

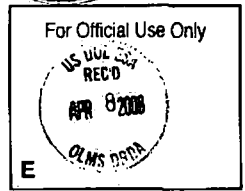
Amended

FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2008

1m-21 QA

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.
as to RMR Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

527998

1. File Number C-00525	2. Period Covered By This Report From: 01 / 01 / 2007 Through: 12 / 31 / 2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Title Organization LRI Consulting Services, Inc. P.O. Box, Building and Room Number, if any Street 7850 South Elm Place, Suite E City Broken Arrow State OK ZIP Code + 4 74011	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed <u>[Signature]</u> President Title President On 4-26-2013 918-455-9995 Date Telephone Number	18. Signed <u>[Signature]</u> Treasurer Title Treasurer On 4-26-2013 918-455-9995 Date Telephone Number
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Name of Person Filing:

LRI Consulting Services, Inc

File Number C-

00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Mailing Address:

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

Employer Imperial Parking

Trade Name

Street 510 Walnut Street, Suite 420

Attention To Julie

Sisett

City Philadelphia

Title

Human Resources Director

State PA

ZIP Code + 4 19106

5.b. Termination Date 5/1/07

5.c. Amount 19917

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount 10,617

Name Jason Greer

15.e. Purpose

Title Independent Consultant

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

Organization Labor Relations Services, Inc.

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

Street 24 Corporate Plaza, Suite 100

City Newport Beach

State Washington CA

ZIP Code + 4 92660

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Amy Mohawk Transfer</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>426 Sand Shore Road, Suite 4</u>	
Attention To <u>Tammy Nystrand</u>		City <u>Hackettstown</u>	
Title		State <u>NJ</u> ZIP Code + 4 <u>07840</u>	
5.b. Termination Date <u>4/23/07</u>		5.c. Amount <u>21,874</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>13,124</u>
Name <u>Peter Quist</u>	15.e. Purpose
Title	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>Grubb Quist & Associates, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>12 South Main Street</u>	
City <u>Waterbury</u>	
State <u>Washington VT</u> ZIP Code + 4 <u>05676</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Railcrew Xpress</u></p> <p>Trade Name _____</p> <p>Attention To <u>Scot</u> <u>Boyce</u></p> <p>Title <u>President</u></p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>242 Fairlane Drive, Suite D4</u></p> <p>City <u>Louisburg</u></p> <p>State <u>KS</u> ZIP Code + 4 <u>66053</u></p>
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5.b. Termination Date 6/1/07 5.c. Amount 85,185

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9 Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p>	<p>15.b. Trade Name, if any:</p>
<p>15.c. To Whom Paid</p> <p>Name <u>Robert</u> <u>Warren</u></p> <p>Title <u>Independent Consultant</u></p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>6001 Tall Pine Blvd</u></p> <p>City <u>Little Rock</u></p> <p>State <u>Washington</u> <u>AR</u> ZIP Code + 4 <u>72204</u></p>	<p>15.d. Amount 7315.41 <u>7313</u></p> <p>15.e. Purpose</p> <p><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Railcrew Xpress</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street	<u>242 Fairlane Drive, Suite D4</u>
Attention To <u>Scot</u>	<u>Boyes</u>	City	<u>Louisburg</u>
Title <u>President</u>		State	<u>PA</u> ZIP Code + 4 <u>66053</u>

5.b. Termination Date 6/1/07 5.c. Amount 85,185

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

Continuation

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:																					
15.c. To Whom Paid <table style="width: 100%;"> <tr> <td>Name</td> <td><u>Chris</u></td> <td><u>Borusso</u></td> </tr> <tr> <td>Title</td> <td colspan="2"><u>Independent Consultant</u></td> </tr> <tr> <td>Organization</td> <td colspan="2"><u>AXIOMATIX, LLC</u></td> </tr> <tr> <td colspan="3">P.O. Box, Building and Room Number, if any</td> </tr> <tr> <td colspan="3">Street <u>323 Mariners Way</u></td> </tr> <tr> <td colspan="3">City <u>Copique</u></td> </tr> <tr> <td>State</td> <td><u>Washington</u> <u>NY</u></td> <td>ZIP Code + 4 <u>11726</u></td> </tr> </table>	Name	<u>Chris</u>	<u>Borusso</u>	Title	<u>Independent Consultant</u>		Organization	<u>AXIOMATIX, LLC</u>		P.O. Box, Building and Room Number, if any			Street <u>323 Mariners Way</u>			City <u>Copique</u>			State	<u>Washington</u> <u>NY</u>	ZIP Code + 4 <u>11726</u>	15.d. Amount <u>5500</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Name	<u>Chris</u>	<u>Borusso</u>																				
Title	<u>Independent Consultant</u>																					
Organization	<u>AXIOMATIX, LLC</u>																					
P.O. Box, Building and Room Number, if any																						
Street <u>323 Mariners Way</u>																						
City <u>Copique</u>																						
State	<u>Washington</u> <u>NY</u>	ZIP Code + 4 <u>11726</u>																				

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <u>Altoona Regional Health System</u> Trade Name _____ Attention To <u>Ron</u> <u>McConnell</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>620 Howard Avenue</u> City <u>Altoona</u> State _____ ZIP Code + 4 <u>16601</u>
5.b. Termination Date <u>5/24/07</u> 5.c. Amount <u>415,568</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

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.c. To Whom Paid Name <u>Roz</u> <u>Nelson</u> Title <u>Independent Consultant</u> Organization <u>Chessboard Consulting, Inc.</u> P.O. Box, Building and Room Number, if any _____ Street <u>1141 W Washington Blvd., Suite 235</u> City <u>Chicago</u> State <u>Washington</u> <u>IL</u> ZIP Code + 4 <u>60607</u>	15.b. Trade Name, If any: 15.d. Amount <u>45,641</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>620 Howard Avenue</u>	
Attention To <u>Ron McConnell</u>		City <u>Altoona</u>	
Title		State ZIP Code + 4 <u>16601</u>	

5.b. Termination Date <u>5/24/07</u>	5.c. Amount <u>435,568</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals

8. Total disbursements to officers and employees:	9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)
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CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Peter Quist</u> Title <u>Independent Consultant</u> Organization <u>Grubb Quist & Associates, LLC</u> P.O. Box, Building and Room Number, if any Street <u>12 South Main Street</u> City <u>Waterbury</u> State Washington VT ZIP Code + 4 <u>05676</u>	15.d. Amount <u>52,918</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>620 Howard Avenue</u>	
Attention To <u>Ron McConnell</u>		City <u>Altoona</u>	
Title		State <u>PA</u> ZIP Code + 4 <u>16601</u>	
5.b. Termination Date <u>5/24/07</u>		5.c. Amount <u>485,568</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			
9. Office and Administrative Expenses			
10. Publicity			
11. Fees for Professional Services			
12. Loans Made			
13. Other Disbursements			
14. Total Disbursements (Sum of Items 8-13)			

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>33,368</u>
Name <u>Khahn Tran</u>	15.e. Purpose
Title <u>Independent Consultant</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>Labor Relations Services, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>24 Corporate Plaza, Suite 100</u>	
City <u>Newport Beach</u>	
State <u>Washington</u> <u>CA</u> ZIP Code + 4 <u>92660</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>620 Howard Avenue</u>	
Attention To <u>Ron McConnell</u>		City <u>Altoona</u>	
Title		State ZIP Code + 4 <u>16601</u>	

5.b. Termination Date <u>5/24/07</u>	5.c. Amount <u>435,568</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Rosalyn Warren</u> Title <u>Independent Consultant</u> Organization <u>Labor Relations Services, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>24 Corporate Plaza, Suite 100</u> City <u>Newport Beach</u> State <u>Washington CA</u> ZIP Code + 4 <u>92660</u>	15.d. Amount <u>13,729</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc

File Number C-00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Employer Altoona Regional Health System

Trade Name

Attention To Ron

McConnell

Title

Mailing Address:

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

Street 620 Howard Avenue

City Altoona

State

ZIP Code + 4 16601

5.b. Termination Date 5/24/07

5.c. Amount 435,568

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

CONTINUATION

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Matt

Perovic

Title

Independent Consultant

Organization Quantum Consulting, Inc.

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

Street 10917 Kilpatrick

City Oak Lawn

State

Washington

12

ZIP Code + 4 60453

15.d. Amount 32,800

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street	<u>620 Howard Avenue</u>
Attention To <u>Ron</u>	<u>McConnell</u>	City	<u>Altoona</u>
Title		State	<u>PA</u> ZIP Code + 4 <u>16601</u>

5.b. Termination Date 5/24/07 5.c. Amount 485,568

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Bruce</u> <u>Crawford</u> Title <u>Independent Consultant</u> Organization P.O. Box, Building and Room Number, if any Street <u>118 Plum Street</u> City <u>Roswell</u> State <u>Washington</u> <u>GA</u> ZIP Code + 4 <u>30075</u>	15.d. Amount <u>33,460</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc

File Number C-00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Mailing Address:

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

Employer Altoona Regional Health System

Trade Name

Street 620 Howard Avenue

Attention To Ron

McConnell

City Altoona

Title

State ZIP Code + 4 16601

5.b. Termination Date 5/24/07

5.c. Amount 435,568

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

CONTINUATION

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Keith Peraino

Title Independent Consultant

Organization Peraino & Associates, LLC

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

Street 4959 Thames Street East

City Kissimmee

State Washington FL ZIP Code + 4 34778

15.d. Amount 28,827

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <u>Altoona Regional Health System</u> Trade Name _____ Attention To <u>Ron</u> <u>McConnell</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>620 Howard Avenue</u> City <u>Altoona</u> State _____ ZIP Code + 4 <u>16601</u>
5.b. Termination Date <u>5/24/07</u>	5.c. Amount <u>485,568</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: _____	15.b. Trade Name, If any: _____	
15.c. To Whom Paid Name <u>Kathleen</u> <u>Tregear</u> Title <u>Independent Consultant</u> Organization <u>Tregear & Associates, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>2323 Race Street, Apt 923</u> City <u>Philadelphia</u> State <u>Washington PA</u> ZIP Code + 4 <u>19103</u>	15.d. Amount <u>3899</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Altoona Regional Health System</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>620 Howard Avenue</u>	
Attention To <u>Ron McConnell</u>		City <u>Altoona</u>	
Title		State _____ ZIP Code + 4 <u>16601</u>	
5.b. Termination Date <u>5/24/07</u>		5.c. Amount <u>485,568</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Mariah DeForest</u> Title <u>Independent Consultant</u> Organization <u>EMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>1340 N. Astor St. #2205</u> City <u>Chicago</u> State <u>Washington</u> <u>12</u> ZIP Code + 4 <u>60610</u>	15.d. Amount <u>3013</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C- 00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Mailing Address:

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

Employer Oscar Wilson Engines & Parts, Inc.

Trade Name

Street 826 Lone Star Drive

Attention To Grant

Evans

City O'Fallon

Title

Plant Manager

State

MO

ZIP Code + 4 63366

5.b. Termination Date 6/18/07

5.c. Amount 3000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9 Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14 Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount 1508

Name Jason Greer

15.e. Purpose

Title Independent Consultant

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

Organization Greer Consulting

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

Street 33 Mallory Bend Ct

City Lake St. Louis

State Washington MO ZIP Code + 4 63367

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Employer General Elevator Sales & Service, Inc.

Trade Name

Attention To Michael

Cavinder

Title

President

Mailing Address:

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

Street 10801 Satellite Blvd.

City Orlando

State FL

ZIP Code + 4 32837

5.b. Termination Date 5/15/07

5.c. Amount 7291

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Ed

Villanueva

Title

Independent Consultant

Organization EMSI Consulting, Inc.

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

Street 1340 N. Astor Street # 2205

City Chicago

State Washington

LL

ZIP Code + 4 60610

15.d. Amount 4291

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>New Age Electronics, Inc.</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>21950 Arnold Center Road</u>	
Attention To <u>Michelle Olsen</u>		City <u>Carson</u>	
Title <u>Human Resource Director</u>		State <u>CA</u> ZIP Code + 4 <u>90810</u>	
5.b. Termination Date <u>5/30/07</u>		5.c. Amount <u>32,458</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			9. Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
			14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>19,458</u>
Name <u>Jason Greer</u>	15.e. Purpose
Title <u>Independent Consultant</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>Greer Consulting</u>	
P.O. Box, Building and Room Number, if any	
Street <u>33 Mallory Bend Ct</u>	
City <u>Lake St Louis</u>	
State <u>Washington</u> <u>MD</u> ZIP Code + 4 <u>63367</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Mailing Address:

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

Employer Broadway Real Estate Services

Trade Name

Street 10 Post Office Square

Attention To John

Capuano

City Boston

Title

State MA

ZIP Code + 4 02109

5.b. Termination Date 4/6/07

5.c. Amount 3538

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount 2382

Name Fred Grubb

15.e. Purpose

Title Independent Consultant

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

Organization Grubb Quist & Associates, LLC

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

Street 12 South Main Street

City Waterbury

State ~~Washington~~ VT ZIP Code + 4 05676

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Able Health Care Services, Inc.</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>9131 Queens Blvd., Suite 604</u>	
Attention To <u>Michael Shapiro</u>		City <u>Elmhurst</u>	
Title <u>President</u>		State <u>NY</u> ZIP Code + 4 <u>11373</u>	
5.b. Termination Date <u>6/6/07</u>		5.c. Amount <u>15,502</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
			9. Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>7814</u>
Name <u>Guillermo Martinez</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Title <u>Independent Consultant</u>	
Organization <u>EMSI Consulting, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>1340 N Astor Street #2205</u>	
City <u>Chicago</u>	
State <u>Washington</u> ZIP Code + 4 <u>60610</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Building and Room Number, if any	
Employer <u>Russell Transport, Inc.</u>		Street <u>155 North San Marcial Street</u>	
Trade Name		City <u>El Paso</u>	
Attention To <u>Rami Abdeljaber</u>		State <u>TX</u> ZIP Code + 4 <u>79905</u>	
Title <u>Executive Vice President</u>		State <u>TX</u> ZIP Code + 4 <u>79905</u>	
5.b. Termination Date <u>9/8/07</u>		5.c. Amount <u>27,127</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>David Acosta</u> Title <u>Independent Consultant</u> Organization <u>Redstone Enterprises, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>5415 East Willowick Circle</u> City <u>Anaheim Hills</u> State <u>Washington CA</u> ZIP Code + 4 <u>92807</u>	15.d. Amount <u>10,943</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Russell Transport, Inc.</u></p> <p>Trade Name _____</p> <p>Attention To <u>Rami Abdeljaber</u></p> <p>Title <u>Executive Vice President</u></p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>155 North San Marcial Street</u></p> <p>City <u>El Paso</u></p> <p>State <u>TX</u> ZIP Code + 4 <u>79905</u></p>
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5.b. Termination Date 9/8/07 5.c. Amount 27,127

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9 Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p>	<p>15.b. Trade Name, If any:</p>
<p>15.c. To Whom Paid</p> <p>Name <u>Erasmio Navarro</u></p> <p>Title <u>Independent Consultant</u></p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>21 Cantera Street</u></p> <p>City <u>Santa Ana</u></p> <p>State <u>Washington CA</u> ZIP Code + 4 <u>92703</u></p>	<p>15.d. Amount <u>2419</u></p> <p>15.e. Purpose</p> <p><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LFI Consulting Services Inc

File Number C- 00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Employer Allstate Power Vac

Trade Name

Attention To Glenn

Burke

Title

Mailing Address:

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

Street 928 East Hazelwood Avenue

City ~~New Jersey~~ Rahway

State NJ

ZIP Code + 4 07065

5.b. Termination Date 10/4/07

5.c. Amount 27,609

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Frank Barbera

Title Independent Consultant

Organization

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

Street 3308 Ariba Street

City Las Vegas

State ~~Washington~~ NV ZIP Code + 4 89129

15.d. Amount 11,324

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C- 00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Employer Ferguson Enterprises, Inc.

Trade Name

Attention To David

Meeker

Title

Mailing Address:

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

Street 12500 Jefferson Avenue

City Newport News

State VA

ZIP Code + 4 23602

5.b. Termination Date 8/30/07

5.c. Amount 6900

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Joseph Brock

Title Independent Consultant

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State Washington NJ ZIP Code + 4 08075

15.d. Amount 3900

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Mailing Address:

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

Employer Siemens Energy & Automation

Trade Name

Street 500 Hunt Valley Road

Attention To Elsie

Deems

City New Kensington

Title

State PA

ZIP Code + 4 15068

5.b. Termination Date 9/20/07

5.c. Amount 3154

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount 1954

Name Joseph Brock

15.e. Purpose

Title Independent Consultant

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State Washington NJ ZIP Code + 4 08075

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Building and Room Number, if any	
Employer <u>RVC Senior Management</u>		Street <u>65 East John Street</u>	
Trade Name		City <u>Hicksville</u>	
Attention To <u>Ron DeVito</u>		State <u>NY</u> ZIP Code + 4 <u>11803</u>	
Title			
5.b. Termination Date <u>10/22/07</u>		5.c. Amount <u>85,553</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>48,048</u>
Name <u>Jason Greer</u>	15.e. Purpose
Title <u>Greer Consulting, Inc.</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, if any <u>PO Box 1175</u>	
Street	
City <u>O'Fallon</u>	
State <u>Washington MO</u> ZIP Code + 4 <u>63336</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>AVCORR, Inc.</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>33 College Hill Road, Suite 15A</u>	
Attention To <u>Anthony Ventetuolo, Jr.</u>		City <u>Warwick</u>	
Title		State <u>RI</u> ZIP Code + 4 <u>02886</u>	
5.b. Termination Date <u>10/9/07</u>		5.c. Amount <u>20,000</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			
9. Office and Administrative Expenses			
10. Publicity			
11. Fees for Professional Services			
12. Loans Made			
13. Other Disbursements			
14. Total Disbursements (Sum of Items 8-13)			

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>10,412</u>
Name <u>Peter Quist</u>	15.e. Purpose
Title <u>Grubb Quist & Associates, LLC</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>12 South Main Street</u>	
City <u>Waterbury</u>	
State <u>Washington</u> ZIP Code + 4 <u>05676</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Service, Inc</u>	File Number C: <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>OmniSource</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>1610 North Calhoun Street</u>	
Attention To <u>Andrew Ables</u>		City <u>Fort Wayne</u>	
Title		State <u>IN</u> ZIP Code + 4 <u>46808</u>	
5.b. Termination Date <u>10/19/07</u>		5.c. Amount <u>42,616</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>24,466</u>
Name <u>David Acosta</u>	15.e. Purpose
Title <u>Independent Consultant</u>	<u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Organization <u>Redstone Enterprises, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>5415 East Willowick</u>	
City <u>Anaheim</u>	
State <u>Washington CA</u> ZIP Code + 4 <u>92807</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Portec Flomaster</u>		P.O. Box, Building and Room Number, if any <u>PO Box 589</u>	
Trade Name		Street	
Attention To <u>Mark Means</u>		City <u>Canon City</u>	
Title		State <u>CO</u> ZIP Code + 4 <u>81215</u>	
5.b. Termination Date <u>10/26/07</u>		5.c. Amount <u>3980</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Joseph Brock</u> Title <u>Independent Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>151 Forge Road</u> City <u>Delran</u> State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u>	15.d. Amount <u>2480</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LR1 Consulting Services, Inc

File Number C- 00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Employer Fibrominn, LLC

Trade Name

Attention To Ron

Davies

Title

Mailing Address:

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

PO box 265

Street

City Benson

State

MN

ZIP Code + 4 56215

5.b. Termination Date 11/2/07

5.c. Amount 6761

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9 Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Frank

Barbera

Title Independent Consultant

Organization

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

Street 3308 Ariba Street

City Las Vegas

State Washington

NV

ZIP Code + 4 89129

15.d. Amount 3761

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number <u>C-00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Magic Beans</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>1319 Beacon Street, Third Floor</u>	
Attention To <u>Sheri Gurock</u>		City <u>Brookline</u>	
Title		State <u>MA</u> ZIP Code + 4 <u>02446</u>	
5.b. Termination Date <u>11/15/07</u>		5.c. Amount <u>10,591</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			9 Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
14. Total Disbursements (Sum of Items 8-13)			

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount <u>5591</u>
Name <u>Frank Barbera</u>	15.e. Purpose
Title <u>Independent Consultant</u>	<u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Organization	
P.O. Box, Building and Room Number, if any	
Street <u>3308 Ariba Street</u>	
City <u>Las Vegas</u>	
State <u>NV</u> ZIP Code + 4 <u>89129</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer <u>Chicago International Trucks, LLC</u> Trade Name _____ Attention To <u>Julie Bartell</u> Title <u>Vice President Human Resources</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>1827 Walden Office Square, Suite 275</u> City <u>Schaumburg</u> State <u>IL</u> ZIP Code + 4 <u>60173</u>
5.b. Termination Date <u>12/6/07</u>	5.c. Amount <u>13,572</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: _____	15.b. Trade Name, if any: _____	
15.c. To Whom Paid Name <u>Bradley White</u> Title <u>Independent Consultant</u> Organization <u>Interlate Systems, Inc.</u> P.O. Box, Building and Room Number, if any _____ Street <u>145 South Lincolnway</u> City <u>North Aurora</u> State <u>Washington</u> <u>IL</u> ZIP Code + 4 <u>60542</u>	15.d. Amount <u>7542</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>80525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Viking Coca Cola Bottling Company		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>4610 Rusin Street North</u>	
Attention To <u>Michael</u> <u>Faber</u>		City <u>St Cloud</u>	
Title		State <u>MN</u> ZIP Code + 4 <u>56303</u>	
5.b. Termination Date <u>12/12/07</u>		5.c. Amount <u>29,441</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>19,441</u>
Name <u>Joseph</u> <u>Brock</u>	15.e. Purpose
Title <u>Independent Consultant</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>151 Forge Road</u>	
City <u>Delran</u>	
State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Holley Dodge Of Middletown</u> Trade Name _____ Attention To <u>Glenn</u> <u>Holley</u> Title <u>Vice President</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>1000 Newfield Street</u> City <u>Middletown</u> State <u>CT</u> ZIP Code + 4 <u>06457</u>
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5.b. Termination Date 11/29/07 5.c. Amount 31.07

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Michael</u> <u>Rosado</u> Title <u>Independent Consultant</u> Organization <u>M. Rosado Consultants, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>5 Quail Court</u> City <u>Englewood</u> State <u>Washington</u> <u>NJ</u> ZIP Code + 4 <u>07631</u>	15.d. Amount <u>1607</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Carolina Commercial Heat Treating</u> Trade Name _____ Attention To <u>Mike Hachee</u> Title _____		Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>628 Grooms Road</u> City <u>Reidsville</u> State <u>NC</u> ZIP Code + 4 <u>27320</u>	
5.b. Termination Date <u>11/28/07</u>		5.c. Amount <u>8731</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			9. Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Natasha Gordon</u> Title <u>Independent Consultant</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>2108 Wndy Hill Point</u> City <u>Lawrenceville</u> State <u>GA</u> ZIP Code + 4 <u>30045</u>	15.d. Amount <u>4266</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Building and Room Number, if any	
Employer <u>Perfection Glass</u>		Street <u>15 North Auburn</u>	
Trade Name		City <u>Kennewick</u>	
Attention To <u>Shawn Linhoff</u>		State <u>WA</u> ZIP Code + 4 <u>99336</u>	
Title			
5.b. Termination Date <u>1/5/08</u>		5.c. Amount <u>45,043</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			9. Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
14. Total Disbursements (Sum of Items 8-13)			

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>10,500</u>
Name <u>David Acosta</u>	15.e. Purpose
Title <u>Independent Consultant</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>Redstone Enterprises</u>	
P.O. Box, Building and Room Number, if any	
Street <u>5415 E Willowick</u>	
City <u>Anaheim</u>	
State <u>Washington CA</u> ZIP Code + 4 <u>92807</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>HLI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>B & C Cartage, Inc.</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street	<u>851 W McKimney Road</u>
Attention To <u>Charlie</u>	<u>Helms</u>	City	<u>Gladwin</u>
Title		State	<u>MI</u> ZIP Code + 4 <u>48624</u>

5.b. Termination Date _____ 5.c. Amount 15,826

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
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				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Joseph</u> <u>Brock</u> Title <u>Independent Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>151 Forge Road</u> City <u>Delran</u> State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u>	15.d. Amount <u>9000</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LLI Consulting Services, Inc

File Number C-

00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Mailing Address:

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

Employer Saia

Trade Name

Street 11465 Johns Creek Pkwy, Suite 400

Attention To Walter

Schumacher

City Duluth

Title

State GA

ZIP Code + 4 30097

5.b. Termination Date 10/5/07

5.c. Amount 21,177

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Joseph Brock

Title Independent Consultant

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State Washington NJ ZIP Code + 4 08075

15.d. Amount 12,677

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Henderson Manufacturing</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>1085 South Third Street</u>	
Attention To <u>Steve</u> <u>Hoeger</u>		City <u>Manchester</u>	
Title		State <u>IA</u> ZIP Code + 4 <u>52507</u>	
5.b. Termination Date <u>10/5/07</u>		5.c. Amount <u>60,168</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D. of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>37,632</u>
Name <u>Gerald</u> <u>O'Brien</u>	15.e. Purpose
Title <u>Independent Consultant</u>	<u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
Organization	
P.O. Box, Building and Room Number, if any	
Street <u>23 Summit Heights</u>	
City <u>North Oaks</u>	
State <u>Washington</u> <u>MN</u> ZIP Code + 4 <u>55127</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Rotech Healthcare		P.O. Box, Building and Room Number, if any	
Trade Name		Street 2600 technology Drive, Suite 300	
Attention To Kim	Lee	City Orlando	
Title		State FL	ZIP Code +4 32804

5.b. Termination Date 10/3/07 5.c. Amount 58,174

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Alex Casillas Title Independent Consultant Organization Action Resources P.O. Box, Building and Room Number, if any Street 1119 S Mission Road, Suite 223 City Fallbrook State Washington CA ZIP Code +4 92028	15.d. Amount 39,728 15.e. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

<p>5.a. Name and Address of Employer (Including trade name, if any).</p> <p>Employer <u>Rotech Healthcare</u></p> <p>Trade Name _____</p> <p>Attention To <u>Kim</u> <u>Lee</u></p> <p>Title _____</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>2600 technology Drive, Suite 300</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32804</u></p>
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5.b. Termination Date 10/3/07 5.c. Amount 59,174

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9 Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p>	<p>15.b. Trade Name, if any:</p>
<p>15.c. To Whom Paid</p> <p>Name <u>Joseph</u> <u>Brock</u></p> <p>Title <u>Independent Consultant</u></p> <p>Organization <u>East Coast Labor Relations, LLC</u></p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>151 Forge Road</u></p> <p>City <u>Delran</u></p> <p>State <u>Washington</u> ZIP Code + 4 <u>08075</u></p>	<p>15.d. Amount <u>2186</u></p> <p>15.e. Purpose</p> <p><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Building and Room Number, if any	
Employer <u>Wenner Bread Products</u>		Street <u>33 Rajon Road</u>	
Trade Name		City <u>Bayport</u>	
Attention To <u>Larry Wenner</u>		State <u>NY</u>	
Title <u>General Manager</u>		ZIP Code + 4 <u>11795</u>	
5.b. Termination Date <u>11/20/07</u>		5.c. Amount <u>203,170</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name Title Organization <u>EMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>1340 N. Astor Street # 2205</u> City <u>Chicago</u> State <u>Washington</u> <u>1L</u> ZIP Code + 4 <u>60610</u>	15.d. Amount <u>53,175</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LR1 Consulting Services, Inc.

File Number C-

00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Mailing Address:

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

Employer Wenner Bread Products

Trade Name

Street 33 Rajon Road

Attention To Larry

Wenner

City Bayport

Title

General Manager

State

NY

ZIP Code + 4 11795

5.b. Termination Date 11/20/07

5.c. Amount 203,170

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

CONTINUATION

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Peter Quist

Title

Organization Grubb Quist & Associates

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

Street 12 South Main Street

City Waterbury

State Washington

VT

ZIP Code + 4 05676

15.d. Amount 37,123

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

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

Mailing Address:

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

Employer Wenner Bread Products

Trade Name

Street 33 Rajon Road

Attention To Larry

Wenner

City Bayport

Title

General Manager

State NY

ZIP Code + 4 11795

5.b. Termination Date 11/20/07

5.c. Amount 203,170

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

CONTINUATION

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Mike

Rosado

Title

Independent Consultant

Organization M. Rosado Consultants, Inc.

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

Street 5 Quail Court

City Englewood

State

Washington

CA

ZIP Code + 4 07631

15.d. Amount 10,022

15.e. Purpose

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Brandywine Senior Living</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>525 Fellowship Road, Suite 360</u>	
Attention To <u>Ken Segarnick</u>		City <u>Mount Laurel</u>	
Title <u>General Council</u>		State <u>NI</u> ZIP Code + 4 <u>08054</u>	
5.b. Termination Date <u>12/12/07</u>		5.c. Amount <u>151,299</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
			9 Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>41,588</u>
Name <u>Mike Rosado</u>	15.e. Purpose
Title <u>Independent Consultant</u>	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.
Organization <u>M. Rosado Consultants, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>5 Quail Court</u>	
City <u>Englewood</u>	
State <u>Washington CA</u> ZIP Code + 4 <u>07631</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Brandywine Senior Living</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>525 Fellowship Road, Suite 360</u>	
Attention To <u>Ken Segarnick</u>		City <u>Mount Laurel</u>	
Title <u>General Council</u>		State <u>NJ</u> ZIP Code + 4 <u>08054</u>	

5.b. Termination Date <u>12/12/07</u>	5.c. Amount <u>151,299</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Kathleen Tregear</u> Title <u>Independent Consultant</u> Organization <u>Tregear & Associates, LLC</u> P.O. Box, Building and Room Number, if any Street <u>2323 Race Street # 923</u> City <u>Philadelphia</u> State <u>Washington PA</u> ZIP Code + 4 <u>19103</u>	15.d. Amount <u>19,419</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: LRI Consulting Services, Inc File Number C- 00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):
 Employer Brandywine Senior Living
 Trade Name
 Attention To Ken Segarnick
 Title General Council

Mailing Address:
 P.O. Box, Building and Room Number, if any
 Street 525 Fellowship Road, Suite 360
 City Mount Laurel
 State NJ ZIP Code + 4 08054

5.b. Termination Date 12/12/07 5.c. Amount 151,299

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid
 Name Natasha Gordon
 Title Independent Consultant
 Organization
 P.O. Box, Building and Room Number, if any
 Street 2108 Windy Hill Point
 City Lawrenceville
 State Washington GA ZIP Code + 4 30045

15.d. Amount 7728

15.e. Purpose
Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code +4 <u>48858</u>
5.b. Termination Date <u>12/21/07</u>	5.c. Amount <u>706,500</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Joseph Brock</u> Title <u>Independent Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any Street <u>151 Forge Road</u> City <u>Delran</u> State <u>Washington NJ</u> ZIP Code +4 <u>08075</u>	15.d. Amount <u>48,000</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LLI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Saginaw Chippewa Tribe</u></p> <p>Trade Name <u>Soaring Eagle Casino</u></p> <p>Attention To _____</p> <p>Title _____</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>7500 Soaring Eagle Blvd</u></p> <p>City <u>Mt. Pleasant</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48858</u></p>
5.b. Termination Date <u>12/21/07</u>	
5.c. Amount <u>706,500</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p>	<p>15.b. Trade Name, if any:</p>
<p>15.c. To Whom Paid</p> <p>Name <u>Gerald O'Brien</u></p> <p>Title <u>Independent Consultant</u></p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>23 Summit Heights</u></p> <p>City <u>North Oaks</u></p> <p>State <u>Washington</u> <u>MN</u> ZIP Code + 4 <u>55127</u></p>	<p>15.d. Amount <u>54,000</u></p> <p>15.e. Purpose</p> <p><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code + 4 <u>48858</u>
5.b. Termination Date <u>12/21/07</u>	5.c. Amount <u>706,500</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: 15.c. To Whom Paid Name <u>Peter Quist</u> Title <u>Grubb Quist & Associates, LLC</u> Organization P.O. Box, Building and Room Number, if any Street <u>12 South Main Street</u> City <u>Waterbury</u> State <u>Washington</u> <u>VT</u> ZIP Code + 4 <u>05676</u>	15.b. Trade Name, If any: 15.d. Amount 1,750 <u>64,500</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LEI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code + 4 <u>48858</u>
5.b. Termination Date <u>12/21/07</u>	5.c. Amount <u>706,500</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: 15.c. To Whom Paid Name <u>Byron Clay</u> Title <u>BJC and Associates, Inc.</u> Organization P.O. Box, Building and Room Number, if any Street <u>10108 Fehlberg Ct.</u> City <u>St. John</u> State <u>Washington IN</u> ZIP Code + 4 <u>46373</u>	15.b. Trade Name, If any: 15.d. Amount 19,500 <u>55,500</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LEI Consulting Services, Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code + 4 <u>48858</u>
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5.b. Termination Date <u>12/21/07</u>	5.c. Amount <u>706,500</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: 15.c. To Whom Paid Name <u>Terry</u> <u>Cuba</u> Title <u>Grubb Quist & Associates, LLC</u> Organization P.O. Box, Building and Room Number, if any Street <u>12 South Main Street</u> City <u>Waterbury</u> State <u>Washington</u> <u>VT</u> ZIP Code + 4 <u>05676</u>	15.b. Trade Name, if any: 15.d. Amount <u>60,000</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code + 4 <u>48858</u>
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5.b. Termination Date <u>12/21/07</u>	5.c. Amount <u>706,500</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Rebecca Smith</u> Title <u>Independent Consultant</u> Organization P.O. Box, Building and Room Number, if any Street <u>10620 Southern Highlands Parkway, 110</u> City <u>Las Vegas</u> State <u>Washington</u> <u>NV</u> ZIP Code + 4 <u>89141</u>	15.d. Amount <u>33,000</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code + 4 <u>48858</u>
5.b. Termination Date <u>12/21/07</u>	5.c. Amount <u>706,500</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: 15.c. To Whom Paid Name <u>Frank Barbera</u> Title <u>Independent Consultant</u> Organization <u>Frank Barbera & Associates</u> P.O. Box, Building and Room Number, if any Street <u>3308 Ariba Street</u> City <u>Las Vegas</u> State <u>Washington NV</u> ZIP Code + 4 <u>89129</u>	15.b. Trade Name, If any: 15.d. Amount <u>13,500</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>HLI Consulting Services Inc</u>	File Number C- <u>00525</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Saginaw Chippewa Tribe</u> Trade Name <u>Soaring Eagle Casino</u> Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7500 Soaring Eagle Blvd</u> City <u>Mt. Pleasant</u> State <u>MI</u> ZIP Code + 4 <u>48858</u>
5.b. Termination Date <u>12/21/07</u>	5.c. Amount <u>706,500</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

CONTINUATION

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: 15.c. To Whom Paid Name <u>Jason Greer</u> Title <u>Independent Consultant</u> Organization <u>Greer Consulting, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>33 Mallory Bend Ct</u> City <u>Lake St. Louis</u> State <u>Washington MO</u> ZIP Code + 4 <u>63367</u>	15.b. Trade Name, If any: 15.d. Amount <u>19500</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	