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.

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)

	The state of the s	0000011 200(0) 01 010 20001	management readibles and bloc	3,034,07,000,07	oos, as amended. (Elimbri)			
For Official Use Only  READ TO	HE INSTRUCTIONS CAREFUL	LY BEFORE PREP	ARING THIS REPORT	]				
WAR - 9 2015	ı	57957	6					
1 . File Number C- 65802		2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)			
		From:	01/01/2014	Through:	12/31/2014			
A. Person Filing								
3. Name and mailing address (include ZIP Code):		4. Any other addres	s where records necessa	ry to verify	this report are kept:			
Name		Name						
Title		Title						
Organization International Labor Re	elations	Organization						
P.O. Box, Building and Room Number, if any		P.O. Box, Buildin	g and Room Number, if a	ıny				
Street 8086 S. Yale Ave Suite 22	5	Street						
City Tulsa		City		7	<del></del>			
State Oklahoma Z	ZIP Code + 4 74136	State		ZIP Cod	e + 4			
		<del></del>	_		<u> </u>			
	Signatures							
Each of the undersigned declares, under penalty of p information contained in any accompanying docum correct, and complete. (See the Section on penaltic	nents) has been examined by the							
17. Signed  Title President	President (if other title, see instructions)	18. Signed Tree	asurer	<u> </u>	Treasurer (If other title, see instructions)			
On 2/2/15 800-555-750		On 2/2	800-555- e Telephon	-7509 e Number				

Name of Person Filing:	File Number C- 65802
B. Statement of Receipts Report all receipts from employers in connection win 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	
Trade Name	Street
Attention To	City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2,803,888	<del>-</del>
	· · · · · · · · · · · · · · · · · · ·
C. Statement of Disbursements  Report all disbursements made by the re 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
0 0	9. Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
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 Schedinstructions.	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
Name	100000000000000000000000000000000000000
	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
Street	
City	_
State ZIP Code + 4	][
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 1,329	,307

Name of Person Fi	ling:					File Number C-	65802
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.							
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:							
Employer NO	rth Star Technol	logy Corp	<del></del>	P.O. B	ox, Bldg., Room N	o., if any	
Trade Name				Street	32 Mauchly	Suite C	
	Frances	Chiang		City	Irvine	<del></del>	1
Title	President	<del></del>		State	California	***************************************	ZIP Code + 4 92618
5.b. Termination Da	ate 06/24/2014		]	5.c. Amo	ount 11,256		
	Iress of Employer (includ	ling trade name, if a	iny).	P.O. B	Mailing Address		
Employer De	ntal Dream						
Trade Name				Street	350 North C	lark Street,	Suite 600
Attention To:	Peter	Stathakis		City	Chicago		
Title	Chief Financial	Officer		State	Illinois		ZIP Code + 4 60654
5.b. Termination D	ate		]	5.c. Amo	ount 125,999		
5.a. Name and Add	dress of Employer (includ	ding trade name, if	any).	000	Mailing Addres		
Employer De	pendability				ox. <u>Blda Room N</u> {	o., ir any	
Trade Name				Street	3955 Frankfo	ord Ave	
1	Gwendolyn	Simpkins	<del></del>	City	Philadelphi	a	]
Title	Owner			State	Pennsylvania	. <del></del>	ZIP Code + 4 19124
'	<del></del>						.,
5.b. Termination D	ate 1/28/1014		]	5.c. Amo	ount 4,625		
	ate 1/28/1014  tress of Employer (include	ling trade name, if a	any).	5.c. Amo	Mailing Address	s:	
5.a. Name and Add	dress of Employer (include		any).	l <sub>.:.</sub>	Mailing Addres	o., if any	
5.a. Name and Add			any).	P.O. B	Mailing Addres	o., if any	
5.a. Name and Add  Employer As  Trade Name	dress of Employer (included phalt Paving Cor	-р	any).	P.O. B	Mailing Addressox, Bldg., Room N P.O. Box 310	o., if any	
5.a. Name and Add Employer As Trade Name Attention To:	dress of Employer (include phalt Paving Cor		any).	P.O. B Street City	Mailing Addres ox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga	o., if any	]   ZIP Code + 4 [na 2 2 a
5.a. Name and Add Employer As Trade Name Attention To: Title	dress of Employer (included phalt Paving Cor John Covner	-р	any).	P.O. B Street City State	Mailing Addres ox, Bldg. Room N P.O. Box 310 378 Elmwood Malaga New Jersey	o., if any	] ZIP Code + 4 08328
5.a. Name and Add Employer As Trade Name Attention To: Title	dress of Employer (include phalt Paving Cor	-р	any).	P.O. B Street City State	Mailing Addres ox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga	o., if any	ZIP Code + 4 08328
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D	dress of Employer (included phalt Paving Cor John Covner	Gravenor		P.O. B Street City State	Mailing Addres ox, Bldg. Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addres	o., if any 0 Ave	] ZIP Code + 4 08328
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add	dress of Employer (included phalt Paving Corrections of Employer (includ	Gravenor		P.O. B Street City State	Mailing Addres ox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498	o., if any 0 Ave	] ZIP Code + 4 08328
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa	dress of Employer (included phalt Paving Corrections of Employer)  John Cowner State 03/31/2014  dress of Employer (included and stone Tires	Gravenor		P.O. B Street City State 5.c. Ame	Mailing Addres ox, Bldg. Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addres ox, Bldg. Room N	o., if any  Ave  S: o., if any	] ]ZIP Code + 4 [08328
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa  Trade Name	John Owner  Josephalt Paving Cor  John Owner  John Own	Gravenor  ding trade name, if a		P.O. B Street City State  5.c. Ame	Mailing Addressox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addressox, Bldg., Room N 531 North Ma	o., if any  Ave  S: o., if any	ZIP Code + 4 08328
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa  Trade Name  Attention To:	John Owner Jate 03/31/2014 dress of Employer (included the second text) attended to the second text of the s	Gravenor		P.O. B Street City State  5.c. Am P.O. B Street City	Mailing Addres ox, Bldg. Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addres ox, Bldg. Room N 531 North Ma Taylor	o. if any  Ave  S: o. if any	
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa  Trade Name  Attention To:  Title	John Owner  Josephalt Paving Cor  John Owner  John Own	Gravenor  ding trade name, if a		P.O. B Street City State  5.c. Ame P.O. B Street City State	Mailing Addressox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addressox, Bldg., Room N 531 North Ma Taylor Pennsylvania	o. if any  Ave  S: o. if any	ZIP Code + 4 08328
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa  Trade Name  Attention To:  Title	John Owner Jate 03/31/2014 dress of Employer (included the second text) attended to the second text of the s	Gravenor  ding trade name, if a		P.O. B Street City State  5.c. Ame P.O. B Street City State	Mailing Addres ox, Bldg. Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addres ox, Bldg. Room N 531 North Ma Taylor	o. if any  Ave  S: o. if any	
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa  Trade Name  Attention To:  Title  5.b. Termination D	John Owner  John Owner  Joth Discourse (Included Included	Gravenor  ding trade name, if a	any).	P.O. B Street City State  5.c. Ami P.O. B Street City State  5.c. Ami	Mailing Addressox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addressox, Bldg., Room N 531 North Ma Taylor Pennsylvania	o. if any  Ave  S: o. if any ain Street  S:	
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Ga	John John Owner  John Ostate 03/31/2014  dress of Employer (includents of Employer (includents of Employer)  Patrick President  John Owner  John Owner	Gravenor  ding trade name, if a	any).	P.O. B Street City State  5.c. Am Street City State  5.c. Am P.O. B	Mailing Addressox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addressox, Bldg., Room N Taylor Pennsylvania ount 6,000 Mailing Addressox, Bldg., Room N	o. if any  Ave  s: o. if any  ain Street  s: o. if any	
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Ga	John Owner  John Owner  Joth Discourse (Included Included	Gravenor  ding trade name, if a	any).	P.O. B Street City State  5.c. Am Street City State  5.c. Am P.O. B	Mailing Addressox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addressox, Bldg., Room N 531 North Me Taylor Pennsylvania ount 6,000 Mailing Addressount 6,000	o. if any  Ave  s: o. if any  ain Street  s: o. if any	
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Ga  Trade Name  Attention To:	John Owner  John Owner  Joth Date 03/31/2014  Dress of Employer (included the second bunlop patrick  President  John Dunlop Datrick  President  John Dunlop Datrick  President  John Dunlop Datrick  John Datrick  J	Gravenor  ding trade name, if a	any).	P.O. B Street City State  5.c. Am Street City State  5.c. Am P.O. B Street City State  City State	Mailing Addressox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addressox, Bldg., Room N Taylor Pennsylvania ount 6,000 Mailing Addressox, Bldg., Room N	o. if any  Ave  s: o. if any  ain Street  s: o. if any	ZIP Code + 4 18517
5.a. Name and Add  Employer As  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Sa  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Ga  Trade Name  Attention To:	John Owner  John Owner  Joth Date 03/31/2014  Dress of Employer (included the second bunlop patrick  President  John Dunlop Datrick  President  John Dunlop Datrick  President  John Dunlop Datrick  John Datrick  J	Gravenor  ding trade name, if a	any).	P.O. B Street City State  5.c. Am City State  5.c. Am Street  5.c. Am Street	Mailing Addres ox, Bldg., Room N P.O. Box 310 378 Elmwood Malaga New Jersey ount 22,498 Mailing Addres ox, Bldg., Room N 531 North Ma Taylor Pennsylvania ount 6,000 Mailing Addres ox, Bldg., Room N	o. if any  Ave  s: o. if any  ain Street  s: o. if any	

Name of Person Filing:	File Number C- 65802						
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the						
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Bldg., Room No., if any							
Employer Mercedes Benz of Omaha	1.0. Sox, Blog., Hoom You, It any						
Trade Name	Street 14335 Hillsdale Ave						
Attention To: John Langland	City Omaha						
Title General Sales Manager	State Nebraska ZIP Code + 4 68137						
5.b. Termination Date 04/22/2014	5.c. Amount [7,000						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any						
Employer Pine Ridge Farm, LLC							
Trade Name	Street 1800 Maury St						
Attention To: Brady Stewart	City Des Moines						
Title Chief Operating Officer	State Iowa ZIP Code + 4 50317						
5.b. Termination Date 02/11/2014	5.c. Amount 31,018						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:						
	P.O. Box, Bldg., Room No., if any						
Employer Carlile Transportation Services							
Trade Name	Street 32001 32nd Ave South , Suite 200						
Attention To: James Armstrong	City Federal Way						
Title President	State Washington ZIP Code + 4 98001						
5.b. Termination Date 06/02/2014	5.c. Amount 121,618						
5.b. Termination Date 06/02/2014      5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:						
5.a. Name and Address of Employer (including trade name, if any).							
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental	Mailing Address: P.O. Box, Bidg., Room No., if any						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Tràde Name	Mailing Address: P.O. Box, Bldq., Room No., if any Street 19701 97th Ave,						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name Attention To: Steven A Lempera	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name  Attention To: Steven A Lempera  Title President	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name Attention To: Steven A Lempera	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name  Attention To: Steven A Lempera  Title President	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address:						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name  Attention To: Steven A Lempera  Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name  Attention To: Steven A Lempera  Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bldq., Room No., if any						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name  Attention To: Steven A Lempera  Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation  Trade Name	Mailing Address: P.O. Box, Bidq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bidg., Room No., if any  Street 1207 E. Lincolnway						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name  Attention To: Steven A Lempera  Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation  Trade Name  Attention To: Ralph Gut	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 1207 E. Lincolnway City La Porte						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name Attention To: Steven A Lempera  Title President  5.b. Termination Date   5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation  Trade Name Attention To: Ralph Gut	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 1207 E. Lincolnway City La Porte State Indiana ZIP Code + 4 46350						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental  Trade Name  Attention To: Steven A Lempera  Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation  Trade Name  Attention To: Ralph Gut	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 1207 E. Lincolnway City La Porte						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental Trade Name Attention To: Steven A Lempera Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation Trade Name Attention To: Ralph Gut Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 1207 E. Lincolnway City La Porte State Indiana ZIP Code + 4 46350						
5.a. Name and Address of Employer (including trade name, if any).  Employer Puture Environmental Trade Name Attention To: Steven A Lempera Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation Trade Name Attention To: Ralph Gut Title President  5.b. Termination Date	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 1207 E. Lincolnway City La Porte State Indiana ZIP Code + 4 46350  5.c. Amount 30,000  Mailing Address:						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental Trade Name Attention To: Steven A Lempera Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation Trade Name Attention To: Ralph Gut Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 1207 E. Lincolnway City La Porte State Indiana ZIP Code + 4 46350  5.c. Amount 30,000  Mailing Address:						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental Trade Name Attention To: Steven A Lempera Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation Trade Name Attention To: Ralph Gut Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Guitar Center, Inc.	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 1207 E. Lincolnway City La Porte State Indiana ZIP Code + 4 46350  5.c. Amount 30,000  Mailing Address: P.O. Box, Bldq., Room No., if any						
5.a. Name and Address of Employer (including trade name, if any).  Employer Future Environmental Trade Name Attention To: Steven A Lempera Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer American Renoilt Corporation Trade Name Attention To: Ralph Gut Title President  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Guitar Center, Inc. Trade Name	Mailing Address: P.O. Box, Bidq., Room No., if any  Street 19701 97th Ave, City Mokena State Illinois ZIP Code + 4 60448  5.c. Amount 78,586  Mailing Address: P.O. Box, Bidq., Room No., if any  Street 1207 E. Lincolnway City La Porte State Indiana ZIP Code + 4 46350  5.c. Amount 30,000  Mailing Address: P.O. Box, Bidq., Room No., if any  Street 8917 Town and Country Circle						

Name of Person F	iling:					File Number C-	65802
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.							
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Bldg., Room No., if any							
Employer Sysco					ox, Blog., noom No.	., if any	
Trade Name				Street	99 Spring St	reet	
Attention To:	Chuck	Fraser		City	Plympton		]
Title	President			State	Massachusett	8	ZIP Code + 4 02367
5.b. Termination D	ate 03/10/2014			5.c. Amo	ount 24,057		
5.a. Name and Add	dress of Employer (includin	ig trade name, if any)	).	P.O. Bo	Mailing Address: ox, Bldg., Room No.		
Employer We	sley Enhanced Liv	ring					
Trade Name				Street	6300 Greene	Street	
Attention To:	Jeff	Petty		City	Philadelphia		
Title	President			State	Pennsylvania		ZIP Code + 4 19144
5.b. Termination D	Pate 11/4/2014			5.c. Amo	ount 84,006		
5.a. Name and Ad	dress of Employer (including	ng trade name, if any	).	B O B	Mailing Address:		
Employer Co	mmFed				ox. <u>Blda Room No</u> 	It anv	
Trade Name				 Street	111 South Ca	lvert St, S	uite 200
	Paul	Tyshing		City	Baltimore		1
Title	President	J 14			Maryland		ZIP Code + 4 21202
							J
5.b. Termination D	ate 05/05/2014			5.c. Amo	ount 4,778		
5.a. Name and Add	dress of Employer (including		).	<u> </u>	Mailing Address:		
5.a. Name and Add	· · · · · · · · · · · · · · · · · · ·		).	<u> </u>	Mailing Address:		
5.a. Name and Add	dress of Employer (including		).	P.O. B	Mailing Address:	, if any	
5.a. Name and Add	dress of Employer (including von Nissan Dealer		).	P.O. Bo	Mailing Address: ox, Bldg., Room No.	, if any	
5.a. Name and Add Employer De Trade Name Attention To:	dress of Employer (including von Nissan Dealer	ship	).	P.O. Bo	Mailing Address: ox, Bldq., Room No.	, if any	] ZIP Code + 4 19333
5.a. Name and Add Employer De Trade Name Attention To: Title	dress of Employer (including von Nissan Dealer Diana	ship	).	P.O. Bo Street City State	Mailing Address: ox, Bldg., Room No. 459 W. Lancas	, if any	ZIP Code + 4 19333
5.a. Name and Add Employer De Trade Name Attention To: Title 5.b. Termination D	dress of Employer (including von Nissan Dealer Diana Chief Financial (	Trach Officer		P.O. Bo	Mailing Address: ox, Bldg., Room No. 459 W. Lancas Devon Pennsylvania ount 2,626 Mailing Address:	ster Ave	ZIP Code + 4 19333
5.a. Name and Add  Employer De  Trade Name  Attention To:  Title  5.b. Termination D	dress of Employer (including von Nissan Dealer Diana Chief Financial (date 08/28/2014 dress of Employer (including von Nissan Dealer Chief Financial (date 08/28/2014 dress of Employer (including von Nissan Dealer Chief Financial (date 08/28/2014 dress of Employer (including von Nissan Dealer Chief Financial (date 08/28/2014 dress of Employer (including von Nissan Dealer Chief Financial (date of Nissan Dea	Trach Officer		P.O. Bo	Mailing Address: ox, Bldg., Room No. 459 W. Lancas Devon Pennsylvania ount 2,626	ster Ave	] ZIP Code + 4 [19333
5.a. Name and Add  Employer De  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Ro	dress of Employer (including von Nissan Dealer Diana Chief Financial (date 08/28/2014 dress of Employer (including von Nissan Dealer Chief Financial (date 08/28/2014 dress of Employer (including von Nissan Dealer Chief Financial (date 08/28/2014 dress of Employer (including von Nissan Dealer Chief Financial (date 08/28/2014 dress of Employer (including von Nissan Dealer Chief Financial (date of Nissan Dea	Trach Officer		P.O. Bo	Mailing Address: ox, Bldg., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626 Mailing Address: ox. Bldg., Room No.	ster Ave	
5.a. Name and Add  Employer De  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer RO  Trade Name	dress of Employer (including von Nissan Dealer Diana Chief Financial Chief Fin	Trach Officer  g trade name, if any		P.O. Bo	Mailing Address: ox, Bldq., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626  Mailing Address: ox. Bldq., Room No.	ster Ave	
5.a. Name and Add  Employer De  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer RO  Trade Name  Attention To:	dress of Employer (including von Nissan Dealer Diana Chief Financial Chief Fin	Trach Officer  Ing trade name, if any		P.O. Bo	Mailing Address: ox, Bldq., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626 Mailing Address: ox, Bldq., Room No.  15 Salt Creel Hinsdale	ster Ave	te 205
5.a. Name and Add  Employer De  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer RO  Trade Name  Attention To:  Title	dress of Employer (including von Nissan Dealer Diana Chief Financial (Chief Financial (Chie	Trach Officer  Ing trade name, if any		P.O. Bo	Mailing Address: ox, Bldq., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626  Mailing Address: ox. Bldq., Room No.  15 Salt Creel Hinsdale Illinois	ster Ave	
5.a. Name and Add  Employer De  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer RO  Trade Name  Attention To:  Title	dress of Employer (including von Nissan Dealer Diana Chief Financial Chief Fin	Trach Officer  Ing trade name, if any		P.O. Bo	Mailing Address: ox, Bldq., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626 Mailing Address: ox, Bldq., Room No.  15 Salt Creel Hinsdale	ster Ave	te 205
5.a. Name and Add  Employer De  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Ro  Trade Name  Attention To:  Title  5.b. Termination C	dress of Employer (including von Nissan Dealer Diana Chief Financial Chief Fin	Trach Officer  Ing trade name, if any)  Kohlhass Coperations  Ing trade name, if any)	).	P.O. Bo	Mailing Address: ox, Bldq., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626  Mailing Address: ox. Bldq., Room No.  15 Salt Creel Hinsdale Illinois	ster Ave ifany k Lane, Sui	te 205
5.a. Name and Add  Employer De  Trade Name  Attention To:  Title  5.b. Termination D  5.a. Name and Add  Employer Ro  Trade Name  Attention To:  Title  5.b. Termination C	dress of Employer (including von Nissan Dealer Diana Chief Financial Chief Chief Financial Chief Chief Financial Chief C	Trach Officer  Ing trade name, if any)  Kohlhass Coperations  Ing trade name, if any)	).	P.O. Bo	Mailing Address: ox, Bldq., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626  Mailing Address: ox. Bldq., Room No.  15 Salt Creel Hinsdale  Illinois ount 18,524  Mailing Address:	ster Ave ifany k Lane, Sui	te 205
5.a. Name and Add  Employer De  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Ro  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer E1  Trade Name	dress of Employer (including von Nissan Dealer Diana Chief Financial (1984) (19	Trach Officer  Ing trade name, if any Kohlhass Operations Ing trade name, if any ansportation	).	P.O. Bo	Mailing Address: ox, Bldq., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626  Mailing Address: ox. Bldq., Room No.  15 Salt Creel Hinsdale  Illinois ount 18,524  Mailing Address:	ster Ave if.anv  k Lane, Sui	te 205 ] ]ZIP Code + 4 60521
5.a. Name and Add  Employer De  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Ro  Trade Name  Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer E1  Trade Name  Attention To:	dress of Employer (including von Nissan Dealer Diana Chief Financial (1984) (19	Trach Officer  Ing trade name, if any)  Kohlhass Coperations  Ing trade name, if any)	).	P.O. Book Street City State  5.c. Amount Street City State  5.c. Amount Street	Mailing Address: ox, Bldg., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626  Mailing Address: ox, Bldg., Room No.  15 Salt Creel Hinsdale Illinois ount 18,524  Mailing Address: ox, Bldg., Room No.	ster Ave if.anv  k Lane, Sui	te 205  ] ZIP Code + 4 60521  Suite B
5.a. Name and Add  Employer De  Trade Name  Attention To: Title  5.b. Termination C  5.a. Name and Add  Employer Ro  Trade Name  Attention To: Title  5.b. Termination C  5.a. Name and Add  Employer E1  Trade Name  Attention To:	dress of Employer (including von Nissan Dealer Diana Chief Financial (1984) (19	Trach Officer  Ing trade name, if any Kohlhass Operations Ing trade name, if any ansportation  Nicks	).	P.O. Book Street City State  5.c. Amount Street City State  5.c. Amount Street	Mailing Address: ox, Bldq., Room No.  459 W. Lancas Devon Pennsylvania ount 2,626  Mailing Address: ox, Bldq., Room No.  15 Salt Creel Hinsdale 111inois ount 18,524  Mailing Address: ox, Bldq., Room No.	ster Ave if.anv  k Lane, Sui	te 205 ] ]ZIP Code + 4 60521

Name of Person Filing:	File Number C- 65802						
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.							
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:							
Employer Sysco- Connecticut	P.O. Box, Bidg., Room No., if any						
Tráde Náme	Street 100 Inwood Road						
Attention To: Alan Rosenblatt	City Rocky Hill						
Title President	State Connecticut ZIP Code + 4 06067						
5.b. Termination Date 05/09/2014	5.c. Amount 2,168						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any						
Employer Blick Art Material							
Trade Name	Street 695 US HWY 150 E						
Attention To: Robert Buchsbaum	City Galesburg						
Title CEO	State Illinois ZIP Code + 4 61401						
5.b. Termination Date	5.c. Amount 718,749						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:						
Employer Eurecat U.S., Incorporated	P.O. Box, Bida., Room No., if any						
Trade Name	Street 13100 Bay Park Road						
Attention To: Fred McCulloch	City Pasadena						
Title Plant Manager	State Texas ZIP Code + 4 77507						
5.b. Termination Date							
3.b. Terrimation Date	5.c. Amount 89,786						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any						
	Mailing Address:						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Harrington	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave  City Findlay						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Harrington	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave  City Findlay						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Harrington  Title General Manager	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave City Findlay State Ohio ZIP Code + 4 45840  5.c. Amount 49,704  Mailing Address:						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name  Attention To: Martin Harrington  Title General Manager  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave City Findlay State Ohio ZIP Code + 4 45840  5.c. Amount 49,704						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Harrington  Title General Manager  5.b. Termination Date	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave City Findlay State Ohio ZIP Code + 4 45840  5.c. Amount 49,704  Mailing Address:						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name  Attention To: Martin Harrington  Title General Manager  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer ABB	Mailing Address:  P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave  City Findlay  State Ohio ZIP Code + 4 45840  5.c. Amount 49,704  Mailing Address:  P.O. Box, Blda., Room No., if any  Street 4350 Semple Avenue  City Saint Louis						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Harrington  Title General Manager  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer ABB  Trade Name	Mailing Address:  P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave  City Findlay  State Ohio ZIP Code + 4 45840  5.c. Amount 49,704  Mailing Address:  P.O. Box, Blda Room No if any  Street 4350 Semple Avenue						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Harrington  Title General Manager  5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).  Employer ABB  Trade Name Attention To: Rich Poter	Mailing Address:  P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave  City Findlay  State Ohio ZIP Code + 4 45840  5.c. Amount 49,704  Mailing Address:  P.O. Box, Blda., Room No., if any  Street 4350 Semple Avenue  City Saint Louis						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name  Attention To: Martin Harrington  Title General Manager  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer ABB  Trade Name  Attention To: Rich Poter  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:  P.O. Box, Bldq., Room No., if any  Street 400 Fostoria Ave  City Findlay  State Ohio  5.c. Amount 49,704  Mailing Address: P.O. Box, Blda., Room No., if any  Street 4350 Semple Avenue  City Saint Louis  State Missouri  ZIP Code + 4 63120						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Barrington  Title General Manager  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer ABB  Trade Name Attention To: Rich Poter  Title  5.b. Termination Date	Mailing Address:  P.O. Box, Bldg., Room No., if any  Street 400 Fostoria Ave  City Findlay  State Ohio ZIP Code + 4 45840  5.c. Amount 49,704  Mailing Address: P.O. Box, Blda., Room No., if any  Street 4350 Semple Avenue  City Saint Louis  State Missouri ZIP Code + 4 63120  5.c. Amount 92,960  Mailing Address: P.O. Box, Blda., Room No., if any						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Harrington  Title General Manager  5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).  Employer ABB  Trade Name Attention To: Rich Poter  Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).  Employer Delta Western  Trade Name Delta Western  Trade Name Delta Western	Mailing Address:  P.O. Box, Bldq., Room No., if any  Street 400 Fostoria Ave  City Findlay  State Ohio  5.c. Amount 49,704  Mailing Address:  P.O. Box, Blda., Room No., if any  Street 4350 Semple Avenue  City Saint Louis  State Missouri  5.c. Amount 92,960  Mailing Address:						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Harrington  Title General Manager  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer ABB  Trade Name Attention To: Rich Poter  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Delta Western  Trade Name Attention To: Kirk Payne	Mailing Address:  P.O. Box, Bldq., Room No., if any  Street 400 Fostoria Ave  City Findlay  State Ohio  5.c. Amount 49,704  Mailing Address:  P.O. Box, Blda., Room No., if any  Street 4350 Semple Avenue  City Saint Louis  State Missouri  5.c. Amount 92,960  Mailing Address:  P.O. Box, Blda., Room No., if any  Street 420 L. Street Ste 101  City Anchorage						
5.a. Name and Address of Employer (including trade name, if any).  Employer Mitec Powertrain  Trade Name Attention To: Martin Harrington  Title General Manager  5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).  Employer ABB  Trade Name Attention To: Rich Poter  Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).  Employer Delta Western  Trade Name Delta Western  Trade Name Delta Western	Mailing Address:  P.O. Box, Bldq., Room No., if any  Street 400 Fostoria Ave  City Findlay  State Ohio  5.c. Amount 49,704  Mailing Address:  P.O. Box, Blda., Room No., if any  Street 4350 Semple Avenue  City Saint Louis  State Missouri  ZIP Code + 4 63120  5.c. Amount 92,960  Mailing Address:  P.O. Box, Blda., Room No., if any  Street 420 L. Street Ste 101						

Name of Person Fi	iling:					File Number C-	65802
B. Statement of F	Receipts Report all rec		s in connection	vith labor r	elations advice or se	ervices regardle	ss of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:							
Employer Pe	tro Star	<del></del>		P.O. B	ox, Bldg., Room No.,	, if any	
Trade Name	1			Street	3900 C. St. #	#802	
Attention To:	Don	Castle		City	Anchorage		]
Title	Vice President			State	Alaska		ZIP Code + 4 99503
5.b. Termination D	ate 11/03/2014			5.c. Amo	ount 31,291		
	dress of Employer (inclu		ny).	P.O. B	Mailing Address: ox, Bldg., Room No.,	if any	
Employer Mr	s Green Natural	Market					
Trade Name				Street	1 Bridge Stre	et, 2nd Fl	oor Suite 3
Attention To:	Sherry	Schultz		City	Irving		
Title		<del></del>		State	New York		ZIP Code + 4 10533
5.b. Termination D	ate		]	5.c. Am	ount 160,375		
5.a. Name and Add	dress of Employer (incli	uding trade name, if a	ıny).	B O B	Mailing Address:	if non-	
Employer Ba	y Area Beverage	Company		P.O. B	ox, Blda., Room No.	, ir anv	
Trade Name				Street	700 National	Court	
Attention To:	William	Johnson		City	Richmond		
Title	Human Resource	Director		State	California		ZIP Code + 4 94804
			7	T			
5.b. Termination D	ate 07/07/2014	<del></del>	<u>.</u>	5.c. Amo	ount 10,633		
	dress of Employer (inclu	uding trade name, if a	iny).	5.c. Amo	Mailing Address:		
5.a. Name and Add	dress of Employer (inclu	uding trade name, if a	iny).	<u> </u>		, if any	
5.a. Name and Add		uding trade name, if a	iny).	P.O. B	Mailing Address: ox, Bldg., Room No.		
5.a. Name and Add Employer Sy Trade Name	dress of Employer (inclusion)		iny).	P.O. B	Mailing Address: ox, Bldq., Room No.		]
5.a. Name and Add	dress of Employer (inclusion) sco-Atlanta Mark	uding trade name, if a	J Inny).	P.O. B	Mailing Address: ox, Bldq., Room No. 222 Riverdale College Park		]  ZIP Code + 4 30337
5.a. Name and Add Employer Sy Trade Name Attention To: Title	dress of Employer (inclusion of Employer (inc		J nny).	P.O. B Street City State	Mailing Address: ox, Bldq., Room No.  222 Riverdale College Park Georgia		] ]ZIP Code + 4 30337
5.a. Name and Add  Employer Sy  Tráde Name  Attention To:	dress of Employer (inclusion of Employer (inc		iny).	P.O. B Street City State	Mailing Address: ox, Bldq., Room No. 222 Riverdale College Park		] ]ZIP Code + 4[30337
5.a. Name and Add Employer Sy Trade Name Attention To: Title  5.b. Termination D	dress of Employer (inclusion of Employer (inc	Zucker		P.O. B Street City State	Mailing Address: ox, Bldq., Room No.  222 Riverdale College Park Georgia ount 333,899  Mailing Address:	Road	] ZIP Code + 4 30337
5.a. Name and Add Employer Sy Trade Name Attention To: Title  5.b. Termination D	dress of Employer (inclusion of Employer (inclusion of Employer (includress of Employer (includress of Employer (inclusion of Employer (i	Zucker  Juding trade name, if a		P.O. B Street City State	Mailing Address: ox, Bldq., Room No.  222 Riverdale College Park Georgia ount 333,899	Road	] ]ZIP Code + 4 30337
5.a. Name and Add Employer Sy Trade Name Attention To: Title 5.b. Termination D  5.a. Name and Add Employer Ro	dress of Employer (inclusion of Employer (inc	Zucker  Juding trade name, if a		P.O. B Street City State  5.c. Am	Mailing Address: ox, Bldq., Room No.  222 Riverdale College Park Georgia ount 333,899  Mailing Address:	Road	
5.a. Name and Add Employer Sy Trade Name Attention To: Title  5.b. Termination D	dress of Employer (inclusion of Employer (inclusion of Employer (includes of Employer (inclusion of Employer (incl	Zucker  uding trade name, if a		P.O. B Street City State  5.c. Am	Mailing Address: ox, Bldq., Room No.  222 Riverdale College Park Georgia ount 333,899  Mailing Address: ox, Blda., Room No.	Road	
5.a. Name and Add Employer Sy Trade Name Attention To: Title 5.b. Termination D  5.a. Name and Add Employer Ro Trade Name	dress of Employer (inclusion of Employer (inclusion of Employer (includes of Employer (inclusion of Employer (incl	Zucker  Juding trade name, if a		P.O. B Street City State  5.c. Am P.O. B	Mailing Address: ox. Bldq., Room No.  222 Riverdale College Park Georgia ount 333,899  Mailing Address: ox. Blda Room No.  340 El Camino	Road	
5.a. Name and Add Employer Sy Trade Name Attention To: Title 5.b. Termination D  5.a. Name and Add Employer Ro Trade Name Attention To: Title	dress of Employer (inclusion Atlanta  Mark  CFO  Date  dress of Employer (inclusion Bert Mann Packata)  Steve	Zucker  uding trade name, if a		P.O. B Street City State  5.c. Am P.O. B Street City State	Mailing Address: ox. Bldq., Room No.  222 Riverdale  College Park  Georgia  ount 333,899  Mailing Address: ox. Blda Room No.  340 El Camino  Salinas	Road	h, #36
5.a. Name and Add Employer Sy Trade Name Attention To: Title 5.b. Termination C  5.a. Name and Add Employer Ro Trade Name Attention To: Title  5.b. Termination C	dress of Employer (inclusion of Employer (inc	Zucker  uding trade name, if a	liny).	P.O. B Street City State  5.c. Am P.O. B Street City State	Mailing Address: ox. Bldq., Room No.  222 Riverdale College Park Georgia  ount 333,899  Mailing Address: ox. Bldq., Room No.  340 El Camino Salinas California	Road  if any Real Sout	h, #36
5.a. Name and Add  Employer Sy Trade Name Attention To: Title  5.b. Termination E  5.a. Name and Add  Employer Ro Trade Name Attention To: Title  5.b. Termination E	dress of Employer (inclusion of Employer (inc	Zucker  uding trade name, if a	liny).	P.O. B Street City State  5.c. Am  P.O. B Street City State  5.c. Am	Mailing Address: ox. Bldq., Room No.  222 Riverdale College Park Georgia ount 333,899  Mailing Address: ox. Blda., Room No.  340 El Camino Salinas California ount 23,145	Road  if any Real Sout	h, #36
5.a. Name and Add Employer Sy Trade Name Attention To: Title 5.b. Termination D  5.a. Name and Add Employer RO Trade Name Attention To: Title 5.b. Termination D	dress of Employer (inclusion of Employer (inc	Zucker  uding trade name, if a	liny).	P.O. B Street City State  5.c. Am P.O. B Street City State  5.c. Am	Mailing Address: ox. Bldq., Room No.  222 Riverdale College Park Georgia  ount 333,899  Mailing Address: ox. Bldq., Room No.  340 El Camino Salinas California ount 23,145  Mailing Address: ox. Bldq., Room No.	if any Real Sout	h, #36
5.a. Name and Add  Employer Sy Trade Name Attention To: Title  5.b. Termination E  5.a. Name and Add  Employer RO Trade Name Attention To: Title  5.b. Termination E  5.a. Name and Add  Employer Xp Trade Name	dress of Employer (inclusion of Employer (inc	Zucker  Juding trade name, if a againg  Carroll  Luding trade name, if a	liny).	P.O. B Street City State  5.c. Am P.O. B Street City State  5.c. Am Street	Mailing Address: ox. Bldq., Room No.  222 Riverdale  College Park  Georgia  ount 333,899  Mailing Address: ox. Bldq., Room No.  340 El Camino  Salinas  California  ount 23,145  Mailing Address: ox. Bldq., Room No.	if any Real Sout	h, #36
5.a. Name and Add Employer Sy Trade Name Attention To: Title 5.b. Termination C  5.a. Name and Add Employer Ro Trade Name Attention To: Title  5.b. Termination C  5.a. Name and Add Employer Xp Trade Name Attention To:	dress of Employer (inclusion of Employer (inc	Zucker  uding trade name, if a	liny).	P.O. B Street City State  5.c. Am P.O. B Street City State  5.c. Am P.O. B	Mailing Address: ox. Bldq., Room No.  222 Riverdale College Park Georgia  ount 333,899  Mailing Address: ox. Blda., Room No.  340 El Camino Salinas California ount 23,145  Mailing Address: ox. Blda., Room No.  901 Bilter Ro Aurora	if any Real Sout	h, #36 ] ]ZIP Code + 4 93901
5.a. Name and Add  Employer Sy Trade Name Attention To: Title  5.b. Termination E  5.a. Name and Add  Employer RO Trade Name Attention To: Title  5.b. Termination E  5.b. Termination E  5.c. Name and Add  Employer Xp Trade Name	dress of Employer (inclusion of Employer (inc	Zucker  Juding trade name, if a againg  Carroll  Luding trade name, if a	liny).	P.O. B Street City State  5.c. Am P.O. B Street City State  5.c. Am Street	Mailing Address: ox. Bldq., Room No.  222 Riverdale  College Park  Georgia  ount 333,899  Mailing Address: ox. Bldq., Room No.  340 El Camino  Salinas  California  ount 23,145  Mailing Address: ox. Bldq., Room No.	if any Real Sout	h, #36

Name of Person Filing	j:					File Number C	-65802
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.							
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Bldg., Room No., if any							
Employer Sygn	na- Kansas City	,	······································	P.O. B	ox, Bidg., Hoom N	lo., it any	
Trade Name			<del></del>	Street	11400 N. Co	ngress Ave	
Attention To: Bo	ob	Willming	<del></del>	City	Kansas City	<del></del>	7
Title				State	Missouri		ZIP Code + 4
5.b. Termination Date	09/08/2014			5.c. Amo	ount 15,376		
5.a. Name and Addres	ss of Employer (includ	ing trade name, if an	y).	P.O. B	Mailing Addres		
Employer Ontro	ac						
Trade Name				Street	829 Smithwa	y Street	
Attention To: Ri	ick	Chase		City	Commerce		
Title VP	e Chief Admi	nistration Off	icer	State	California		ZIP Code + 4 90040
5.b. Termination Date	, [			5.c. Amo	ount 135,396		
5.a. Name and Address	ss of Employer (include	ling trade name, if an	y).		Mailing Addres		
Employer World	d VW			Р.О. В	ox, Blda., Room N	loif anv	
Trade Name				1 Street	4075 Highwa	y 33	
]	stine	Simcox	<del></del>	City	Neptune		7
;==	eneral Manager			State	New Jersey		ZIP Code + 4 07753
5.b. Termination Date	05/05/2014			5.c. Amo	ount 5,120		
5.a. Name and Addres	ss of Employer (includ	ling trade name, if an	у).	P.O. B	Mailing Addres		- <u>·</u>
Employer Idea	l Ready Mix						
Trade Name				Street	3902 West M	t Pleasant S	St
Attention To: Ja	ay [	Johnson		City	West Burlin	gton	
Title Pr	esident			State	Iowa		ZIP Code + 4 52655
5.b. Termination Date	10/17/2014			5.c. Am	ount 37,641		
5.a. Name and Addres	ss of Employer (includ	ling trade name, if an	y).		Mailing Addres		
Oval	а			<sub>P.O. B</sub>	ox. <u>Blda., Room N</u> 	loif_anv	
Employer Quala			<del></del>	l Stroot	6551 Grant	λνο	
Trade Name Attention To: Par	,,,1	Woodbury		City	Cleveland		<del></del> 7
==	ce President		rces	State	Ohio		ZIP Code + 4 44105
	Ce l'Iesidenc (	or numeri kesou	ices		h		44103
5.b. Termination Date	<u> </u>			5.c. Am	ount 17,841		
5.a. Name and Addres	, , ,	ling trade name, if an	y).	P.O. B	Mailing Addres		
Employer Fresh	hPoint						
Trade Name					5900 North	Golden State	Blvd
Attention To: Sc	ott	Savage		City	Turlock		
Title				State	California		ZIP Code + 4 95382
5.b. Termination Date	,			5.c. Am	ount 65,370		

Name of Person Filing:							File Number (	C-65802
B. Statement of F	Receipts Report all re advice or service	•	mployers in o	connection	vith labor r	elations advice or	services regard	less of the purposes of the
5.a. Name and Add	dress of Employer (incl		ame, if any).			Mailing Addres		
Employer Sv			P.O. Box, Bldg., Room No., if any					
Trade Name	nployer Sysco- Grand Rapids					Street 3700 Sysco Ct. SE		
Attention To:	Theodore	Twyma	n	=	City	Grand Rapid		7
Title	Vice President	<u> </u>			State	Michigan		ZIP Code + 4 49512
5.b. Termination Da	ate				5.c. Amo	ount 22,677		
5.a. Name and Add	fress of Employer (incl	luding trade na	me, if any).			Mailing Addres		<u> </u>
Employer In	terstate Distr	ibution	<del></del>		P.O. B	ox, Bldg., Room N	o., ir any	
Trade Name				7	Street	11707 21st	Ave Court S	t
	Laura	Edwar	ds	<del></del>	City	Tacoma		
Title	Director of Re	lations			State	Washington		ZIP Code + 4 98444
5.b. Termination D	ate				5.c. Amo	ount 18,415		
5.a. Name and Add	dress of Employer (inc	luding trade na	ame, if any).			Mailing Addres	is:	· · · · · · · · · · · · · · · · · · ·
			<del></del>		P.O. B	ox, Blda., Room N		
Employer Ca	scade Water Se	rvice				<u> </u>		
Trade Name				<u> </u>	Street	113 Bloomin	gdale Rd	
Attention To:	Eugene	Kloch	koff		City	Hicksville	<del></del>	
Title	President		<del></del>		State	New York		ZIP Code + 4 11801
5.b. Termination D	ate 04/22/2014				5.c. Amo	ount 7,000		
<u></u>	dress of Employer (inc	luding trade na	ame, if any).		<u> </u>	Mailing Addres		<u> </u>
5.a. Name and Add	dress of Employer (inc	luding trade na	ame, if any).		<u> </u>			
5.a. Name and Add		luding trade na	ame, if any).		P.O. B	Mailing Addres	lo., if any	
5.a. Name and Add Employer Sy Trade Name	dress of Employer (inc				P.O. B	Mailing Addres  ox, Bldg., Room N  One Liebich	lo., if any	
5.a. Name and Add  Employer Sy  Trade Name  Attention To:	dress of Employer (inc	luding trade na			P.O. B	Mailing Addres ox, Bldq. Room N  One Liebich  Halfmoon	lo., if any	ZIP Code + 4 1 2065
5.a. Name and Add Employer Sy Trade Name Attention To: Title	dress of Employer (inclusions) sco-Albany Bill President				P.O. B. Street City State	Mailing Addres ox, Bldq., Room N One Liebich Halfmoon New York	lo., if any	ZIP Code + 4 12065
5.a. Name and Add  Employer Sy  Trade Name  Attention To:	dress of Employer (inclusions) sco-Albany Bill President				P.O. B. Street City State	Mailing Addres ox, Bldq. Room N  One Liebich  Halfmoon	lo., if any	ZIP Code + 4 12065
5.a. Name and Add  Employer Sy  Trade Name  Attention To:  Title  5.b. Termination D	dress of Employer (inclusions) sco-Albany Bill President	Carti	er		P.O. B Street City State	Mailing Addres ox, Bldq., Room N One Liebich Halfmoon New York ount 38,305 Mailing Addres	Lane	ZIP Code + 4 12065
5.a. Name and Add  Employer Sy  Trade Name  Attention To:  Title  5.b. Termination D	dress of Employer (inclusion and inclusion a	Carti	er		P.O. B Street City State	Mailing Addres ox, Bldq., Room N One Liebich Halfmoon New York ount 38,305	Lane	ZIP Code + 4 12065
5.a. Name and Add  Employer Sy Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer	dress of Employer (inclusion and inclusion a	Carti	er		P.O. Bo	Mailing Addres ox, Bldq., Room N One Liebich Halfmoon New York ount 38,305 Mailing Addres	Lane	ZIP Code + 4 12065
5.a. Name and Add  Employer Sy Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Trade Name	dress of Employer (inclusion and inclusion a	Carti	er		P.O. B. Street City State 5.c. Ame	Mailing Addres ox, Bldq., Room N One Liebich Halfmoon New York ount 38,305 Mailing Addres	Lane	ZIP Code + 4 12065
5.a. Name and Add  Employer Sy Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Trade Name Attention To:	dress of Employer (inclusion and inclusion a	Carti	er		P.O. Books Street  Street  5.c. Amount Street  City	Mailing Addres ox, Bldq., Room N One Liebich Halfmoon New York ount 38,305 Mailing Addres	Lane	
5.a. Name and Add  Employer Sy Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add  Employer Trade Name	dress of Employer (inclusion and inclusion a	Carti	er		P.O. B. Street City State 5.c. Ame	Mailing Addres ox, Bldq., Room N One Liebich Halfmoon New York ount 38,305 Mailing Addres	Lane	ZIP Code + 4 12065
5.a. Name and Add Employer Sy Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D	dress of Employer (inclusive sco-Albany  Bill  President  ate 04/02/14  dress of Employer (inclusive score)	Cartio	er ame, if any).		P.O. Books Street  Street  5.c. Amount Street  City	Mailing Addres ox, Bldg., Room N One Liebich Halfmoon New York ount 38,305  Mailing Addres ox, Bldg., Room N	Lane  Lane  S: loif_any	
5.a. Name and Add Employer Sy Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D	dress of Employer (inclusive sco-Albany  Bill  President  ate 04/02/14  dress of Employer (inclusive score)	Cartio	er ame, if any).		P.O. Book Street Street Street City State  Street City State  5.c. Amount Street City State	Mailing Addres ox, Bldq., Room N  One Liebich  Halfmoon  New York  ount 38,305  Mailing Addres ox, Blda., Room N	Lane  Lane  S: loif_any	
5.a. Name and Add Employer Sy Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D	dress of Employer (inclusive sco-Albany  Bill  President  ate 04/02/14  dress of Employer (inclusive score)	Cartio	er ame, if any).		P.O. Book Street Street Street City State  Street City State  5.c. Amount Street City State	Mailing Addres ox, Bldg., Room N  One Liebich  Halfmoon  New York  ount 38,305  Mailing Addres ox, Bldg., Room N  ount  Mailing Addres	Lane  Lane  S: loif_any	
5.a. Name and Add Employer Sy 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	dress of Employer (inclusive sco-Albany  Bill  President  ate 04/02/14  dress of Employer (inclusive score)	Cartio	er ame, if any).		P.O. Book Street Street Street City State  Street City State  5.c. Amount Street City State	Mailing Addres ox, Bldg., Room N  One Liebich  Halfmoon  New York  ount 38,305  Mailing Addres ox, Bldg., Room N  ount  Mailing Addres	Lane  Lane  S: loif_any	
5.a. Name and Ado Employer Sy Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Ado Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Ado Employer Trade Name Attention To: Title	dress of Employer (inclusive sco-Albany  Bill  President  ate 04/02/14  dress of Employer (inclusive score)	Cartio	er ame, if any).		P.O. Books Street City State  5.c. Amount P.O. Books Street City State  5.c. Amount P.O. Books Street City City City City City City City Cit	Mailing Addres ox, Bldg., Room N  One Liebich  Halfmoon  New York  ount 38,305  Mailing Addres ox, Bldg., Room N  ount  Mailing Addres	Lane  Lane  S: loif_any	ZIP Code + 4
5.a. Name and Ado  Employer Sy Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Ado  Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Ado  Employer Trade Name Attention To: Title	dress of Employer (inclusive sco-Albany  Bill  President  ate 04/02/14  dress of Employer (inclusive score)	Cartio	er ame, if any).		P.O. Book Street City State  5.c. Amount P.O. Book Street City State  5.c. Amount P.O. Book Street Street	Mailing Addres ox, Bldg., Room N  One Liebich  Halfmoon  New York  ount 38,305  Mailing Addres ox, Bldg., Room N  ount  Mailing Addres	Lane  Lane  S: loif_any	

Name of Person Filing:	File Number C- 65802
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:
North Star	
15.c. To Whom Paid	15.d. Amount 4,162
Name Charles Stephenson	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization CRS Labor Relations Solution, LLC	could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1500 E. Katella Ave Suite M	
City Orange	
State California ZIP Code + 4 92867	
15.a. Employer Name:	15.b. Trade Name, If any:
Dental Dreams	
15.c. To Whom Paid	15.d. Amount 4,734
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising 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 Smolauer Name	15.b. Trade Name, If any:
15.a. Employer Name:  Dental Dreams	13.0. Haue Maile, it any.
15.c. To Whom Paid	15.d. Amount 42,093
Name Natasha Gordon	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 4907 Ivey Vista Way	
City Oceanside	
State California ZIP Code + 4 92057	

Name of Person Filing:	File Number C- 65802
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:
Dental Dreams	
15.c. To Whom Paid	15.d. Amount 22,500
Name Christian Blaine Teague	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising 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 b Toda Nova Warm
15.a. Employer Name:  Dependability	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Joe Mieluchowski	15.d. Amount 2,325
	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 47 E. Johnathan Ct	
City Kenneth Square	
State Pennsylvania ZIP Code + 4 19348	
15.a. Employer Name:	15.b. Trade Name, If any:
Asphalt Paving	15.b. Trade Name, if any.
15.c. To Whom Paid	15.d. Amount 9,886
Name James Clegg	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Clegg & Associate Managment Group	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 25000 152nd Ct	
Street 25889 152nd St  City Surrey, BC. CA V3S0A4	
City Surrey, BC, CA V3S0A4  State Other  ZIP Code + 4	
State Office   ZIP Code + 4	

Name of Person Filing:	File Number C- 65802					
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.						
15.a. Employer Name:	15.b. Trade Name, If any:					
Asphalt Paving						
15.c. To Whom Paid	15.d. Amount 500					
Name Joe Mieluchowski	15.e. Purpose					
Title	Engaged to communicate with employees so they could make an informed decision regarding					
Organization	excercising their right to organize and bargain collectively.					
P.O. Box, Building and Room Number, if any						
Street 47 E. Johnathon Ct						
City Kenneth Square						
State Pennsylvania ZIP Code + 4 19348						
15.a. Employer Name:	15.b. Trade Name, If any:					
Sandstone						
15.c. To Whom Paid	15.d. Amount 3,000					
Name Angel Cornejo	15.e. Purpose					
Title	Engaged to communicate with employees so they could make an informed decision regarding					
Organization Pinnacle Labor Relations	excercising their right to organize and bargain					
	collectively.					
P.O. Box, Building and Room Number, if any						
Street						
Street 1557 Countrywood Lane						
City Escalon						
State California ZIP Code + 4 95320						
15.a. Employer Name:	15 h Trada Nama If any					
Gardner-Gibson	15.b. Trade Name, If any:					
15.c. To Whom Paid	15.d. Amount 16,000					
Name Angel Cornejo	15.e. Purpose					
Title	Engaged to communicate with employees so they could make an informed decision regarding					
Organization Pinnacle Labor Relations	excercising their right to organize and bargain					
P.O. Box, Building and Room Number, if any	collectively.					
Street 1557 Countrywood Lane						
City Escalon						
State California ZIP Code + 4 95320						

D. Schedule of Disbursements for Reportable Activity Use his Schedule to report only disbursements made for the purposes described in Part D of the destinations.  15.a Employer Name:  Gardner-Gibson  15.b. Trade Name, if any:  15.b. Trade Name, if any:  15.b. Trade Name, if any:  15.c. To Whom Paid  Name  15.c. To Whom Paid  Nam	Name of Person Filing:	File Number C- 65802
Sc. To Whom Paid   Simon   Jara   J	, , , , , , , , , , , , , , , , , , , ,	e to report only disbursements made for the purposes described in Part D of the
15.c. To Whom Paid   Name   Simon   Jara	15.a. Employer Name:	15.b. Trade Name, If any:
Name   Simon   Jara   Title	Gardner-Gibson	
Title  Organization  Organization  Organization  Street 13 Engloyer Name:  Pace Sox. Building and Room Number. If any  15.a. Employer Name:  Pace Assumed Title  Organization  P.O. Box. Building and Room Number. If any  15.b. Trade Name, If any:  Street 17 E. Johnathan Ct  City Kenneth Square  State Pennsylvania  15.b. Trade Name. If any:  Street 17 E. Johnathan Ct  City Kenneth Square  State Pennsylvania  15.b. Trade Name. If any:  Street 17 E. Johnathan Ct  City Kenneth Square  State Pennsylvania  15.b. Trade Name. If any:  Street 17 E. Johnathan Ct  City Kenneth Square  State Pennsylvania  15.b. Trade Name. If any:  Street 15.b. Trade Name. I	15.c. To Whom Paid	15.d. Amount 40,280
Organization   Collectively   Collec	Name Simon Jara	15.e. Purpose
exercising their right to organize and bargain collectively.    P.O. Box, Building and Room Number, if any	Title	
Street 10380 Rochelle Ave  City Santee  State California ZIP Code + 4 92071  15.a. Employer Name:  Mercedes Benz of Omaha  15.c. To Whom Paid  Name Joe Mieluchowski  Title College Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.  P.O. Box, Bulkling and Room Number, if any  Street 47 E. Johnathan Ct City Kenneth Square State Pennsylvania ZIP Code + 4 19348  15.a. Employer Name:  Pine Ridge Farm, LLC  15.c. To Whom Paid  Name Charles Stephenson  Title  Organization(CRS Labor Relations Solution, LLC P.O. Box, Bulkling and Room Number, if any  Street 1500 E. Katella Ave Suite M City Orange	Organization	excercising their right to organize and bargain
City Santee State California  Title  City Kenneth Square State Pennsylvania  Title  City Kenneth Square State Pennsylvania  Title  State Pennsylvania  Title  Charles  Title  Stephenson  Title  Stephenson  Title  Title  Title  Charles  Title  Stephenson  Title  Stephenson  Title  Charles  Title  Stephenson  Title  Charles  Title  Charles  Title  Charles  Title  Charles  Title  Charles  Title	P.O. Box, Building and Room Number, if any	
State California  2IP Code + 4 92071  15.a. Employer Name:   Mercedes Benz of Omaha	Street 10380 Rochelle Ave	
15.a. Employer Name:   Mercedes Benz of Omaha	City Santee	
Mercedes Benz of Omaha   15.c. To Whom Paid   15.d. Amount   7,000   15.e. Purpose   Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.   15.e. Purpose	State California ZIP Code + 4 92071	
Mercedes Benz of Omaha   15.c. To Whom Paid   15.d. Amount   7,000   15.e. Purpose   Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.   15.e. Purpose		
15.c. To Whom Paid Name Joe Mieluchowski Title Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.  P.O. Box, Building and Room Number, if any Street 47 E. Johnathan Ct City Kenneth Square State Pennsylvania ZIP Code + 4 19348  15.a. Employer Name: Pine Ridge Farm, LLC  15.c. To Whom Paid Name Charles Stephenson Title Organization CRS Labor Relations Solution, LLC P.O. Box, Building and Room Number, if any Street 1500 E. Katella Ave Suite M City Orange		15.b. Trade Name, If any:
Title	Mercedes Benz of Omaha	
Title Organization Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.  P.O. Box, Building and Room Number, if any  Street 47 E. Johnathan Ct City Kenneth Square State Pennsylvania ZIP Code + 4 19348  15.a. Employer Name: Pine Ridge Farm, LLC  15.c. To Whom Paid Name Charles Stephenson Title Organization CRS Labor Relations Solution, LLC P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M City Orange		15.d. Amount 7,000
Could make an informed decision regarding excercising their right to organize and bargain collectively.  P.O. Box, Building and Room Number, if any  Street 47 E. Johnathan Ct  City Kenneth Square  State Pennsylvania  Is.a. Employer Name:  Pine Ridge Farm, LLC  15.c. To Whom Paid  Name Charles Stephenson  Title Stephenson  Title Could make an informed decision regarding excercising their right to organize and bargain collectively.  15.b. Trade Name, If any:  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.	Name Joe Mieluchowski	15.e. Purpose
Crganization	Title	Engaged to communicate with employees so they
P.O. Box, Building and Room Number, if any  Street 47 E. Johnathan Ct  City Kenneth Square  State Fennsylvania ZIP Code + 4 19348  15.a. Employer Name: Pine Ridge Farm, LLC  15.c. To Whom Paid  Name Charles Stephenson  Title  Organization CRS Labor Relations Solution, LLC  P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M  City Orange	Organization	excercising their right to organize and bargain
Street 47 E. Johnathan Ct  City Kenneth Square  State Pennsylvania ZIP Code + 4 19348  15.a. Employer Name: Pine Ridge Farm, LLC  15.c. To Whom Paid  Name Charles Stephenson  Title  Organization CRS Labor Relations Solution, LLC  P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M  City Orange		Correctivery.
City Kenneth Square State Pennsylvania  I5.a. Employer Name: Pine Ridge Farm, LLC  I5.c. To Whom Paid  Name Charles Stephenson  Title Coganization CRS Labor Relations Solution, LLC  P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M  City Orange  I5.b. Trade Name, If any:  I5.c. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.	P.O. Box, Building and Room Number, if any	
City Kenneth Square State Pennsylvania  I5.a. Employer Name: Pine Ridge Farm, LLC  I5.c. To Whom Paid  Name Charles Stephenson  Title Coganization CRS Labor Relations Solution, LLC  P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M  City Orange  I5.b. Trade Name, If any:  I5.c. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.	Street 47 E. Johnathan Ct	
State Pennsylvania  ZIP Code + 4 19348  15.a. Employer Name: Pine Ridge Farm, LLC  15.c. To Whom Paid  Name Charles Stephenson  Title  Organization CRS Labor Relations Solution, LLC  P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M  City Orange  15.b. Trade Name, If any:  15.b. Trade Name, If any:  15.d. Amount 7,145  15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.		
15.a. Employer Name: Pine Ridge Farm, LLC  15.c. To Whom Paid  Name Charles Stephenson  Title  Organization CRS Labor Relations Solution, LLC  P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M  City Orange  15.b. Trade Name, If any:  15.c. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.		
Pine Ridge Farm, LLC		
15.c. To Whom Paid  Name Charles Stephenson  Title Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.  Street 1500 E. Katella Ave Suite M  City Orange	1	15.b. Trade Name, If any:
Name Charles Stephenson  Title Stephenson  Organization CRS Labor Relations Solution, LLC  P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M  City Orange	Pine Ridge Farm, LLC	
Title	15.c. To Whom Paid	15.d. Amount 7,145
Organization CRS Labor Relations Solution, LLC  P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M  City Orange	Name Charles Stephenson	15.e. Purpose
Organization CRS Labor Relations Solution, LLC  P.O. Box, Building and Room Number, if any  Street 1500 E. Katella Ave Suite M  City Orange	Title	Engaged to communicate with employees so they
Street 1500 E. Katella Ave Suite M  City Orange	Organization CRS Labor Relations Solution, LLC	excercising their right to organize and bargain
City Orange	P.O. Box, Building and Room Number, if any	collectively.
City Orange	Street 1500 E. Katella Ave Suite M	
	State California ZIP Code + 4 92867	

Name of Person Filing:	File Number C- 65802
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: Pine Ridge Farms, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid  Name James Clegg  Title  Organization Clegg & Associate Management Group  P.O. Box, Building and Room Number, if any  Street 25889 152nd St  City Surrey, BC, CA V3SoA4  State ZIP Code + 4	15.d. Amount 7,430  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
15.a. Employer Name:	15.b. Trade Name, If any:
Pine Ridge Farms, LLC	
15.c. To Whom Paid  Name Simon Estevan Jara  Title  Organization  P.O. Box, Building and Room Number, if any  Street 10380 Rochelle Ave,  City Santee  State California ZIP Code + 4 92071	15.d. Amount 5,944  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
15.a. Employer Name:  Carlile Transportation Services	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Simon Ruiz Jara  Title  Organization  P.O. Box, Building and Room Number, if any  Street 10380 Rochelle Ave  City Santee  State California ZIP Code + 4 92071	15.d. Amount 27,559  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802	
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.		
15.a. Employer Name:	15.b. Trade Name, If any:	
Carlile Transportation Services		
15.c. To Whom Paid	15.d. Amount 32,620	
Name Christian Blaine Teague	15.e. Purpose	
Title	Engaged to communicate with employees so they	
Organization	could make an informed decision regarding excercising 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:	15.b. Trade Name, If any:	
Future Environmental		
15.c. To Whom Paid	15.d. Amount 4,625	
Name Joe Mieluchowski	15.e. Purpose	
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any		
Street 47 E. Johnathan Ct		
City Kenneth Square		
State Pennsylvania ZIP Code + 4 19348		
15.a. Employer Name: American Renolt Corporation	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 11,149	
Name James Clegg	15.e. Purpose	
Title	Engaged to communicate with employees so they	
Organization Clegg & Associate Management Group	could make an informed decision regarding excercising their right to organize and bargain	
P.O. Box, Building and Room Number, if any	collectively.	
Street 25889 152nd St		
, , , , , , , , , , , , , , , , , , , ,		
State ZIP Code + 4		

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity Use this Schedul 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:
American Renolt	
15.c. To Whom Paid	15.d. Amount 3,750
Name Joe Mieluchowski	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 47 E. Johnathan Ct	
City Kenneth Square	
State Pennsylvania ZIP Code + 4 19348	
15.a. Employer Name:	15.b. Trade Name, If any:
Guitar Center, Inc	
15.c. To Whom Paid	15.d. Amount 26,528
Name Angel Cornejo	15.e. Purpose
Title Organization Pinnacle Labor Relations	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1557 Countrywood Lane	
City Escalon	
State California ZIP Code + 4 95320	
15.a. Employer Name:	15.b. Trade Name, If any:
Guitar Center, Inc	
15.c. To Whom Paid	15.d. Amount 12,577
Name James Clegg	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Clegg & Associate Management Group	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 5889 152nd St	
City Surrey, BC, CA V3SOA4	
State ZIP Code + 4	

Name of Person Filing:	File Number C- 65802
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- Boston	
15.c. To Whom Paid	15.d. Amount 5,002
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	excercising 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:
Sysco- Boston	
15.c. To Whom Paid	15.d. Amount 4,169
Name James Clegg	15.e. Purpose
Title Organization Clegg & Associate Management Group	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 25889 152nd St	
City Surrey, BC, CA V3SOA4	
State ZIP Code + 4	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Boston	
15.c. To Whom Paid	15.d. Amount 1,533
Name Joe Mieluchowski	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 47 E. Johnathan Ct	
City Kenneth Square	
State Pennsylvania ZIP Code + 4 19348	

Name of Person Filing:	File Number C- 65802
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:
Sysco-Boston	
15.c. To Whom Paid	15.d. Amount 3,694
Name   Christian   Blaine Teague	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	excercising 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:	15.b. Trade Name, If any:
Wesley Enhanced Living	
15.c. To Whom Paid	15.d. Amount 22,068
Name Natasha Gordon	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	excercising their right to organize and bargain collectively.
	correctively.
P.O. Box, Building and Room Number, if any	
Street 4907 Bryant Dr	
City   Snellville	
State Georgia ZIP Code + 4 30039	
15.a. Employer Name:	15.b. Trade Name, If any:
Wesley Enhanced Living	
15.c. To Whom Paid	15.d. Amount 19,500
Name Joe Mieluchowski	15 o Dumana
Title	15.e. Purpose  Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 47 E. Johnathan Ct	
City Kenneth Square	
State Pennsylvania ZIP Code + 4 19348	

Name of Person Filing:	File Number C- 65802	
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.		
15.a. Employer Name:	15.b. Trade Name, If any:	
CommFed		
15.c. To Whom Paid	15.d. Amount 1,653	
Name Charles Stephenson	15.e. Purpose	
Title	Engaged to communicate with employees so they	
Organization CRS Labor Relations Solution, LLC	could make an informed decision regarding excercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any		
Street 1500 E. Katella Ave SuiteM		
City Orange		
State California ZIP Code + 4 92867		
15.a. Employer Name:	15.b. Trade Name, If any:	
Devon Nissan Dealership		
15.c. To Whom Paid	15.d. Amount 1,313	
Name Joe Mieluchowski	15.e. Purpose	
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any		
Street 47 E. Johnathan Ct		
City Kenneth Square		
State Pennsylvania ZIP Code + 4 19348		
0100   21110J1401114   1211 0000 T 7   15346		
15.a. Employer Name:	15.b. Trade Name, If any:	
Rowell Chemical Corporation		
15.c. To Whom Paid	15.d. Amount 11,524	
Name Joe Mieluchowski	15.e. Purpose	
Title	Engaged to communicate with employees so they	
Organization	could make an informed decision regarding excercising their right to organize and bargain	
P.O. Box, Building and Room Number, if any	collectively.	
Street 47 E. Johnathan Ct		
City Kenneth Square		
State Pennsylvania ZIP Code + 4 19348		
State   FERRISYIVARIA   217 CODE + 4   19348		

Name of Person Filing:	File Number C- 65802
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:
Rowell Chemical Corporation	
15.c. To Whom Paid	15.d. Amount 3,247
Name James Clegg	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Clegg & Associate Management Group	could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 25889 152nd St	
City Surrey, BC, CA	
State ZIP Code + 4	
15.a. Employer Name:	15.b. Trade Name, If any:
Elite Ambulance/ Elite Transportation	
15.c. To Whom Paid	15.d. Amount 36,750
Name Charles Stephenson	15.e. Purpose
Title Organization CRS Labor Relations Solution, LLC	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1500 E. Katella Ave Suite M	
City Orange	
State California ZIP Code + 4 92867	
15.a. Employer Name:	15.b. Trade Name, If any:
Elite Ambulance/ Elite Transportation	
15.c. To Whom Paid	15.d. Amount 36,750
Name James Clegg	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Clegg & Associate Management Group	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 25 000 152-d Ch	
Street 25889 152nd St	
City Surrey, BC, CA V3S0A4	
State ZIP Code + 4	

Name of Person Filing:	File Number C- 65802
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: Blick Art Materials	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Angel Cornejo  Title	15.d. Amount 54,581  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding
Organization Pinnacle Labor Relations  P.O. Box, Building and Room Number, if any  Street 1557 Countrywood Lane  City Escalon	excercising their right to organize and bargain collectively.
State California ZIP Code + 4 95320  15.a. Employer Name:  Blick Art Material	15.b. Trade Name, If any:
15.c. To Whom Paid  Name	15.d. Amount 41,329  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
Street 2161 East Old North Road  City Okmulgee  State Oklahoma ZIP Code + 4 74063	
15.a. Employer Name:  Blick Art Materials	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Zack David Langren  Title  Organization  P.O. Box, Building and Room Number, if any	15.d. Amount 25,245  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
Street 14520 W. Mockingbird Lane  City Sand Springs  State Oklahoma ZIP Code + 4 74063	

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity Use this Schedul 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:
Blick Art Material	
15.c. To Whom Paid	15.d. Amount 7,000
Name Floyd Hightower	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any P.O. Box 222	
Street	
City Carleton	
State Oklahoma ZIP Code + 4 74081	
15.a. Employer Name:	15 h. Tondo Nomo Wanni
Blick Art Material	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Christine Cibula	15.d. Amount 23,009
	15.e. Purpose
Title Organization CC International	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 8086 S. Yale Ave Suite 268	
City Tulsa	
State Oklahoma ZIP Code + 4 74136	
15.a. Employer Name:  Blick Art Material	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 94,071
Name Christian Blaine Teague	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 5300 W. Memorial Road Apt W	
City OKC	
State Oklahoma ZIP Code + 4 73142	

Name of Person Filing:	File Number C- 65802
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:
Blick Art Material	
15.c. To Whom Paid	15.d. Amount 58,971
Name Simon Estevan Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising 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:
Eurecat U.S., Incorporated	
15.c. To Whom Paid	15.d. Amount 22,890
Name Jose Agraz	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 4010 Ivey Vista Way	
City Oceanside	
State California ZIP Code + 4 92057	
15.a. Employer Name:  Eurecat, U.S., Incorporated	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 11,427
Name Charles Stephenson	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization CRS Labor Relations Solution, LLC	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 1500 E. Katella Ave Suite M	
City Orange	
State California ZIP Code + 4 92867	

Name of Person Filing:	File Number C- 65802	
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.		
15.a. Employer Name:	15.b. Trade Name, If any:	
Mitec Powertrain		
15.c. To Whom Paid	15.d. Amount 26,704	
Name Charles Stephenson	15.e. Purpose	
Title	Engaged to communicate with employees so they could make an informed decision regarding	
Organization CRS Labor Relations Solution, LLC	excercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any		
Street 1500 E. Katella Ave, Suite M		
City Orange		
State California ZIP Code + 4 92867		
Last Control of the C		
15.a. Employer Name:	15.b. Trade Name, If any:	
ABB Corporation		
15.c. To Whom Paid	15.d. Amount 18,602	
Name Brad Gonzalez	15.e. Purpose	
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any		
Street 803 Mango Dr.		
City Casselberry		
State Florida ZIP Code + 4 32707		
Jan 217 0008 + 4 32/07		
15.a. Employer Name:	15.b. Trade Name, If any:	
ABB		
15.c. To Whom Paid	15.d. Amount 13,038	
Name Eric Grumbrecht	15.e. Purpose	
Title	Engaged to communicate with employees so they	
Organization	could make an informed decision regarding excercising their right to organize and bargain	
P.O. Box, Building and Room Number, if any	collectively.	
Street 200 Lago Circle #201		
City Melbourne		
State Florida ZIP Code + 4 32904		

Name of Person Filing:	File Number C- 65802
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:
Delta Western	
15.c. To Whom Paid	15.d. Amount 11,335
Name James Clegg	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Clegg & Associate Management Group	could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 25889 152nd St	
City Surrey, BC, CA V3SOA4	
State ZIP Code + 4	
15.a. Employer Name:	15.b. Trade Name, If any:
Petro Star	
15.c. To Whom Paid	15.d. Amount 13,375
Name Eric Grumbrecht	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 200 Lago Circle #201	
City Melbourne	
State Florida ZIP Code + 4 32904	
15.a. Employer Name:	15.b. Trade Name, If any:
Mrs Green Natural Market	
15.c. To Whom Paid	15.d. Amount 92,205
Name Brad Gonzalez	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 803 Mango Dr.	
City Casselberry	
State Florida ZIP Code + 4 32707	

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name:	15.b. Trade Name, If any:
Mrs Green Natural Market	
15.c. To Whom Paid	15.d. Amount 32,108
Name Edgardo Villanueva	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Effective Management Systems	could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1340 N. Astor #2205	
City Chicago	
State Illinois ZIP Code + 4 60610	
15.a. Employer Name:	15.b. Trade Name, If any:
Mrs Green Natural Market	
15.c. To Whom Paid	15.d. Amount 1,335
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding excercising their right to organize and bargain
	collectively.
P.O. Box, Building and Room Number, if any	
Street	
Street 1557 Countrywood Lane	
City Escalon	
State California ZIP Code + 4 95320	
15.a. Employer Name:	15.b. Trade Name, if any:
Bay Area Beverage Company	
15.c. To Whom Paid	15.d. Amount 6,133
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 10380 Rochell Ave	
City Santee	
State California ZIP Code + 4 92071	

Name of Person Filing:	File Number C- 65802
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: Sysco-Atlanta	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 20,000
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising 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: Sysco-Atlanta	15.b. Trade Name, If any:
	15 d Annual (14 005
15.c. To Whom Paid  Name  Jason  Greer	15.d. Amount 44,895
Title	15.e. Purpose
Organization Greer Consulting, Inc	Engaged to communicate with employees so they could make an informed decision regarding
Olganization Greet Consulting, Inc	excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 6311 Ronald Regan Dr Suite 162	
City Lake Saint Louis	
State Missouri ZIP Code + 4 63367	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Atlanta	
15.c. To Whom Paid	15.d. Amount 16,500
Name Natasha Gordon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 4907 Bryant Dr.	
City Snellvile	
State Georgia ZIP Code + 4 30039	

Name of Person Filing:	File Number C- 65802
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-Atlanta	
15.c. To Whom Paid	15.d. Amount 38,592
Name Charles Stephenson	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization CRS Labor Relations Solution, LLC	could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1500 E. Katella Ave Suite M	
City Orange	
State California ZIP Code + 4 92867	
<u> </u>	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Atlanta	
15.c. To Whom Paid	15.d. Amount 5,559
Name Christian Blaine Teague	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding excercising 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	
17472	
15.a. Employer Name:	15.b. Trade Name, If any:
Robert Mann Packaging	
15.c. To Whom Paid	15.d. Amount 18,645
Name Jose Agraz	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 4010 Ivey Vista Way	
City Oceanside	
State California ZIP Code + 4 92057	
32037	

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name:	15.b. Trade Name, If any:
Xpedx	
15.c. To Whom Paid	15.d. Amount 13,375
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising 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:
Labcorp	
15.c. To Whom Paid	15.d. Amount 5,000
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising 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:
Sygma- Kansas City	
15.c. To Whom Paid	15.d. Amount 9 , 376
Name Simon Jara	
Title	15.e. Purpose
	Engaged to communicate with employees so they could make an informed decision regarding
Organization  P.O. Box Building and Room Number if any	excercising 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	
	11

Name of Person Filing:	File Number C- 65802
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:
Ontrac	
15.c. To Whom Paid	15.d. Amount 20,313
Name Simon Ruiz Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	excercising 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:
Ontrac	
15.c. To Whom Paid	15.d. Amount 6,967
Name Simon Estevan Jara	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding excercising 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:
Ontrac	
15.c. To Whom Paid	15.d. Amount 30,568
Name Jose Agraz	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 4010 Ivey Vista Way	
City Oceanside	
State California ZIP Code + 4 92057	

Name of Person Filing:	File Number C- 65802
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:
Ontrac	
15.c. To Whom Paid	15.d. Amount 635
Name Charles Stephenson	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization CRS Labor Relations Solution, LLC	could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1500 E. Katella Ave Suite M	
City Orange	
State California ZIP Code + 4 92867	
	· · · · · · · · · · · · · · · · · · ·
15.a. Employer Name:	15.b. Trade Name, If any:
World VW	
15.c. To Whom Paid	15.d. Amount 2,560
Name Joe Mieluchowski	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	excercising their right to organize and bargain
	collectively.
P.O. Box, Building and Room Number, if any	
Street 47 E. Johnathan Ct.	
State Pennsylvania ZIP Code + 4 19348	<u> </u>
15.a. Employer Name:	15.b. Trade Name, If any:
Ideal Ready Mix	
15.c. To Whom Paid	15.d. Amount 21,640
Name Charles Stephenson	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization CRS Labor Relations Solution, LLC	excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 1 500 P. Truly 11 P. Tr	
Street 1500 E. Katella Ave SuiteM	
City Orange	
State California ZIP Code + 4 92867	

Name of Person Filing:	File Number C- 65802
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: Quala	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount [19,000
Name	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 200 Lago Circle # 201	
City Melbourne	
State Florida ZIP Code + 4 32904	
15.a. Employer Name:	15.b. Trade Name, If any:
Fresh Point	
15.c. To Whom Paid	15.d. Amount 13,562
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1557 Countrywood Lane	
City Escalon	
State California ZIP Code + 4 95320	
15.a. Employer Name: Fresh Point	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 20,260
Name Simon Ruiz Jara	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	excercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	

Name of Person Filing:	File Number C- 65802
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: Fresh Point	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Jose Agraz  Title Organization	15.d. Amount 1,686  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any  Street 4010 Ivey Vista Way  City Oceanside  State California ZIP Code + 4 92057	
15.a. Employer Name: Sysco-Albany	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Simon Ruiz Jara  Title  Organization	15.d. Amount 8,774  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising 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: Sysco-Albany	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Christian Blaine Teague  Title  Organization  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.d. Amount 15,532  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
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:  Cascade Water Service	15.b. Trade Name, if any:
15.c. To Whom Paid  Name Angel Cornejo  Title Organization	15.d. Amount 3,500  15.e. Purpose  Engaged to communicate with employees so they could make an informed decision regarding excercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any  Street 1557 Countrywood Lane  City Escalon  State California ZIP Code + 4 95320	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State  ZIP Code + 4	15.d. Amount
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name	15.d. Amount 15.e. Purpose
Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State  ZIP Code + 4	