Am P.O. B	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570  Mailing Address: ox. Bldg Room No i  10450 Corkscre Estero Florida ount 111,390  Mailing Address: ox. Bldg Room No i  2911 39th Ave	if anv	Dr
5.a. Name and Add  Employer DM  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer He  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer He  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Ho  Trade Name  Attention To:	Thomas  CEO Date 07/10/2015  dress of Employer (includence)  Lynette  LR Assistant  Date 07/10/2015	Goeke  fing trade name, if ar	ny).	P.O. B Street City State  5.c. Am P.O. B Street City State  5.c. Am P.O. B Street City State City State	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570  Mailing Address: ox. Bldg Room No i  10450 Corkscre Estero Florida ount 111,390  Mailing Address: ox. Bldg Room No i  2911 39th Ave Long Island	if anv	Dr ZIP Code + 4 33928
5.a. Name and Add  Employer DM  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer He  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Ho  Trade Name  Attention To: Trade Name  Attention To: Trade Name  Attention To: Title	Thomas  CEO Date 07/10/2015  dress of Employer (includence)  Lynette  LR Assistant  Date 07/10/2015	Goeke  ding trade name, if and trade name, if any t	ny).	P.O. B Street City State  5.c. Am P.O. B Street City State  5.c. Am P.O. B Street City State City State	Mailing Address: ox. Bldg Room No i  3010 Disney St Cincinnati Ohio ount 57,570  Mailing Address: ox. Bldg Room No i  10450 Corkscre Estero Florida ount 111,390  Mailing Address: ox. Bldg Room No i  2911 39th Ave	if anv	Dr

Name of Person F	iling:				File	e Number C- 66578
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 Ad	dress of Employer (inclu		ıy).	20.5	Mailing Address:	
Employer Ho	oward Snacks			P.O. B	ox, Bldg., Room No., if a	iny
Trade Name	International	Provisions		Street	14 Hamden Park	Dr
	Charlie	Leoux	<del></del>	City	Hamden	
Title	President			State	Connecticut	ZIP Code + 4 06517
5.b. Termination D	ate			5.c. Amo	ount 21,159	
	dress of Employer (inclu	uding trade name, if an	ıy).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a	iny
Employer Ki	ndra Lake					
Trade Name					9864 Ave N	
Attention To:	John	Kindra		City	Chicago	
Title	President			State	Illinois	ZIP Code + 4 60617
5.b. Termination D	Date 11/05/2015			5.c. Amo	ount 21,874	
5.a. Name and Ad	dress of Employer (inclu	uding trade name, if ar	лу).	P.O.5	Mailing Address:	anv.
Employer Kr	ystal Car Wash			P.U. B	ox. Blda., Room No., if a	al I V
Trade Name				Street	4340 Erdman Ave	
Attention To:	Wilson	Ahn	7	City	Baltimore	
Title	President			_ •	Maryland	ZIP Code + 4 21213
5.b. Termination D	Pate			5.c. Amo	ount 42,906	
5.a. Name and Ad	dress of Employer (inclu	uding trade name, if ar	ıy).	5.5	Mailing Address:	
Empla Re	ed, White & Blue	· · · · · · · · · · · · · · · · · · ·	<del></del>	P.O. B	ox. Bldg., Room No., if a	ariy
Trade Name				 Street		
Attention To:	Bob	Tucker		City	Ventura	
Title	<u></u>			State	California	ZIP Code + 4 93002
,	11/11/225		<u></u> ]	1		7
	Date 11/11/2015		J 	5.c. Am	ount 96,805	
5.a. Name and Ad	dress of Employer (inclu	uding trade name, if ar	ny).	P∩□	Mailing Address: ox. Bldg., Room No., if a	anv
Employer SC	R Medical Trans	port		, .U. B		
Trade Name				Street	8801-25 S. Gree	nwood Ave
Attention To:	Erica	Mosley		City	Chicago	
Title	Manager of Huma			State	Illinois	ZIP Code + 4 60619
5.b. Termination [			]	5.c. Am	ount 161,018	
5.a. Name and Ad	deans of Employer (in the	udina trado namo if as	nv).	<del>.</del>	Mailing Address:	
	uress or Employer (incit	uoniy naue name, n ar	.,,,		ov Dida Doom No. 11	2004
Employer Sy		uunig naue name, il al		P.O. B	ox. Blda Room No if a	anv
	gma-Denver	uonny naue name, n al		]	ox. Blda Room No if a	
Employer Sy Trade Name Attention To:	gma-Denver	Fowler		Street		
Trade Name	gma-Denver			Street City	5550 Blazer Pkw	

	iling:					File Number C-	66578	
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 Add	dress of Employer (includ				Mailing Address			
F	lson			P.O. Bo	ox, Bldg., Room No	o., it any		
Employer W1 Trade Name				 Street	140 Profess	ional Drive	Suite 7	=
_	Dana	Smith	7	City	Cabot	LONGI DIIVE	Jurce 2	
Title	Dalla	Sinten	<del></del>	State	Arizona		]  ZIP Code + 4   7	2022
							J2 6666 1 4 [/	2023
5.b. Termination D	ate 11/16/2015			5.c. Amo	unt 9,773			
5.a. Name and Add	dress of Employer (includ	ing trade name, if any).		P.O. Bo	Mailing Address			
Employer Sy	sco-Harrisburg							
Trade Name				Street	3905 Corey F	Road		
Attention To:	Richard	Euler		City	Harrisburg			
Title				State	Pennsylvania	ì	ZIP Code + 4 1	7109
5.b. Termination D	pate 12/22/15			5.c. Amo	ount 130,224			
5.a. Name and Add	dress of Employer (includ	ling trade name, if any).			Mailing Address		<u> </u>	
		·····		P.O. B	ox. <u>Bida Room Ne</u> I	o., if anv		<del></del>
Employer L			<del></del>	I				=
Trade Name	<u> </u>	<del></del>	<u>'</u>	Street	<u> </u>		7	
Attention To:	<u> </u>			City			] \ZIP Code + 4 [ _	
Title				State	<u> </u>		21F C000 + 4	
5.b. Termination D	ate			5.c. Amo	ount			
							<del> </del>	
5.a. Name and Add	dress of Employer (includ	ling trade name, if any).		P.O. B	Mailing Address			
5.a. Name and Add	dress of Employer (includ	ling trade name, if any).		P.O. B	-			
<del></del>	dress of Employer (includ	ling trade name, if any).		P.O. Be	-			
Employer	dress of Employer (includ	ling trade name, if any).			-			
Employer Trade Name	dress of Employer (includ	ling trade name, if any).		Street	-		ZIP Code + 4	
Employer Trade Name Attention To:		ling trade name, if any).		Street City	ox, Bldg., Room No		] ZIP Code + 4	
Employer Trade Name Attention To: Title  5.b. Termination D	Date			Street City State	ox, Bidg., Room No	o., if any	ZIP Code + 4	
Employer Trade Name Attention To: Title  5.b. Termination D				Street City State	ox, Bldg., Room No	o., if any	ZIP Code + 4	
Employer Trade Name Attention To: Title  5.b. Termination D	Date			Street City State	ox, Bldg., Room No	o., if any	ZIP Code + 4	
Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add	Date			Street City State	ox, Bldg., Room No	o., if any	ZIP Code + 4	
Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer	Date			Street City State 5.c. Amo	ox, Bldg., Room No	o., if any	ZIP Code + 4	
Employer Trade Name Attention To: Title  5.b. Termination E  5.a. Name and Add Employer Trade Name	Date			Street City State  5.c. Ame	ox, Bldg., Room No	o., if any	ZIP Code + 4	
Employer Trade Name Attention To: Title  5.b. Termination C  5.a. Name and Add Employer Trade Name Attention To:	Date dress of Employer (included)			Street City State 5.c. Amo	ox, Bldg., Room No	o., if any		
Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D	Date dress of Employer (included)	ling trade name, if any).		Street City State  5.c. Ame P.O. Be Street City State	ox, Bldg., Room No	o., if any		
Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D	Date dress of Employer (included)	ling trade name, if any).		Street City State  5.c. Ame P.O. Ba Street City State  5.c. Ame	ox, Bldg., Room No	o., if any s: o., if anv s: o., if anv		
Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D	Date dress of Employer (included)	ling trade name, if any).		Street City State  5.c. Ame P.O. Be Street City State  5.c. Ame	ox, Bldg., Room No  Dount  Mailing Address ox, Bldg., Room No  Mailing Address  Mailing Address	o., if any s: o., if anv s: o., if anv		
Employer Trade Name Attention To: Title  5.b. Termination E  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination E  5.c. Name and Add  5.d. Name and Add	Date dress of Employer (included)	ling trade name, if any).		Street City State  5.c. Ame P.O. Be Street City State  5.c. Ame P.O. Be Street	ox, Bldg., Room No  Dount  Mailing Address ox, Bldg., Room No  Mailing Address  Mailing Address	o., if any s: o., if anv s: o., if anv		
Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer	Date dress of Employer (included)	ling trade name, if any).		Street City State  5.c. Ame P.O. Be Street City State  5.c. Ame City State  City State  City City City	ox, Bldg., Room No  Dount  Mailing Address ox, Bldg., Room No  Mailing Address  Mailing Address	o., if any s: o., if anv s: o., if anv	ZIP Code + 4	
Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name	Date dress of Employer (included)	ling trade name, if any).		Street City State  5.c. Ame P.O. Be Street City State  5.c. Ame P.O. Be Street	ox, Bldg., Room No  Dount  Mailing Address ox, Bldg., Room No  Mailing Address  Mailing Address	o., if any s: o., if anv s: o., if anv		

Name of Person Filing:	File Number C- 66578
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:
Alliance	
15.c. To Whom Paid	15.d. Amount 51,740
Name Oluseyi Olowolafe	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization Omega Labor Solutions	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 2307 Fenton Parkway, Ste 107-221	
City San Diego	
State California ZIP Code + 4 92108	
15.a. Employer Name:  Bay Area Beverage	15.b. Trade Name, If any:
bay area beverage	
15.c. To Whom Paid	15.d. Amount 5,921
Name Simon R Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization Pinnacle, Labor Solutions	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
	Lagh Toda Norma Kanna
15.a. Employer Name:  Boston Pipe	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 5,697
Name Tim Lewis	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization Lewis Labor Rolations	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10731 Trailwood Dr	
City Chesterfield	
State Virginia ZIP Code + 4 23832	

Name of Person Filing:	File Number C- 66578
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:
DME	
15.c. To Whom Paid	15.d. Amount 30,758
Name Tim Lewis	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization Lewis Labor Relations	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10731 Trailwood Dr.	
City Chesterfield	
State Virginia ZIP Code + 4 23832	
	Lest Toda Name Manager
15.a. Employer Name: Hotel Vetiver	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 1,969
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 382 Nome Ave	
City Staten Island	
State New York ZIP Code + 4 10314	
15.a. Employer Name:	15.b. Trade Name, If any:
Howard Snacks	International Provisions
15.c. To Whom Paid	15.d. Amount 18,418
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	Correctively.
Street 382 Nome Ave	
City Staten Island	
State New York ZIP Code + 4 10314	

Name of Person Filing:	File Number C- 66578
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:
Kindra Lake	
15.c. To Whom Paid	15.d. Amount 10,999
Name Miriam Smith	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regaeding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1728 Deerhaven Dr.	
City Crystal Lake	
State Illinois ZIP Code + 4 60014	
15.a. Employer Name:	15.b. Trade Name, If any:
Krystal Car Wash	
15.c. To Whom Paid	15.d. Amount 1,500
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization	exercising their right to organize and bargain
	collectively.
P.O. Box, Building and Room Number, if any	
Street 382 Nome Ave	
City Staten Island State New York ZIP Code + 4 10314	
State New York ZIP Code + 4 10314	
15.a. Employer Name:	15.b. Trade Name, If any:
Krystal Car Wash	
15.c. To Whom Paid	15.d. Amount 13,000
Name Eric Grumbrecht	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization	exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street land Taran Gira #201	
Street 200 Lago Cir #201	
City Melbourne	
State Florida ZIP Code + 4 32904	

Name of Person Filing:	File Number C- 66578
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:
Red, White & Blue	
15.c. To Whom Paid	15.d. Amount 51,318
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regaeding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 382 Nome Ave	
City Staten Island	
State New York ZIP Code + 4 10314	
15.a. Employer Name:	15.b. Trade Name, If any:
SCR	
15.c. To Whom Paid	15.d. Amount 40,185
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization Pinnacle Labor Relations	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1557 Countrywood Ln	
City Escalon	
State California ZIP Code + 4 95320	
15.a. Employer Name:	15.b. Trade Name, If any:
SCR SCR	
15.c. To Whom Paid	15.d. Amount 23,470
Name Oluseyi Olowolafe	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Omega Labor Relations	could make an informed decision regaeding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street	
Street 2307 Fenton Parkway, Ste 107-221	
City San Diego	
State California ZIP Code + 4 92108	

Name of Person Filing:	File Number C- 66578
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: SCR	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Christian B Teague	15.d. Amount 7,878  15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regaeding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any  Street 5300 W. Memorial Rd, Apt W  City OKC	
State Oklahoma ZIP Code + 4 73142	
15.a. Employer Name: SCR	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 19,174
Name Simon E Jara  Title  Organization Pinnacle Labor Solutions	15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regaeding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any  Street 10380 Rochelle Ave  City Santee  State California ZIP Code + 4 92071	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 3,474
Name Miriam Smith  Title  Organization  P.O. Box, Building and Room Number, if any  Street 1728 Deerhaven Dr.  City Crystal Lake  State Illinois ZIP Code + 4 60014	15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regaeding exercising their right to organize and bargain collectively.
State Illinois ZIP Code + 4 60014	

Name of Person Filing:	File Number C- 66578
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:
Sygma-Denver	
15.c. To Whom Paid	15.d. Amount 28,500
Name Simon R Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Prinnacle Labor Solution	could make an informed decision regaeding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
15.a. Employer Name:	15.b. Trade Name, If any:
Wilson	
15.c. To Whom Paid	15.d. Amount 2,728
Name Christian B Teague	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 5300 W. Memorial Rd, Apt W	
City OKC	
State Oklahoma ZIP Code + 4 73142	
0.000 (0.0200000000000000000000000000000	
15.a. Employer Name: Wilson	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 2,165
Name Matt Langren	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Integritex Contracting, LLC	could make an informed decision regaeding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 14520 W. Mockingbird LN	
City Sand Springs	
State Oklahoma ZIP Code + 4 74063	

Name of Person Filing:	File Number C- 66578
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:
Sysco-Harrisburg	
15.c. To Whom Paid	15.d. Amount 20,000
Name Eric Grumbrecht	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regaeding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 200 Lago Cir #201	
City Melbourne	
State Florida ZIP Code + 4 32904	
landaria lan	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Harrisburg	
15.c. To Whom Paid	15.d. Amount 21,000
Name Tim Lewis	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Lewis Labor Relations	could make an informed decision regaeding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10731 Trailwood Drive	[ ]
City Chesterfield	
State Virginia ZIP Code + 4 23832	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Harrisburg	
15.c. To Whom Paid	15.d. Amount 22,500
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regaeding
Organization Pinnacle Labor Solutions	exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Character and the second secon	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	