U.S. Department of Labor
VISE Department of Labor
Report Management
Report Managemen

## Amended FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

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his report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Ins. 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 (LMROA)

For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00525 ( mm/dd/yyyy ) By This Report From: 31 / 200 Through: 01 / 2007 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Title Title Organization LRI Consulting Services, Inc. Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Street 7850 South Elm Place, Suite E Street City Broken Arrow , ZIP Code + 4 74011 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 only rsigned's knowledge and belief; true, correct, and complete. (See the Section on penalties in the instruction 17. Signed . President 18. Signed reasurer (If other title, see (if other title, see Treasurer Title President Title instructions) instructions)

Submit to Ou

Spawn List .

Reset

ĺ File Number C- 00525 Consulting Services Inc Name of Person Filing: 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. Mailing Address: 5.a. Name and Address of Employer (including trade name, if any). 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 Human Resources Director ZIP Code + 4 19106 State Title 5.c. Amount 19917 5.b. Termination Date 5/1/07 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: (b) Salary (c) Expenses (d) Totals (a) Name 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 10. Other Disbursements 14 Total Disbursements (Sum of Items 8-13) 8. Total disbursements to officers and employees: 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.b. Trade Name, If any: 15.a. Employer Name: 15.d. Amount 10,617 15.c. To Whom Paid Greer Name 15.e. Purpose Employed to give speeches to employees regarding Independent Consultant Title 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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

ZIP Code + 4 92660

City Newport Beach
State Washington

1011		- //				Elle North and Co.			
Name of Person Filing: LRI Consu	tung	Seurc	حر نده	In		File Number C- 005			
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B. Statement of Receipts Report all receipts from or services.	n employers li	n connection	with labor rela	ations a	cvice or se	ervices regardless of the purpos	ses of the advice		
S.a. Name and Address of Employer (including trade na	me, if any).		P.O. 8a		ing Address	s: om Number, if any			
Employer Amy Mohawk Transfer			, .0. 50	,, <b></b>	9	,			
Trade Name			Street	Street 426 Sand Shore Road, Suite 4					
Attention To Tammy Ny:		City	Hack	ettstow	'n				
Title State N.J. ZIP Code + 4 07840									
5.b. Termination Date 4/1/23/07			5.c. Am	ount 2	2,874				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	-		·						
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					- 10-				
C. Statement of Disbursements Report all distortion to the employee	sbursements yers listed in	made by the in Part B.	reporting orga	anizatio	ii in conne	ction with labor relations advice	or services rendered		
7. Disbursements to Officers and Employees:									
(a) Name	(b) Salary	(c) Expenses	(d) Totals	<del>- 1</del>					
			<del> </del>	<del></del>		d Administrative Expenses			
			<u> </u>		(r. Publicity	<del></del>			
			1	<del></del>		Professional Services			
					2. Loans M	<del> </del>			
		<del></del>				sbursements			
8. Total disbursements to officers and employees:					Z. TOTAL DIST	oursements (Sum of Items 8-13)	ļ		
D. Schedule of Disbursements for Reportable	Activity	Use this Schinstructions.	edule to repo	rt only	c) sburseme	ents made for the purposes des	scribed in Part D of the		
15.a. Employer Name:	·		15.b. T	rade N	ame, If any	<i>J</i> :			
			-						
15.c. To Whom Paid			15.d. A	mount	13,124	, <u>à</u> ,2°	<u> </u>		
Name Peter Quis	st		15.e. P	15.e. Purpose					
Title			Emplo	Employed to give speeches to employees regarding					
Organization Grubb Quist & Associates, LLC			coll	cisi ecti	ely.	rights to organize	and bargain		
P.O. Box, Building and Room Number, if any									
Street 12 South Main Street									
City Waterbury			-				-		
State Washington VT ZI	P Code + 4 (	05676					<u> </u>		
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACT	IVITY	-						

į ,	
Name of Person Filing: LRI Consulting Se	vices, kic File Number C- DOS 25
B. Statement of Receipts Report all receipts from employers in connection was or services.	with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Railcrew Xpress	
Trade Name	Street 242 Pairlane Drive, Suite D4
Attention To Scot Boyes	City Louisburg
Title President	State K.5 ZIP Code + 4 66053
5.b. Termination Date 6/1/07	5.c. Amount 85,185
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements  Report all disbursements made by the roto the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (	eporting organization in connection with labor relations advice or services rendered
(a) Name (b) Capanocs (	9 Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this Scheinstructions.  15.a. Employer Name:	edule to report only disbursements made for the purposes described in Part D of the 15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 73 <del>15.4</del> 1 73/3
Name Robert Warren	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding
Organization	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 6001 Tall Pine Blvd	
City Little Rock	
State Washington AR ZIP Code + 4 72204	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: LRI Consulting Ser	vices Inc. File Number C- 00525					
B. Statement of Receipts Report all receipts from employers in connection wit or services.						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any					
Employer Railcrew Xpress	1.5. Sox, sales is a result of the sales of the sales					
Trade Name	Street 242 Pairlane Drive, Suite D4					
Attention To Scot Boyes	City Louisburg					
Title President	State ZIP Code + 4 66053					
5.b. Termination Date 6/1/07	5.c. Amount 85 , 185					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
	porting organization in connection with labor relations advice or services rendere					
to the employers listed in Part B. 7. Disbursements to Officers and Employees:						
(a) Name (b) Salary (c) Expenses (d)	Totals					
	Office and Administrative Expenses					
	10. Publicity					
	1: Fees for Professional Services					
	12. Loans Made					
	10. Other Disbursements					
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)					
Continuation						
	ule to report only cisbursements made for the purposes described in Part D of the					
15.a. Employer Name:	15.b. Trade Name, If any:					
15.c. To Whom Paid	15.d. Amount 5500					
Name Chris Borusso	15 a Purnosa					
Title Independent Consultant Organization AXIOmatiX, LLC	15.e. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.					
P.O. Box, Building and Room Number, if any						
Street 323 Mariners Way						
City Copiague						
State Washington / ZIP Code + 4 11726						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filling: LAL Correct	lting Ser	ures	J.	nc	,	File Number C- 005 2	15
B. Statement of Receipts Report all receipts fro	0					vices regardless of the purpo	oses of the advice
or services.  5.a. Name and Address of Employer (including trade n	ame, if any).			Ma	iling Address:		
otal trained and produced of Employer (mercuring states in	a,,,,		P.O. Box			m Number, if any	
Employer Altoona Regional Healt	:h System						
Trade Name			Street	620	Howard A	venue	
Attention To Ron McConnell				Alt	oona		
Title State ZIP Code + 4 16601							
5.b. Termination Date 5/24/07		5.c. Amo	unt	485,568		·····	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
	lisbursements made to oyers listed in Part B.		rting orga	nizat	íon in connect	ion with labor relations advic	e or services rendered
7. Disbursements to Officers and Employees:							
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				$\dashv$		Administrative Expenses	ļ
	<del>                                     </del>			$\rightarrow$	10. Publicity	<del></del>	
	<del> </del>			$\rightarrow$		Professional Services	<del> </del>
					12: Loans Ma		
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D. Schedule of Disbursements for Reportable	Activity Use the instruction		e to repor	tonly	/ cisbursemer	its made for the purposes de	escribed in Part D of th
15.a. Employer Name:			15.b. Tr	ade I	Name, If any:	· · · · · · · · · · · · · · · · · · ·	
45 a Ta Mhan Daid			15 d An		1 45.64		
15.c. To Whom Paid	lson		13.d. Aii	-	73,07		
Name Roz Nel	.son		15.e. Purpose				
Title Independent Consultan	t		Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Chessboard Consulting	, Inc.		colle	cti	vely.	·	
P.O. Box, Building and Room Number, if any	,						
Street 1141 w Washington Blvd.,	Suite 235						
City Chicago							
State Washington IL Z	IP Code + 4 60607						
16, TOTAL DISBURSEMENTS FOR ALL REPO	RTABLE ACTIVITY						

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.	Name of Person Filing: LRI Conc	ulting	Seur	ud , e	Suc.	File Number C- 00 j	25				
Employer Altoona Regional Health System Trade Name Attention To Ron Attent		m employers in	n connection	with labor rela	tions edvice or ser	vices regardless of the purpo	ses of the advice				
Attention To Ron McConnell City Altcona Title State ZIP Code + 4 16601  5.b. Termination Date 5/24/07 5.c. Amount 485,568  5. 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 employees listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  E. Office and Administrative Expenses 1.0. Publicity 1.1. Feas for Professional Services 1.2. Loans Made 1.3. Other Disbursements 1.3. Total disbursements to officers and employees: 1.4. 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 O of a instructions.  15.b. Trade Name, If any: 15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street City waterbury			<u> </u>	P.O. Box	3 /						
Attention To Ron McConnell City Altcona Title State ZIP Code + 4 16601  5.b. Termination Date 5/24/07 5.c. Amount 485,568  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  (c) Expenses (d) Totals  5. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total disbursements to officers and employees: (a) The Disbursements (Sum of Rems 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.b. Trade Name, If any:  15.c. To Whom Pald Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street City waterbury	-			Street	Street 620 Bound Bronne						
State		Connolil		- VAN HORALE IIVONA							
5.b. Termination Date 5/24/07 5.c. Amount 435;568 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Disbursements To the employees itsets in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  E. Office and Administrative Expenses (d) Name (e) Expenses (d) Totals  E. Office and Administrative Expenses (f) Publicity (g) Name (h) Publicity (h) P	Allemon to Ron Reconnect				•						
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C. Statement of Disbursements to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  E. 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 15. Control of Disbursements for Reportable Activity 15. Employer Name:  D. Schedule of Disbursements for Reportable Activity 15. Trade N ime, If any:  15. Trade N ime, If any:  15. Trade N ime, If any:  15. Purpose  Employed to give speeches to employees regarding exercisting their rights to organize and bargain collectively.  Street 12 South Main Street City waterbury	5.b. Termination Date 5/24/07			5.c: Amo	ount 4/35,/568						
to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  E. 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 Independent Consultant Corganization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street City Waterbury	6. TOTAL RECEIPTS FROM ALL EMPLOYERS										
to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  5. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. Other Disbursements for Reportable Activity 15. Employer Name:  15. D. Trade Name, If any:  15. Amount 52, 918 15. Amount 52, 918 15. Purpose 15. Amount 52, 918 15. Purpose 15. Amount 52, 918 15. Drade Name Peter Quist 15. Amount 52, 918 15. Purpose 15. Purp											
(a) Name (b) Salary (c) Expenses (d) Totals  E. 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 Independent Consultant  Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury	C. Statement of Disbursements Report all d to the emplo	isbursements oyers listed in l	made by the Part B.	reporting orga	nization in connec	tion with labor relations advice	e or services rendere				
E. 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 Independent Consultant  Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury	Disbursements to Officers and Employees:     (a) Name	(b) Salary	(c) Expenses	(d) Totals							
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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 Items 8-13.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid Name Peter Quist Title Independent Consultant Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street City Waterbury					10. Publicity						
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B. Total disbursements to officers and employees:    1. Total Disbursements (Sum of Items 8-13)					12. Loans Ma	de					
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 Independent Consultant  Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury					13. Other Dis	bursements					
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 Independent Consultant  Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury	8. Total disbursements to officers and employees	S:			1. Total Disbursements (Sum of Items 8-13)						
instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name Peter Quist  Title Independent Consultant  Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury  15.b. Trade Name, If any:  15.d. Amount 52,918  15.e. Purpose  Employee to give speeches to employees regarding exercising their rights to organize and bargain collectively.	Co	NTIN	UAT	10N							
15.c. To Whom Paid  Name Peter Quist  Title Independent Consultant  Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury	D. Schedule of Disbursements for Reportable	Activity		nedule to repor	t onlý čisburseme	nts made for the purposes de	scribed in Part D of t				
Name Peter Quist  Title Independent Consultant  Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury	15.a. Employer Name:			15.b. Tr	15.b. Trade Name, If any:						
Name Peter Quist  Title Independent Consultant  Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury				45.4.4	52 019						
Title Independent Consultant  Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury				15.d. Ar	15.d. Amount 327,910						
Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury	Name Peter Qui	St			· · · · · · · · · · · · · · · · · · ·						
Organization Grubb Quist & Associates, LLC  P.O. Box, Building and Room Number, if any  Street 12 South Main Street  City Waterbury	Title Independent Consultan	t		Emplo	Employed to give speeches to employees regarding exercising their rights to organize and bargain						
Street 12 South Main Street City Waterbury	Organization Grubb Quist & Associates, LLC					,					
City Waterbury	P.O. Box, Building and Room Number, if any					·					
	Street 12 South Main Street										
State Washington V7 ZIP Code + 4 05676	City Waterbury										
	State Washington VT Z	IP Code + 4 0	5676								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	16. TOTAL DISBURSEMENTS FOR ALL REPO	RTABLE ACTI	IVITY								

Name of Person Filing: LRI Consulting Se	uncia, Sie File Number C. 00525				
P. Statement of Passints Passet all requires from employers in connection	n with labor relations a lvice or services regardless of the purposes of the advice				
or services.	IT WILL TELEVIOLE TO LEGALIOUS OF THE PURPOSES OF THE AUVICE				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
Feedbard - 1.	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 495,568				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbursements made by the	e reporting organization in connection with labor relations advice or services rendere				
to the employers listed in Part B.	Breporting organization in confrection with tabor relations advice or services relidere				
Disbursements to Officers and Employees:     (a) Name (b) Salary (c) Expense	es (d) Totals				
(a) Name (b) Salary (c) Expense	Office and Administrative Expenses				
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	14. 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)				
CONTINUA					
D. Schedule of Disbursements for Reportable Activity  Use this So instructions	chedule to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, if any:				
15.c. To Whom Paid	15.d. Amount 33,368				
Name Khahn Tran	15 o Burnos				
Title Independent Consultant	15.e. Purpose  Employed to give speeches to employees regarding				
•	exercising their rights to organize and bargain collectively.				
Organization Labor Relations Services, Inc.	COLLEGELY SIY.				
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: LRI Consu	lting	Serve	cos e	In:	File Number C- OO	5.25			
	<u> </u>								
Statement of Receipts Report all receipts from or services.	m employers ir	n connection w	ith labor relai	lions a h	vice or services regardless of the pur	poses of the advice			
5.a. Name and Address of Employer (including trade name, if any).			÷ = =		Address:				
Employer Altoona Regional Health System				c, Buildin	g and Room Number, if any				
Trade Name			Street	Street 620 Howard Avenue					
Attention To Ron Mc	Connell		City	City Altoona					
Title			State		ZIP Co	de + 4 16601			
The	•		Olulo	•					
5.b. Termination Date 5/24/07			5.c. Amo	ount 4	5,568	*			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					10 10 10 10 10 10 10 10 10 10 10 10 10 1				
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C. Statement of Disbursements Report all di	sbursements	made by the re	porting organ	nization	in connection with labor relations ad-	vice or services rendere			
to the emplo	yers listed in l	Part B.	, ,						
Disbursements to Officers and Employees:     (a) Name	(b) Salary	(c) Expenses (c	) 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	<u>-</u>			14. Total Disbursements (Sum of Items 8-13)					
$\mathcal{C}$	ONTIN	UATIO	N						
D. Schedule of Disbursements for Reportable	Activity	Use this Scheo	dule to report	only dis	bursements made for the purposes	described in Part D of th			
15.a. Employer Name:			15.b. Trade Name, If any:						
15.c. To Whom Paid			15.d. An	15.d. Amount 13,729					
Name Rosalyn War:	ren		15 a Pu	15 a Purposa					
Title Independent Consultant		Emplo	15.e. Purpose  Employed to give speeches to employees regarding						
Organization Labor Relations Services, Inc.			exercising their rights to organize and bargain collectively.						
0.5	,								
P.O. Box, Building and Room Number, if any									
Street 24 Corporate Plaza, Suite 100									
City Newport Beach									
State Washington CA Z	P Code + 4 9	2660							
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTI	IVITY							

Name of Person Filing: LRI Consulting	Services, Sic File Number C-00525
B. Statement of Receipts Report all receipts from employers in connection services.	ion with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).  Employer Altoona Regional Health System	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name	Street 620 Howard Avenue
Attention To Ron McConnell	City Altopna
Title	State
5.b. Termination Date 5/24/07	5.c. Amount 435,568
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
to the employers listed in Part B.  7. Disbursements to Officers and Employees:	the reporting organization in connection with labor relations advice or services rendered
(a) Name (b) Salary (c) Expen	9. Office and Administrative Expenses
	10. Publicity
	1:. Fees for Professional Services
	12. Loans Made
	1(1. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
CONTINU	
D. Schedule of Disbursements for Reportable Activity  Use this sinstruction	Schedule to report only disbursements made for the purposes described in Part D of the sum of the purposes described in Part D of the sum of the purposes described in Part D of the sum of the purposes described in Part D of the sum of the purposes described in Part D of the sum of the purposes described in Part D of the sum of the purposes described in Part D of the sum of the purposes described in Part D of the sum of the purposes described in Part D of the sum of the purposes described in Part D of the sum of
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 32,800
Name Matt Perovic	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain
Organization Quantum Consulting, Inc.	collectively.
P.O. Box, Building and Room Number, if any	
Street 10917 Kilpatrick	
City Oak Lawn	
State Washington / ZIP Code + 4 60453	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LRI Consulting	Seurco	/ , .	be	File Number C- 005 2	.5			
B. Statement of Receipts Report all receipts from employers in or services.	connection with lab	or relat	tions a livice or serv	ices regardless of the purpos	es of the advice			
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: , Building and Roor	n Number, if any				
Employer Altoona Regional Health System								
Trade Name	SI	Street 620 Boward Avenue						
Attention To Ron McConnell	Ci	ity	Altoona					
Title	St	tate	e e e e e e e e e e e e e e e e e e e	ZIP Code	<sub>+4</sub> 16601			
5.b. Termination Date 5/24/07	5.	.c. Amo	ount 485,568					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
to the employers listed in P. 7. Disbursements to Officers and Employees:	nade by the reportin art B. (c) Expenses (d) Total		nization in connecti	on with labor relations advice	or services rendered			
(a) rame	(,,,		9 Office and	Administrative Expenses				
			10. Publicity					
			<del></del>	rofessional Services				
			12. Loans Mad		<del></del>			
			13. Other Dist		<u> </u>			
Total disbursements to officers and employees:				sements (Sum of Items 8-13)				
CONTIN	UATION	J						
	Jse this Schedule to nstructions.	o repor	only chaursemen	s made for the purposes des	cribed in Part D of the			
15.a. Employer Name:	1:	15.b. Trade Name, If any:						
15.c. To Whom Paid	1:	15.d. Amount 33,460						
Name Bruce Crawford	1:	15.e. Purpose						
Title Independent Consultant	I	Emplo	yed to give	speeches to employerights to organize	es regarding			
Organization			ctively.	rights to organize	and bargain			
P.O. Box, Building and Room Number, if any								
Street 118 Plum Street								
City Roswell								
State Washington GA ZIP Code + 4 30	0075							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV	/ITY	_						

Name of Person Filing: LLI Consc.	Sting	Seure	co, A	n	, File Number C- 00 5 25	-			
B. Statement of Receipts Report all receipts from or services.	employers i	n connection	with labor rela	ations	a lvice or services regardless of the purposes	of the advice			
5.a. Name and Address of Employer (including trade name			P.O. Bo		ling Address: ding and Room Number, if any				
Employer Altoona Regional Health	System		Ctrant						
Trade Name				Street 620 Howard Avenue					
Attention To Ron McC	connell		City		ona				
Title	1		State		ZIP Code +	4 16601			
5.b. Termination Date 5/24/07			5.c. Am	ount 4	135,568				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS									
	· · · · · · · · · · · · · · · · · · ·								
tó the employ			reporting orga	anizati	on in connection with labor relations advice of	r services rendere			
Disbursements to Officers and Employees:     (a) Name	(b) Salary	(c) Expenses	(d) Totals						
			1	<u> </u>	9 Office and Administrative Expenses				
		ļ	<b>-</b>		10. Publicity				
			<del>                                     </del>	1	Fees for Professional Services				
		1		1	12. Loans Made				
	<u>.</u> .	<u> </u>		1	3. Other Disbursements				
Total disbursements to officers and employees:		<del>'</del>	<del></del>	1	4. Total Disbursements (Sum of Items 8-13)	<del></del>			
2	ONT	INUA	TION		- · · · · · · · · · · · · · · · · · · ·	,			
D. Schedule of Disbursements for Reportable A	ctivity	Use this Schinstructions.	edule to repo	ŕt only	clisbursements made for the purposes descri	bed in Part D of it			
15.a. Employer Name:			15.b. T	rade N	lame, If any:				
15.c. To Whom Paid			15.d. A	mount	28,827				
Name Keith Pera	ino		15.e. P	15.e. Purpose					
Title Independent Consultant				Employed to give speeches to employees regarding exercising their rights to organize and bargain					
Organization Peraino & Associates, LLc				valy.	nu bargain				
P.O. Box, Building and Room Number, if any									
Street 4959 Thamés Street East									
City Kissimme									
State Washington FL ZIP	Code + 4	34778							
16. TOTAL DISBURSEMENTS FOR ALL REPORT	TABLE ACT	IVITY							

Name of Person Filing: LRI Consulting	Levin	as I	N	File Number C- 0052	-5				
Ü.		,							
B. Statement of Receipts Report all receipts from employers in or services.	B. Statement of Receipts Report all receipts from employers in connection with labor relations activice or services regardless of the purposes of the advice or services.								
5.a. Name and Address of Employer (including trade name, if any).		· · · · ·	Mailing Address:		,				
Employer alterna perional Health System		P.O. Box	, Building and Roor	n Number, if any					
Employer Altoona Regional Health System		Street	Street 620 Noward Avenue						
Trade Name				venue					
Attention To Ron McConnell		City .	Altoona						
Title State ZIP Code + 4 16601									
5.b. Termination Date 5/24/07		5.c. Amo	unt 485,568						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			<del>-</del>						
<u> </u>									
				7. July 1. Jul					
C. Statement of Disbursements  Report all disbursements to the employers listed in		porting organ	nization in connecti	on with labor relations advice	or services rendered				
7. Disbursements to Officers and Employees:		<del></del>							
(a) Name (b) Salary	(c) Expenses (c	i) Totals	1. 0						
			<del></del>	Administrative Expenses					
			10. Publicity						
				rofessional Services					
			12. Loans Mad						
			13. Other Dist						
R. Total disbursements to officers and employees:			14 Total Disbursements (Sum of Items 8-13)						
CONTINE	LATIC	<i>51</i> 1							
D. Schedule of Disbursements for Reportable Activity	Use this Scheo	dule to report	only disbursemen	ts made for the purposes des	cribed in Part D of the				
15.a. Employer Name:		15.b. Tra	15.b. Trade Name, If any:						
15.c. To Whom Paid		15.d. Am	15.d. Amount 3899						
Name Kathleen Tregear		15.e. Pu	15.e. Purpose						
Title Independent Consultant		Emplo	Employed to give speeches to employees regarding exercising their rights to organize and bargain						
Organization Tregear & Associates, LLC			ctively.	rights to organize	and Dargarn				
P.O. Box, Building and Room Number, if any									
Street 2323 Race Street, Apt 923									
City Philadelphia									
State Washington PA ZIP Code + 4 1	19103			and the second s					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	IVITY								
·									

Name of Person Filing: LRI Consulting Sec	wices, Inc. File Number C- 00525			
B. Statement of Receipts Report all receipts from employers in connection or services.	on with labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).  Employer Altoona Regional Health System	Mailing Address: P.O. Box, Building and Room Number, if any			
Trade Name	Street 620 Howard Avenue			
Attention To Ron McConnell	City Altoona			
Title State ZIP Code + 4 1				
5.b. Termination Date 5/24/07	5.c. Amount 485,568			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
4				
to the employers listed in Part B.  7. Disbursements to Officers and Employees:	he reporting organization in connection with labor relations advice or services rendere			
(a) Name (b) Caparis	9. Office and Administrative Expenses			
	16. Publicity			
	11. Fees for Professional Services			
	12: Loans Made			
	13. Other Disbursements			
Total disbursements to officers and employees:	14 Total Disbursements (Sum of Items 8-13)			
CONTINU				
D. Schedule of Disbursements for Reportable Activity  Use this Scinstruction	Schedule to report only disbursements made for the purposes described in Part D of the purpose de			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 3013			
Name Mariah DeForest	15.e. Purpose			
Title Independent Consultant	Employed to give speeches to employees regarding			
Organization EMSI Consulting, Inc.	exercising their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any				
Street 1340 N. Astor St. #2205				
City Chicago				
State Washington / ZIP Code + 4 60610				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: LRI Consulting Source	Size File Number C- 00525		
B. Statement of Receipts Report all receipts from employers in connection or services.	with labor relations advice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
	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 : M.D		
5.b. Termination Date 6/18/07	5.c. Amount 3(100		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			
C. Statement of Disbursements  Report all disbursements made by the to the employers listed in Part B.	reporting organization in connection with labor relations advice or services rendere		
7. Disbursements to Officers and Employees:			
(a) Name (b) Salary (c) Expenses	The state of the s		
	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)		
	edule to report only disbursements made for the purposes described in Part D of the		
instructions.	Lee Committee W.		
15.a. Employer Name:	15.b. Trade Name, lf 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		
Organization Greer Consulting	exercising their rights to organize and bargain collectively.		
P.O. Box, Building and Room Number, if any			
Street 33 Mallory Bend Ct			
City Lake St. Louis			
State Washington MO ZIP Code + 4 63367			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			
10. 10 MEDIODORIOEMENTO FOR MEDICAL COMPANION CONTRACTOR OF THE CO			

Name of Person Filing: LPI Consulting Servin	Go , July File Number C- 00525		
B. Statement of Receipts Report all receipts from employers in connection with or services.	h labor relations a:lvice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).  Employer General Elevator Sales & Service, Inc.	Mailing Address: P.O. Box, Building and Room Number, if any		
Trade Name	Street 10801 Satellite Blvd.		
Attention To Michael Cavinder	City Orlando		
Title President	State F1. 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 rep	porting organization in connection with labor relations advice or services rendere		
to the employers listed in Part B.	ioning organization in connection with labor relations advice or services relidered		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals		
	9 Office and Administrative Expenses		
	10. Publicity		
	1: Fees for Professional Services		
	12. Loans Made		
	13. Other Disbursements		
Total disbursements to officers and employees:	14 Total Disbursements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Activity  Use this Schedule instructions.	ule to report only disbursements made for the purposes described in Part D of the		
15.a. Employer Name:	15.b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Ámount 4291		
Name Ed Villanueva	15.e. Purpose		
Title Independent Consultant Organization EMSI Consulting, Inc.	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.		
Older Country, The			
P.O. Box, Building and Room Number, if any			
Street 1340 N. Astor Street # 2205			
City Chicago			
State Washington 1 ZIP Code + 4 60610	,		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: LRI Coasulting Ser	was June File Number C- 00525		
<u> </u>	ion with labor relations advice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).  Employer New Age Electronics, Inc.	Mailing Address: P.O. Box, Building and Room Number, if any		
·	Chart grass a 11 grass a 11		
Trade Name	Street 21950 Arnold Center Road		
Attention To Michelle Olsen	City Carson		
Title Human Resource Director	State CA ZIP Code + 4 90810		
5.b. Termination Date 5/30/07	5.c. Amount 3.7,458		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			
C. Statement of Disbursements  Report all disbursements made by the to the employers listed in Part B.	the reporting organization in connection with labor relations advice or services rendere		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expension	ises (d) Totals		
(a) Name (b) Salary (c) Expens	9. Office and Administrative Expenses		
	10. Publicity		
· · · · · · · · · · · · · · · · · · ·	1 . 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 Sinstruction	Schedule to report only cisbursements made for the purposes described in Part D of thins.		
15.a. Employer Name:	15.b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Amount 19,458		
Name Jason Greer	15.e. Purpose		
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain		
Organization Greer Consulting	collectively.		
P.O. Box, Büilding and Room Number, if any			
Street 33 Mallory Bend Ct			
City Lake St Louis			
State Washington MD ZIP Code + 4 63367			
Oldie Habitimeton ///			

Name of Person Filling: LRI Consul	ting Se	urces =	Jan. Fil	e Number C- 005	25	
	<u>ن</u>		·			
B. Stätement of Receipts Report all receipts from emports or services.	oloyers in connection	with labor relation	ons attvice or services	regardless of the purpose	es of the advice	
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address:			
Employer Broadway Real Estate Servi	Cas	P.O. Box,	Building and Room Nu	mber, if any		
Trade Name		Street 1	lO Post Office	Square		
Attention To John Capuar	10		Boston	- y au 2 0		
•		·	e myrma yyen i willi sa wil		02100	
Title ·		State	WA	ZIP Code +	4 02109	
5.b. Termination Date 4/6/07			5.c. Amount 3538			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
		<u> </u>				
O Statement of Distance and Dis		ropoding grann	ization in connection w	ith labor relations advice	or condoos randor	
C. Statement of Disbursements Report all disburs to the employers		reporting organ	zanor in connection w	In Ispol Leigiblis Souce	Oi Services rendele	
7. Disbursements to Officers and Employees: (a) Name (b) S	alary (c) Expenses	s (d) Totals				
(6)	(0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		9 Office and Admi	inistrative Expenses		
			10. Publicity			
			11. Fees for Profes	sional Services		
			12. Loans Made			
			13. Other Disburse	ments		
8. Total disbursements to officers and employees:			14 Total Disburseme	ents (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Activ	Use this Sci		only disbursements ma	ade for the purposes desc	cribed in Part D of t	
15.a. Employer Name:	I I I I I I I I I I I I I I I I I I I		de Name, if any:			
			•			
15.c. To Whom Paid		15.d. Am	ount 2382			
Name Fred Grubb		15 o Pur	AS a Division			
Title Independent Consultant		Employ	15.e. Purpose  Employed to give speeches to employees regarding			
			sing their rig	hts to organize a	and bargain	
Organization Grubb Quist & Associates,	HIC		• •			
P.O. Box, Building and Room Number, if any				•		
Street 12 South Main Street						
City Waterbury						
State Washington VT ZIP Co	de + 4 05676					
16. TOTAL DISBURSEMENTS FOR ALL REPORTAB	LE ACTIVITY					
10. 10 THE STOCK CENTER OF THE PIECE OF THE						

Name of Person Filing: LRI Consulting Se	wies, I'm File Number C- 00525			
B. Statement of Receipts Report all receipts from employers in connection or services.	with labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).  Employer Able Health Care Services, Inc.	Mailing Address: P.O. Box, Building and Room Number, if any			
Trade Name	Street 9131 Queens Blvd., Suite 604			
Attention To Michael Shapiro	City Elmhurst			
Title President	State N ZIP Code + 4 11373			
5.b. Termination Date 6/6/07	5.c. Amount 15, 502			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements  Report all disbursements made by the to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses	reporting organization in connection with labor relations advice or services rendered			
(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	9 Office and Administrative Expenses			
	10. Publicity			
	1:. Fees for Professional Services			
	12. Loans Made			
	13. Other Disbursements			
Total disbursements to officers and employees:	12. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity  Use this Schedule of Disbursements for Reportable Activity  Use this Schedule of Disbursements for Reportable Activity	hedule to report only cisbursements made for the purposes described in Part D of the			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 7814			
Name Guillermo Martinez	15.e. Purpose			
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain			
Organization EMSI Consulting, Inc.	collectively.			
P.O. Box, Building and Room Number, if any	·			
Street 1340 N Astor Street #2205				
City Chicago				
State Washington / ZIP Code + 4 60610				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

B. Statement of Receipts Report all receipts from employers in connection with labor relations activice or services regardless of the purposes of the advice or services.  5.a. Name and Address of Employer (including trade name, if any).  Employer Russell Transport, Inc.  Trade Name  Street 155 North San Marcial Street  Attention To Rami  Abdeljaber  City El Paso  Title Executive Vice President  State 77. 127
or services.  5.a. Name and Address of Employer (including trade name, if any).  Employer Russell Transport, Inc.  Trade Name  Attention To Rami  Abdeljaber  Title  Executive Vice President  Mailing Address:  P.O. Box, Building and Room Number, if any  Street 155 North San Marcial Street  City El Paso  ZIP Code + 4 79905
P.O. Box, Building and Room Number, if any  Employer Russell Transport, Inc.  Trade Name Street 155 North San Marcial Street  Attention To Rami Abdeljaber City El Paso  Title Executive Vice President State ZIP Code + 4 79905
Employer Russell Transport, Inc.  Trade Name  Attention To Rami  Abdeljaber  Title  Executive Vice President  Street 155 North San Marcial Street  City El Paso  ZIP Code + 4 79905
Trade Name  Street 155 North San Marcial Street  Attention To Rami  Abdeljaber  City El Paso  ZIP Code + 4 79905
Attention To Rami Abdeljaber City El Paso  Title Executive Vice President State 79905
Title Executive Vice President State 79 ZIP Code + 4 79905
5.b. Termination Date 9/8/07 5.c. Amount 2.7, 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)
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D or instructions.
15.a. Employer Name: 15.b. Trade Name, if any:
15.c. To Whom Paid 15.d. Amount 10,943
Name David Acosta 15.e. Purpose
Title Independent Consultant Employed to give speeches to employees regarding
Organization Redstone Enterprises, Inc.  exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any
Street 5415 East Willowick Circle
City Anaheim Hills
State Washington CA ZIP Code + 4 92807
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: LRI Converting Ser	vices fac File Number C- 00525			
<u> </u>				
B. Statement of Receipts Report all receipts from employers in connection wit or services.	h labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer Russell Transport, Inc.	P.O. Box, Building and Room Number, if any			
Trade Name	Street 155 North San Marcial Street			
Attention To Rami Abdeljaber	City El Paso			
Title Executive Vice President	State ZIP Code + 4 79905			
5.b. Termination Date 9/8/07	5.c. Amount 27, 127			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements  Report all disbursements made by the repto to the employers listed in Part B.	porting organization, in connection with labor relations advice or services rendere			
7. Disbursements to Officers and Employees:	Table			
(a) Name (b) Salary (c) Expenses (d)				
	9 Office and Administrative Expenses			
	10. Publicity  11. Fees for Professional Services			
	12: Loans Made			
	13. Other Disbursements			
B. Total disbursements to officers and employees:	14: Total Disbursements (Sum of Items 8-13)			
	1			
CONTINUA	TION			
D. Schedule of Disbursements for Reportable Activity  Use this Sched instructions.	ule to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 2419			
Name Erasmo Navarro	15.e. Purpose			
Title Independent Consultant	Employed to give speeches to employees regarding			
•	exercising their rights to organize and bargain collectively.			
Organization				
P.O. Box, Building and Room Number, if any				
Street 21 Cantera Street				
City Santa Ana				
State Washington CA ZIP Code + 4 92703				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				
i				

Name of Person Filing: LRI Consulting Ser	wices In File Number C: 00525			
<u>ل</u>	·			
B. Statement of Receipts Report all receipts from employers in connection will or services.	th labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
	P.O. Box, Building and Room Number, if any			
Employer Allstate Power Vac				
Trade Name	Street 928 Sast Hazelwood Avenue			
Attention To Glenn Burke	City New Fersey Rahway			
Title	State // J ZIP Code + 4 07065			
5.b. Termination Date 10/4/07	5.c. Amount 2", 609			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
21211.				
C. Statement of Disbursements  Report all disbursements made by the report to the employers listed in Part B.	porting organization in connection with labor relations advice or services rendere			
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Expenses (d				
	9 Office and Administrative Expenses			
	10. Publicitý			
	11. Fees for Professional Services			
	12. Loans Made			
	10. Other Disbursements			
8. Total disbursements to officers and employees:	12. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity  Use this Schedinstructions.	dule to report only cisbursements made for the purposes described in Part D of t			
15:a. Employer Name:	15.b. Trade Name, If any:			
тэ:а, Етгроует нате:	10.0. Trado Millo, il aliy.			
15.c. To Whom Paid	15.d. Amount 11, 324			
Name Frank Barbera				
	15.e. Purpose  Employed to give speeches to employees regarding			
•	exercising their rights to organize and bargain collectively.			
Organization	Correctivisty.			
P.O. Box, Building and Room Number, if any				
Street 3308 Ariba Street				
City Las .Vegas				
State Washington NV ZIP Code + 4 89129				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				
10 10 the production of our new terror of the control				

Name of Person Filing: LRI Consulting	Seur	cs, Is	File Number C- 0052	3		
B. Statement of Receipts Report all receipts from employers in services.	in connection w	ith labor relatio	ns artivice or services regardless of the purpose	es of the advice		
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: P.O. Box, Building and Room Number, if any			
Employer Ferguson Enterprises, Inc.						
Trade Name			Street 12500 Jefferson Avenue			
Attention To David Meeker			City Newport News			
Title		State	ZIP Code +	4 23602		
5.b. Termination Date 8/30/07		5.c. Amoui	5.c. Amount 6300			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
	·			·		
C. Statement of Disbursements  Report all disbursements to the employers listed in		porting organiz	zation in connection with labor relations advice	or services rendere		
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (d	d) Totals				
(a) Harrie	(-)		9. Office and Administrative Expenses	<u> </u>		
	+		10. Publicity			
	+		1. Fees for Professional Services			
	<del></del>		12. Loans Made			
	+		13. Other Disbursements			
O. Tabel Website and to the second and a second a second and a second			14. Total Disbursements (Sum of Items 8-13)			
8. Total disbursements to officers and employees:	<u></u>	<del></del>	10. Total Dispulsements (Sum of Refus 6-15)			
D. Schedule of Disbursements for Reportable Activity	Use this Schedinstructions.	dule to report o	nly c:sbursements made for the purposes desc	ribed in Part D of t		
15.a. Employer Name:		15.b. Trac	de Name, If any:			
15.c. To Whom Paid	<del> </del>	15.d. Amo	unt 3900			
Name Joseph Brock			pose			
Title Independent Consultant		Employ exerci	Employed to give speeches to employees regarding exercising their rights to organize and bargain			
Organization East Coast Labor Relations, LLC		collec	tively.			
P.O. Box, Building and Room Number, if any						
Street 151 Forge Road						
City Delran						
State Washington NJ ZIP Code + 4	0,8075					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	ΙΝΤΥ					

Name of Person Filing: LRI Consulting	Sew	las , E	Ins	File Number C- 205	25	
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 Siemens Energy & Automation		P.O. Box	Mailing Address , Building and Roc			
Trade Name Street 500 Hunt Valley Road						
Attention To Elsie Deems			New Kensing	_		
Title		City State	PA		e+4 15068	
5.b. Termination Date 9/20/07			ünt 3454			
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	1	1 2 2 1 1 2 2 1 1 1 P		
			<del></del>	Administrative Expenses		
	<del> </del>	<del> </del>	10. Publicity			
		<u> </u>		Professional Services		
		ļ	12. Loans Ma	<u> </u>		
			13. Other Dis			
8. Total disbursements to officers and employees:			12 Total Dispi	ursements (Sum of Items 8-13)	}	
D. Schedule of Disbursements for Reportable Activity		edule to report	only disbursemen	its made for the purposes d	escribed in Part D of th	
	Instructions.	as h. To				
15.a. Employer Name:		15.0. 17	15.b. Trade Name, If any:			
15.c. To Whom Paid		15.d. An	nount 1954			
Name Joseph Brock		15.e. Pu	ırpose			
Title Independent Consultant		Emplo	Employed to give speeches to employees regarding exercising their rights to organize and bargain			
Organization East Coast Labor Relations, LLC			ctively.	rights to organize	and bargain	
P.O. Box, Building and Room Number, if any						
Street 151 Forge Road						
City Delran						
State Washington NJ ZIP Code + 4	08075					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	TIVITY					

Name of Person Filing: LRI Consulting Sirvices	July File Number C- 00525		
B. Statement of Receipts Report all receipts from employers in connection w			
or Services.	The first of the f		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer RVC Senior Management	P.O. Box, Building and Room Number, if any		
Trade Name	Street 65 East John Street		
Attention To Ron DeVito	City Hicksville		
Augulion to Rott Device	•		
Title ·	State ZIP Code + 4 11803		
5.b. Termination Date 10/22/07	5.c. Amount 85,553		
5. TOTAL RECEIPTS FROM ALL EMPLOYERS			
C. Statement of Disbursements Report all disbursements made by the re	eporting organization in connection with labor relations advice or services rendere		
to the employers listed in Part B.			
7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (c)	d) Totals		
	9. Office and Administrative Expenses		
	1(). Publicity		
	1 . Fees for Professional Services		
	12. Loans Made		
	10. Other Disbursements		
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Activity  Use this Sche instructions.	edule to report only cisbursements made for the purposes described in Part D of t		
15.a. Employer Name:	15.b. Trade Name, if any:		
15.c. To Whom Paid	15.d. Amount 48,048		
Name Jason Greer	15.e. Purpose		
Title Greer Consulting, Inc.	Employed to give speeches to employees regardin		
Organization East Coast Labor Relations, LLC	exercising their rights to organize and bargain collectively.		
	·		
P.O. Box, Building and Room Number, if any PO Box 1175			
Street			
City O'Fallon			
a second second and a second s			
. The first in the superior of the best of the contract of			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: LLI Consulting Serve	cas In File Number C- 00525			
Statement of Receipts Report all receipts from employers in connection will 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 AVCORR, Inc.				
Trade Name	Street 33 College Hill Road, Suite 15A			
Attention To Anthony Ventetuolo, Jr.	City Warwick			
Title	State ZIP Code + 4 02886			
5.b. Termination Date 10/9/07	5.c. Amount 20,000			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements  Report all disbursements made by the report to the employers listed in Part B.	porting organization in connection with labor relations advice or services rende			
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Expenses (d	) Totals			
	Office and Administrative Expenses			
	10. Publicity			
	1 /. Fees for Professional Services			
	12. Loans Made			
	13. Other Disbursements			
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity  Use this Schedule instructions.	dule to report only disbursements made for the purposes described in Part D or			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 10,412			
Name Peter Quist	15.e. Purpose			
Title Grubb Quist & Associates, LLC	Employed to give speeches to employees regarding			
Organization East Coast Labor Relations, LLC	exercising their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any				
Street 12 South Main Street				
City Waterbury				
State Washington ZIP Code + 4 05676				
	1			

Name of Person Filing: LRI Consulting Seu	rad Sky File Number C 00525			
Control of the contro	Table relations a little or continue regardless of the surpasse of the edition			
B. Statement of Receipts Report all receipts from employers in connection with or services.	Tabor relations at tyce or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer OmniSource	P.O. Box, Building and Room Number, if any			
	Street 1610 North Calhoun Street			
Trade Name				
Attention To: Andrew Ables	City Fort Wayne			
Title	State / ZIP Code + 4 46808			
5.b. Termination Date 10/19/07	5.c. Amount 40,616			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements  Report all disbursements made by the reproduction to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendere			
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Expenses (d)	9 Office and Administrative Expenses			
	10. Publicity			
	1: Fees for Professional Services			
	12: Loans Made			
	13. Other Disbursements			
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	ule to report only c\sbursements made for the purposes described in Part D of t			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 24, 466			
Name David Acosta	15 a Dimaga			
Title Independent Consultant	15.e. Purpose  Employed to give speeches to employees regarding			
	exercising their rights to organize and bargain collectively.			
Organization Redstone Enterprises, Inc.	0322322			
P.O. Box, Building and Room Number, if any				
P.O. Box, Building and Room Number, II ally				
Street 5415 East Willowick				
City Anaheim				
State -washington CA ZIP Code + 4 92807				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: LRI Consulting	Seuras Jac File Number C- 00525
B. Statement of Receipts Report all receipts from employers in connect or services.	ction with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).  Employer Portec Flomaster  Trade Name  Attention To Mark Means  Title	Mailing Address: P.O. Box, Building and Room Number, if any PO Box 589  Street  City Canon City  State C C ZIP Code + 4 81215
5.b. Termination Date 10/26/07  6. TOTAL RECEIPTS FROM ALL-EMPLOYERS	5.c. Amount 3 380
C. Statement of Disbursements  Report all disbursements made by to the employers listed in Part B.  7. Disbursements to Officers and Employees:	y the reporting organization in connection with labor relations advice or services rendere
	enses (d) Totals
	Office and Administrative Expenses
	10. Publicity
	17. Fees for Professional Services
	12. Loans Made
	10. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity  Use this instruction	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 2480
Name Joseph Brock	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding
Organization East Coast Labor Relations, LLC	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State Washington NJ ZIP Code + 4 08075	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LRI Corse	ulting	Seu	res	-la	File Number C-	00525	
B. Statement of Recelpts Report all receipts from or services.	employers in conn	ection with	n labor rela	tions advice	or services regardless of t	he purposes of the advice	
5.a. Name and Address of Employer (including trade nan Employer Fibrominn, LLC	ne, if any).		P.O. Bo	Mailing Ac x, Building ar	nd Room Number, if any	110000	
· · · · · · · · · · · · · · · · · · ·	rade Name Street						
Attention To Ron Dav	City	City Benson					
Title			State	/N/N/		ZIP Code + 4 56215	
5.b. Termination Date 11/2/07		_	5.c. Amo	ount 6/61			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all dist to the employ	bursements made ers listed in Part B	by the rep	orting orga	nization in c	onnection with labor relation	ons advice or services rendered	
7. Disbursements to Officers and Employees:	(b) Salary (c) Ex	penses (d)	Totals				
(a) Name	(b) Salary (b) Ex	<del>penses (a)</del>	101113	9 066	ce and Administrative Expe	enses	
				10. Put		11300	
				<del></del>	es for Professional Service	ne -	
					ns Made	5	
				<del></del>	er Disbursements		
			<del></del> -	<del></del>			
8. Total disbursements to officers and employees:				12:, 101	al Disbursements (Sum of Ite	ms 6-13)	
D. Schedule of Disbursements for Reportable A		his Schedu	ule to repor	t only cisbur	sements made for the pur	poses described in Part D of th	
15.a. Employer Name:	· · · · · · · · · · · · · · · · · · ·		15.b. Ti	rade Name,	If any:		
15.c. To Whom Paid		-	15.d. A	mount 376	1		
Name Frank Barb	era		15.e. Pt	ırpose			
Title Independent Consultant			Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization				ectively		ganize and bargain	
P.O. Box, Building and Room Number, if any							
Street 3308 Ariba Street							
City Las Vegas							
State Washington NV ZIF	Code + 4 89129	9			_		
16. TOTAL DISBURSEMENTS FOR ALL REPOR	TABLE ACTIVITY						

Name of Person Filing: LRI Consulting Series	as 12 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.							
	Mailing Address: O. Box, Building and Room Number, if any						
Employer Magic Beans	reet 1319 Beacon Street, Third Floor						
Trade Name	1017 Double Bullou, Initia 12002						
Attention To Sheri Gurock Ci	ity Brookline						
Title St	ZIP Code + 4 02446						
5.b. Termination Date 11/15/07 5.	c. Amount 10,591						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disbursements made by the reporting to the employers listed in Part B.	g organization in connection with labor relations advice or services rendere						
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Total	la de						
(a) Name (b) Salary (c) Expenses (d) Total	9 Office and Administrative Expenses						
	10. Publicity						
	11. Fees for Professional Services						
	12: Loans Made						
	18. Other Disbursements						
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)						
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to instructions.	p report only disbursements made for the purposes described in Part D of the						
15.a. Employer Name:	5.b. Trade Name, If any:						
15.c. To Whom Paid	5.d. Amount 5591						
Name Frank Barbera	5.e. Purpose						
Title Independent Consultant   F	Employed to give speeches to employees regarding						
	exercising their rights to organize and bargain collectively.						
Olgo III.							
P.O: Box, Building and Room Number, if any							
Street 3308 Ariba Street							
City Las Vegas							
State Washington NV ZIP Code + 4 89129							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Name of Person Filing: LRI Consulting Ser	vices Inc File Number C- 00525				
U	·				
B. Statement of Receipts Report all receipts from employers in connection will or services.	th labor relations advice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
Employer Chicago International Trucks, LLC	P.O. Box, Building and Room Number, if any				
Trade Name	Street 1827 Walden Office Square, Suite 275				
Attention To Julie Bartell	City Schaumburg				
Title Vice President Human Resources	State ZIP Code + 4 60173				
5.b. Termination Date 12/6/07	5.c. Amount 13,572				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
	<u> </u>				
C. Statement of Disbursements Report all disbursements made by the re to the employers listed in Part B.	porting organization in connection with labor relations advice or services rendere				
7. Disbursements to Officers and Employees:	D. Tabala				
(a) Name (b) Salary (c) Expenses (d	9. Office and Administrative Expenses				
	10. Públicitÿ				
	1 · 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 Schedinstructions.	dule to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 7542				
Name Bradley White					
1	15.e. Purpose  Employed to give speeches to employees regarding				
Title Independent Consultant	exercising their rights to organize and bargain collectively.				
Organization Interlate Systems, Inc.	correctivery.				
P.O. Box, Building and Room Number, if any					
Street 145 South Lincolnway					
City North Aurora					
State Washington // ZIP Code + 4 60542					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					
I .					

Name of Person Filing: LLI Consulting	Lewicas, Inc. File Number C- 20525
B. Statement of Receipts Report all receipts from employers in connection or services.	on with labor relations a lvice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Majling Address:
Employer wiking Good Colo Bothling Company	P.O. Box, Building and Room Number, if any
Employer Viking Coca Cola Bottling Company	Street 4610 Rusin Street North
Trade Name	1010 1010
Attention To Michael Faber	City St Cloud
Title	State ZIP Code + 4 56303
5.b. Termination Date 12/12/07	5.c. Amount 20, 441
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
	· · · · · · · · · · · · · · · · · · ·
to the employers listed in Part B.  7. Disbursements to Officers and Employees:	he reporting organization in connection with labor relations advice or services rendered
(a) Name (b) Salary (c) Expens	ses (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 Sinstruction	Schedule to report only cisbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount: 19,441
Name Joseph Brock	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding
Organization East Coast Labor Relations, LLC	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State Washington NJ ZIP Code + 4 08075	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

					* * * *	
Name of Person Filing: LLI Cons	ulting Se	roces	. 1	12.	File Number C- 005	25
	<u> </u>					
B. Statement of Receipts Report all receipts from or services.	n employers in connect	ion with labor	relations a	:lvice or ser	vices regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade na	ame, if any).	,		ing Address:		
Employer Holley Dodge Of Middle	town	P.O	Box, Build	ding and Roo	m Number, if any	
Trade Name		Stre	et 1000	Newfiel	.d Street	
	lley	City		lletown	502000	
		•				. 06457
Title Vice President		Stat	e į	-	ZIP Code	+4 06457
5.b. Termination Date 11/29/07		5.c.	Amount 3	1.07		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
				-1		
December 1				. <u>.</u>	ion with labor rolations advise	o or populace rendere
C. Statement of Disbursements Report all di to the emplo	spursements made by yers listed in Part B.	tne reporting	organizatio	n conneci	ion with labor relations advice	e or services rendere
7. Disbursements to Officers and Employees:	(b) Salary (c) Exper	nses (d) Totals				
(a) Name	(b) Sulary (c) Expor	1000 (0) 101010		Office and	Administrative Expenses	1
				(). Publicity		
			1	1. Fees for F	Professional Services	
			1	2. Loans Ma	de	
			1	3. Other Dis	bursements	
8. Total disbursements to officers and employees			1	د. Total Disbu	ursements (Sum of Items 8-13)	
<del></del>						
D. Schedule of Disbursements for Reportable	Activity Use this	Schedule to re	eport anly	cisbursemer	nts made for the purposes des	scribed in Part D of th
	instruction					
15.a. Employer Name:		15.0	o. Trade N	ame, If any:		
15.c. To Whom Paid		15.0	d. Amount	1607		
Name Michael Rosa	ado	15.0	. Purpose		<u> </u>	
Title Independent Consultant	E	Em	ployed	to give	speeches to employerights to organize	es regarding
Organization M. Rosado Consultants,	, LLC		llectiv		rights to organize	and bargarn
P.O. Box, Building and Room Number, if any						
Street 5 Quail Court						
City Englewood ,						
	IP Code + 4 07631					
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVITY					
1						

Name of Person Filing: LRI Consulting	Je,	irles	Inc.	File Number C-	00525	5	
0							
B. Statement of Receipts Report all receipts from employers in o or services.	connection w	ith labor relati	ions advice or ser	vices regardless of the	ne purposes of th	ne advice	
5.a. Name and Address of Employer (including trade name, if any).	P O Boy	Mailing Address: , Building and Roo					
Employer Carolina Commercial Heat Treating	4	1 .O. DOX	, building and Hoo	in Number, it any			
Trade Name	Street	Street 628 Grooms Road					
Attention To Mike Hachee							
Automotive Machee		_			21	7200	
Title		State	Ν̈́C	•2	ZIP Code + 4 27	/320	
5.b. Termination Date 11/28/07		5.c. Amor	unt 8/31				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements  Report all disbursements me to the employers listed in Pa		porting organ	nization in connect	tion with labor relatio	ns advice or serv	vices rendere	
7. Disbursements to Officers and Employees:							
(a) Name (b) Salary (c)	c) Expenses (c	d) Totals					
				Administrative Expe	nses		
			1(). Publicity				
				Professional Services	3		
			12'. Loans Ma	· · · · · · · · · · · · · · · · · · ·			
			13. Other Dis				
8. Total disbursements to officers and employees:	L		12 Total Disbu	irsements (Sum of Iter	ns 8-13)		
•	se this Sche	dule to report	only cisbursemer	nts made for the purp	oses described	in Part D of t	
15.a. Employer Name:		15.b. Tra	ade Name, If any:				
		İ					
15.c. To Whom Paid		15.d. Am	ount 4266				
Name Natasha Gordon		15 a Pui					
Title Independent Consultant		i i	15.e. Purpose Employed to give speeches to employees regarding				
		exerc	exercising their rights to organize and bargain collectively.				
Organization		00110	0020230				
P.O. Box, Building and Room Number, if any							
Street 2108 Wndy Hill Point					•		
City Lawrenceville							
State Washington GA ZIP Code + 4 30	045						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV	IΤΥ						

Name of Person Filing: LLI Canaulting Leu	vicas Inc. File Number C- 00525						
Series Carried Contracting Series	7405,500						
B. Statement of Receipts Report all receipts from employers in connection or services.	on with labor relations advice or services regardless of the purposes of the advice						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:						
Employer perfection Glass	P.O. Box, Building and Room Number, if any						
Trade Name	Street 15 North Auburn						
Attention To Shawn Linhoff	City Kennewick						
<b>T</b> 91.	State W/> ZIP Code + 4 99336						
Title	State W.F.						
5.b. Termination Date 1/5/08	5.c. Amount 45,043						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disbursements made by the	he 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) Expens	ses (d) Totals						
	Office and Administrative Expenses						
	10. Publicity						
	1 i. Fees for Professional Services						
	12. Loans Made						
	10. Other Disbursements						
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)						
D. Schedule of Dispursements for Reportable Activity  Use this S instruction	Schedule to report only disbursements made for the purposes described in Part D of the						
15.a. Employer Name:	15.b. Trade Name, If any:						
15.c. To Whom Paid	15.d. Amount / 0,500						
Name David Acosta	15.e. Purpose						
Title Independent Consultant	Employed to give speeches to employees regarding						
Organization Redstone Enterprises	exercising their rights to organize and bargain collectively.						
Oldanizmon Kedacone Enterprises							
P.O. Box, Building and Room Number, if any							
Street 5415 E Willowick	·						
City Anaheim							
State Washington CA ZIP Code + 4 92807							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Name of Person Filing: LLI Consulting	: Sec	vices	elic	File Number C-	525	
B. Statement of Receipts Report all receipts from employers in or services.	connection wi	ith labor relation	ons advice or servi	ces regardless of the pur	poses of the advice	
5.a. Name and Address of Employer (including trade name, if any).		P.O. Box,	Mailing Address: Building and Room	Number, if any		
Employer B & C Cartage, Inc.						
Trade Name		Street	351 W McKimme	y Road		
Attention To Charlie Helms		City o	Bladwin			
Title		State	MI	ZIP Co	de + 4 48624	
5.b. Termination Date		5.c. Amou	int 16,826			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all disbursements in to the employers listed in P		porting organ	ization in connection	on with labor relations adv	rice or services rendere	
7. Disbursements to Officers and Employees:	ننى سشىر	() <b>T</b> . 4 . 4 .				
(a) Name (b) Salary	(c) Expenses (d	i) lotais	0.00		<del></del>	
			<del></del>	Administrative Expenses		
			10. Publicity	of and and One has		
				ofessional Services		
			12. Loans Made			
			13. Other Disbu			
Total disbursements to officers and employees:			12 Total Disburs	sements (Sum of Items 8-13	3)	
	Use this Schedinstructions	dule to report	only cisbursements	s made for the purposes of	described in Part D of the	
15.a. Employer Name:		15.b. Tra	de Name, If any:			
15.c. To Whom Paid		15.d. Am	ount 9000	<del></del>		
Name Joseph Brock		15.e. Pur	15.e. Purpose			
Title Independent Consultant		Employ	Employed to give speeches to employees regarding			
Organization East Coast Labor Relations, LLC			sing their retively.	ights to organiz	e and bargain	
P.O. Box, Building and Room Number, if any						
Street 151 Forge Road						
City Delran						
State Washington NJ ZIP Code + 4 08	8075 ,					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV	/ITY					

Name of Person Filing: LRI Consulting	Sei	vices;	In I	File Number C- 005	25		
B. Statement of Receipts Report all receipts from employers in cor or services.	nection w	ith labor relation	ns advice or service	es regardless of the purpos	ses of the advice		
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address:		, was .		
Employer Saia		P.O. Box, E	Building and Room	Number, if any			
Trade Name		Street 1:	1465 Johns C	reek Pkwy, Suite 4	100		
Attention To Walter Schumacher			uluth	<b>2,</b>			
And mon to reacted		•		710.0	. 20097		
Title		State	<u>C. 14</u>	ZIP Code	+4 30097		
5.b. Termination Date 10/5/07		5.c. Amour	nt 23,177				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disbursements mad		eporting organiz	ratio i in connectio	n with labor relations advice	e or services rendered		
to the employers listed in Part 7. Disbursements to Officers and Employees:	Б.						
(a) Name (b) Salary (c)	Expenses (	d) Totals					
			9 Office and A	dministrative Expenses			
			1(i. Publicity				
			1 i. Fees for Pro	fessional Services			
			12. Loans Made				
			13. Other Disbu	rsements			
8. Total disbursements to officers and employees:			14. Total Disburs	ements (Sum of Items 8-13)			
	this Sche	edule to report o	nly cisbursements	made for the purposes de	scribed in Part D of th		
15.a. Employer Name:		15.b. Trad	le Name, If any:				
15.c. To Whom Paid	<del>,</del>	15.d. Amo	unt 12,677	<u>_</u>	<u>, , , , , , , , , , , , , , , , , , , </u>		
Name Joseph Brock		<u> </u>					
·		·	15.e. Purpose				
Title Independent Consultant		exerci	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.				
Organization East Coast Labor Relations, LLC		collec	tiveTÀ.				
P.O. Box, Building and Room Number, if any							
Street 151 Forge Road							
City Delran							
State Washington NJ ZIP Code + 4 080	75	1					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVIT				· · · · · · · · · · · · · · · · · · ·			

Name of Person Filing: LC1 Co	roult	viz .	Sei	vicos	<u>, =</u>	line,	File Number C- 005	25
B. Statement of Receipts Report all receipts from or services.	m employers	in connection	on with	labor relat	ions	advice or s	ervices regardless of the purpo	oses of the advice
5.a. Name and Address of Employer (including trade n	ame, if any).	·				iling Addres		<del>,</del>
Employer Henderson Manufacturin	ıa			P.O. Box	, Bu	lioing and H	oom Number, if any	
Trade Name				Street	108	5 South	Third Street	
Attention To Steve Ho	eger			City	Man	chester		
Title				State		1.4	ZIP Code	e + 4 52507
5.b. Termination Date 10/5/07				5.c. Amo	unt	6),168		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				<del></del>				
	_							
			he repo	orting organ	nizat	ion in conne	ection with labor relations advic	ce or services rendered
to the empty  7. Disbursements to Officers and Employees:	oyers listed in	ı Paπ B.						
(a) Name	(b) Salary	(c) Expens	ses (d) T	otals			<u>-:</u>	
						9 Office a	nd Administrative Expenses	
						10. Publicity		
		ļ				11. Fees fo	r Professional Services	
					_	12. Loans N	fade	
	ļ	<u> </u>		·	_	13. Other D	isbursements	
8. Total disbursements to officers and employees	3: 					14 Total Dis	bursements (Sum of Items 8-13)	<u> </u>
D. Schedule of Disbursements for Reportable	Activity	Use this S instruction		e to report	only	/ cisbursem	ents made for the purposes de	escribed in Part D.of th
15.a. Employer Name:				15.b. Trade Name, If any:				
45 - To Who is Doid				15 d Am		37,632		
15.c. To Whom Paid Name Gerald O'B	rien			13.d. All	louii			
Name Gerald O'B	rien			15.e. Pu				
Title Independent Consultan	t						e speeches to employ r rights to organize	
Organization				colle	cti	vely.		·
P.O. Box, Building and Room Number, if any								
Street 23 Summit Heights								
City North Oaks								
State Washington MW Z	IP Code + 4	55127						
16. TOTAL DISBURSEMENTS FOR ALL REPO				1			<del></del>	
10. TOTAL DISBURGENENTS FOR ALL REPU	THADLE MO							

Name of Person Filing: Let Consulting les	vice !	In	5 File Number C 005 25	
<u> </u>				
B. Statement of Receipts Report all receipts from employers in connection or services.	n with labor rela	ations a	lvice or services regardless of the purposes of the ac	lvice
5.a. Name and Address of Employer (including trade name, if any).		Maili	ng Address:	
Employer - Land - Land	P.O. Bo	ox, Build.	ng and Room Number, if any	
Employer Rotech Healthcare	Ch			
Trade Name	Street		technology Drive, Suite 300	
Attention To Kim Lee	City	Orla	100	
Title	State	FL	ZIP Code + 4 32804	ŧ
5.b. Termination Date 10/3/07	5.c. Am	iount 5:	3,174	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursements made by the	- roporting org		in connection with labor relations advice or services	rondore
to the employers listed in Part B.	s reporting org	ailizatioi	The Commentation with labor relations advice or services	rendere
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses	s (d) Totals			
(a) Name (b) Capanion	(6) (62.5	9	Office and Administrative Expenses	
· · · · · · · · · · · · · · · · · · ·	<del>-</del>		Publicity	
	+		Fees for Professional Services	
		12	Loans Made	. :
		15	Other Disbursements	
Total disbursements to officers and employees:	<b>I</b>	. 14	Total Disbursements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Activity Use this Sci	hedůlé to reno	ort only d	sburséments made for the purposes described in Pa	ert D of th
instructions			Source made for the purposes asserted in a	
15.a. Employer Name:	15.b. T	rade Na	me, If any:	
			·	
15.c. To Whom Paid	15.d. A	mount	39,728	
Name Alex Casillas	15 e F	Purpose		
Title Independent Consultant	Empl	oyed	co give speeches to employees regar	rding
Organization Action Resources		cisin ectiv	y their rights to organize and bar- ely.	jain
Olympian 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				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	1			
10. TO TAE DIGDORGENIENTS FOR ALL THE CONTABLE NOTWITT				

Name of Person Filing: LLI Consulting Sein	Cas Size File Number C 00525
<u> </u>	<u> </u>
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer 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
Tille	State
Title	State PERSON
5.b. Termination Date 10/3/07	5.c. Amount 5⊕ , 174
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the repo	nting 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) T	otals
	9 Office and Administrative Expenses
	1(). Publicity
	1 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)
CONTINUA	TION
D. Schedule of Disbursements for Reportable Activity  Use this Schedul instructions.	e to report only cisbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 2186
Name Joseph Brock	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding
Organization East Coast Labor Relations, LLC	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State Washington ZIP Code + 4 08075	<b>.</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LLI Consulting	Serv	icos >	ln	File Number C-	525	
B. Statement of Receipts Report all receipts from employers in or services.	n connection w	/ith labor relati	ions advice or ser	vices regardless of the purp	oses of the advice	
5.a. Name and Address of Employer (including trade name, if any).		P.O. Box,	Mailing Address: Bullding and Roo			
Employer Wenner Bread Products						
Trade Name		Street	33 Rajon Roa	ıd		
Attention To Larry Wenner		City 1	Bayport			
Title General Manager		State	N.A.	ZIP Cod	e+4 11795	
5.b. Termination Date 11/20/07		5.c. Amoi	unt 203,170			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements  Report all disbursements to the employers listed in		eporting organ	izatio i in connect	ion with labor relations advi-	ce or services render	
7. Disbursements to Officers and Employees:						
(a) Name (b) Salary	(c) Expenses (	d) Totals			<del></del>	
			<del></del>	Administrative Expenses		
			10. Publicity			
				Professional Services		
			12. Loans Ma	·		
	<u> </u>		10. Other Dis			
8. Total disbursements to officers and employees:			14. Total Disbu	irsements (Sum of Items 8-13)	<u> </u>	
D. Schedule of Disbursements for Reportable Activity	Use this Sche	dule to report	only cisbursemer	its made for the purposes d	escribed in Part D of	
15.a. Employer Name:		15.b. Tra	ide Name, If any:	,		
15.c. To Whom Paid		15.d. Am	ount 53,175			
Name		15.e. Pui	pose			
Title		Emplo	Employed to give speeches to employees regardi exercising their rights to organize and bargai			
Organization EMSI Consulting, Inc.			ctively.	rights to organize	e and pargain	
P.O. Box, Building and Room Number, if any						
Street 1340 N. Astor Street # 2205						
City Chicago		1				
State Washington /L ZIP Code + 4 6	50610			<u> </u>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	VITY					

Name of Person Filing: LRI Consulting Leur	as July File Number C- 80525					
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations edvice or services regardless of the purposes of the advice					
5.a. Name and Address of Employer (including trade name, if any).	Malling Address: P.O. Box, Building and Room Number, if any					
Employer Wenner Bread Products	1.5. Box, Balle ing and ricom ricombon, it any					
Trade Name	Street 33 Rajon Road					
Attention To Larry Wenner	City Bayport					
Title General Manager	State N					
5.b. Termination Date 11/20/07	5.c. Amount 203,170					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Diabursements  Report all disbursements made by the report of the employers listed in Part B.	rting organization in connection with labor relations advice or services renderec					
7. Disbursements to Officers and Employees:						
(a) Name (b) Salary (c) Expenses (d) T						
	Office and Administrative Expenses					
	16. Publicity					
	11. Fees for Professional Services					
	12. Loans Made					
	10. Other Disbursements					
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)					
CONTIN	JUATION _					
	e to report only disbursements made for the purposes described in Part D of the					
15.a. Employer Name;	15.b. Trade Name, If any:					
15.c. To Whom Paid	15.d. Amount 37, 123					
Näme Peter Quist	15.e. Purpose					
Title	Employed to give speeches to employees regarding					
Organization Grubb Quist & Associates	exercising their rights to organize and bargain collectively.					
P.O. Box, Building and Room Number, If any						
Street 12 South Main Street						
City Waterbury						
State Washington V 1 ZIP Code + 4 05676						
A Company Commission of the Co						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing: LAI Canaulting &	iurcos Suc File Number C- 00525				
3					
B. Statement of Receipts Report all receipts from employers in connection or services.	with labor relations a livice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any).	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				
5.b. Termination Date 11/20/07	5.c. Amount 203,170				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
<u> </u>					
C. Statement of Disbursements Report all disbursements made by the	reporting organization in connection with labor relations advice or services rendere				
to the employers listed in Part B.	Constitution of the control of the c				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses	(d) Totals				
(a) Name (b) Salary (c) Expenses	9 Office and Administrative Expenses				
	10. Publicity				
	1i. Fees for Professional Services				
	12: Loans Made				
	13. Other Disbursements				
Total disbursements to officers and employees:	14 Total Disbursements (Sum of Items 8-13)				
<u></u>					
CONTI	NUATION				
D. Schedule of Disbursements for Reportable Activity  Use this Schinstructions.	edule to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 10,022				
Name Mike Rosado					
Name	15.e. Purpose Employed to give speeches to employees regarding				
Title Independent Consultant	exercising their rights to organize and bargain				
Organization M. Rosado Consultants, Inc.	collectively.				
P.O. Box, Building and Room Number, if any					
Street 5 Quail Court					
City Englewood					
State Washington CA ZIP Code + 4 07631					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: LC) Corsulting	Ser	wico-	<u> </u>	1/2c	File Number C- 00 S	125	
B. Statement of Receipts Report all receipts from employers in	)	ith Johor relat	tions	advice or se	envices regardless of the purpos	ses of the advice	
or services.	Connection w	iin iador reia	uons i	advice of Se	ervices regardless of the purpos	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).			Mai	ling Addres	s:		
Employer poundanting Good on Ministry		P.O. Box	x, Buil	ding and Ro	oom Number, if any		
Employer Brandywine Senior Living		Stroot	-0-		abia para duite 200		
Trade Name					ship Road, Suite 360		
Attention To Ken Segarnick		City	Mou	nt Laure			
Title General Council		State	Ņ	J.	·ZIP Code	+4 08054	
5.b. Termination Date 12/12/07		5.c. Amo	ount 3	151,299			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						<del> </del>	
C. Statement of Disbursements Report all disbursements	made by the re	nodiai oraș	nizati	in conne	ction with labor relations advice	e or candere	
to the employers listed in F		sporting orga	uuzan	on the come	Choir with labor relations advice	e di Selvicos icilacio	
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (c	d) Totals					
(a) Name (b) Salary	(b) Exponded (c			9 Office ar	nd Administrative Expenses		
				O. Publicity			
			7	1. Fees for	Professional Services		
	-		1	12: Loans M	lade		
			1	13. Other D	isbursements		
Total disbursements to officers and employees:		·	1	14 Total Dis	bursements (Sum of Items 8-13)		
			A1 1 40			Partition of the Date of the	
D. Schedule of Disbursements for Reportable Activity	instructions.	dule to repor	πoniy	cisbursem	ents made for the purposes de	scribed in Part U of tr	
15.a. Employer Name:		15.b. Tr	rade:1	lame, if an	y:		
15.c. To Whom Paid		15.d. Ar	mount	41,588			
Name Mike Rosado		16 o Pi	imoéc				
Title Independent Consultant		Emplo	15.e. Purpose  Employed no give speeches to employees regarding				
-				ng thei vely.	r rights to organize	and bargain	
Organization M. Rosado Consultants, Inc.				<u>-</u>			
P.O. Box, Building and Room Number, if any							
Street 5 Quail Court							
City Englewood							
State Washington CA ZIP Code + 4 0	7631						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTI			<del></del>			······································	
10. TO THE DISBORDEWICKTS FOR ALL REPORTABLE ACT							

Name of Person Filing: LLI Consulte		2 Wire	, Inc	File Number C-	0525		
B. Statement of Receipts Report all receipts from employers or services.	in connection	on with labor rel	lations advice or	services regardless of the	purposes of the advice		
S.a. Name and Address of Employer (including trade name, if any).  Employer Brandywine Senior Living		P.O. B	Mailing Address ox, Building and I	ess: Room Number, if any			
Trade Name		Street	525 Fellos	vship Road, Suite	360		
Attention To Ken Segarnick		City	Mourt Lau	_			
Title General Council		State	115	S. 18	P Code + 4 08054		
5.b. Termination Date 12/12/07		5.c. An	nount 151,299	j			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements  Report all disbursements to the employers listed in 7. Disbursements to Officers and Employees:  (a) Name  (b) Salary	n Part B.	ne reporting org	anization in conf	nection with labor relations	s advice or services rendered		
	T	T	9. Office	and Administrative Expens	es		
			10. Public	ity			
			11. Fees f	or Professional Services			
	†		1#. Loans	Made			
			18. Other	Disbursements			
8. Total disbursements to officers and employees:			14. Total D	isbursements (Sum of Items	8-13)		
Co	NTIN	VUAT	1011				
D. Schedule of Disbursements for Reportable Activity	Use this So		ort only disburser	ments made for the purpo	ses described in Part D of th		
15.a. Employer Name:		15.b.	15.b. Trade Name, If any:				
15.c. To Whom Paid		15.d. /	15.d. Amount 19,419				
Name Kathleen Tregear		15.e. F	15.e. Purpose				
Title Independent Consultant			Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Tregear & Associates, LLC		coll	ectively.	<b>- -</b>			
P.O. Box, Building and Room Number, if any		İ					
Street 2323 Race Street # 923							
City Philadelphia							
State Washington PA ZIP Code + 4	19103						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	TIVITY						

Name of Person Filing: LRI Consultin	iz Sei	vicas	Inc	File Number C- OOS	525		
B. Statement of Receipts Report all receipts from employers in or services.	n connection w	ith labor relation	ns advice or serv	ices regardless of the purpo	ses of the advice		
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: Building and Room	Alumbar if any			
Employer Brandywine Senior Living		F.O. 60X, 6	oulking and noon	, Number, it any			
Trade Name		Street 5	25 Fellowsh	ip Road, Suite 360			
Attention To Ken Segarnick		City Mo	ount Laurel				
Title Genéral Council		State	NI	ZIP Code	9+4 08054		
5.b. Termination Date 12/12/07		5.c. Amoun	151,299				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
			÷		·		
C. Statement of Disbursements to the employers listed in 7. Disbursements to Officers and Employees: (a) Name (b) Salary			ation in connection	on with labor relations advic	e or services rendered		
	r	<u> </u>	9. Office and A	Administrative Expenses			
	t	· · · · · · · · · · · · · · · · · · ·	10. Publicity				
			11. Fees for Pr	ofessional Services			
			12. Loans Made	•			
			13. Other Disb	ursements			
8. Total disbursements to officers and employees:			14. Total Disburs	sements (Sum of Items 8-13)			
	ONTI	NUAT	100				
D. Schedule of Disbursements for Reportable Activity	Use this Scheinstructions.	dule to report or	nly disbursement	s made for the purposes de	scribed in Part D of th		
15.a. Employer Name:		15.b. Trade	15.b. Trade Name, If any:				
15.c. To Whom Paid		15.d. Amou	15.d. Amount 7728				
Name Natasha Gordon		15.e. Purpo	15.e. Purpose				
Title Independent Consultant			Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization		collect		rights to organize	and bargain		
P.O. Box, Building and Room Number, if any							
Street 2108 Windy Hill Point							
City Lawrenceville							
State Washrington GA ZIP Code + 4 3	30045						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTOR	IVITY						

Name of Person Filing: Ll1 Consulta	ing of	2Wz	los	<u> </u>	ln	File Number C-005	25
B. Statement of Recelpts Report all receipts from employers or services.	in connect	ion with	labor rel	ations	acvice or sei	vices regardless of the purpo	ses of the advice
5:a. Name and Address of Employer (including trade name, if any).			P.O. Bo		iling Address ding and Roc	: om Number, if any	
Employer Saginaw Chippewa Tribe							
Trade Name Soaring Eagle Casino			Street	750	0 Soarin	g Eagle Blvd	
Attention To			City	Mt.	Pleasan	Ē.	
Title			State	/	N I	ZIP Code	÷:4 48858
5.b. Termination Date 12/21/07 .			5.c. Am	nount	7(16,,500		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
	· · · · · ·						
to the employers listed in		the repo	rting org	anizati	or in connec	tion with labor relations advice	e or services rendered
Disbursements to Officers and Employees:     (a) Name     (b) Salary	(c) Expen	ses (d) To	otals				
					9. Office and	Administrative Expenses	
					10. Publicity		
					11. Fees for I	Professional Services	
					12. Loans Ma	de	
					13. Other Dis	bursements	
8. Total disbursements to officers and employees:					14. Total Disb	ursements (Sum of Items 8-13).	
D. Schedule of Disbursements for Reportable Activity	Use this instruction		e to repo	ort only	disburseme	nts made for the purposes de	scribed in Part D of the
15.a. Employer Name:			15.b. T	rade N	la ne, lf any:		
15.c. To Whom Paid			15.d. A	Amount	48,000		
Name Joseph Brock			15.e. P	urpose	)	***************************************	
Title Independent Consultant						speeches to employed rights to organize	
Organization East Coast Labor Relations, Li	rc				vely.	Tights to Organize	and Dargarn
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 AC	TIVITY						

Name of Person Filing: LLI Con	oultes	ينج الم	eurce	<u> </u>	Inc	File Number C- OOS	25	
		$\overline{\mathcal{U}}$						
B. Statement of Receipts Report all receipts from or services.	employers in	connection	with labor rel	ations	acvice or serv	rices regardless of the purpo	oses of the advice	
5.a. Name and Address of Employer (including trade nar	me, if any).		P.O. Bo		ling Address:	m Number, if any		
Employer Saginaw Chippewa Tribe				,	<b>J</b>			
Trade Name Soaring Eagle Casino			Street	7500	) Soaring	Eagle Blvd		
Attention To			City	Mt.	Pleasant			
Title			State	/)	11	ZIP Cod	e+4 48858	
5.b. Termination Date 12/21/07			5.c. Am	ount 7	(6,500			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
C. Statement of Disbursements Report all dis	bursements m	ade by the	reporting org	anizatio	or, in connecti	on with labor relations advice	ce or services rendered	
7. Disbursements to Officers and Employees:								
(a) Name	(b) Salary (	c) Expense	s (d) Totals	<del></del>			<del></del>	
				<del></del>		Administrative Expenses	<del>-</del>	
					0 Publicity			
			<del> </del>			rofessional Services	+	
					2. Loans Mad			
		<del></del>		-	3. Other Dist			
8. Total disbursements to officers and employees:				1	4 Total Disoul	rsements (Sum of Items 8-13)	<u> </u>	
	CONT	INUK	TION		_			
D. Schedule of Disbursements for Reportable A		lse this Sc estructions		rt only	disbursement	ts made for the purposes de	escribed in Part D of th	
15.a. Employer Name:	-		15.b. T	15.b. Trade Name, if any:				
15.c. To Whom Paid			15.d. A	15.d. Amount 54,000				
Name Gerald O'Br	ien		15.e. P	15.e. Purpose				
Title Independent Consultant			Empl	oyed	to give	speeches to employ rights to organize	ees regarding	
Organization					æly.	rights to organization	and bargarn	
P.O. Box, Building and Room Number, If any								
Street 23 Summit Heights								
City North Oaks								
State - Washington MN ZIF	Code + 4 55	5127						
16. TOTAL DISBURSEMENTS FOR ALL REPOR			1	<del></del>	-			

Name of Person Filing: LLI Consulta	i de	urco	_ \	ne.	File Number C-	005	25
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).				ig Address:	n Number: if any		
Employer Saginaw Chippewa Tribe							
Trade Name Soaring Eagle Casino		Street	7500	Soaring	Eagle Blvd		
Attention To		City	Mt.	leasant			
Title		State	M	<b>}</b>		ZIP Code	+ 4 48858
5.b. Termination Date 12/21/07		5.c. An	nount 7	6,500		· · ·	
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				<del></del>	
					Administrative Exp	enses	
	<del>                                     </del>	ļ	$\rightarrow$	). Publicity			
	<del></del>		<del></del>	· · · · · · · · · · · · · · · · · · ·	rofessional Servic	es	
	<del></del>	<del> </del>		Loans Mad	<u> </u>		
O Table fish	<del></del>	L		Other Dist			<del></del>
Total disbursements to officers and employees:			ا		sements (Sum of It	tems 8-13)	
CONTINUATION							
D. Schedule of Disbursements for Reportable Activity  Use this Schedule instructions.		dule to repo	irt only d	isbursemen	s made for the pu	irposes des	cribed in Part D of the
15.a. Employer Name:		15.b. T	15.b. Trade Name, If any:				
15.c. To Whom Paid			15.d. Amount 191,750 64,500				
Name Peter Quist			urpose				
Title Grubb Quist & Associates, LLC			oyed	to give	speeches to	employe	es regarding and bargain
Organization			ectiv				
P.O. Box; Building and Room Number, if any							
Street 12 South Main Street							
City Waterbury							
State <u>washington</u> ZIP Code + 4	05676						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	TIVITY						<del> </del>

<u></u>			<del></del>				
Name of Person Filing: LLI Coxxelte	in Servi	as I	n	File Number C- 505	25		
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	<del></del>	· · · · · · · · · · · · · · · · · · ·		
			P.O. Box, Building and Room Number, if any				
Employer Saginaw Chippewa Tribe							
Trade Name Soaring Eagle Casino		Street	7500 Soarin	g Eagle Blvd			
Attention To		City	Mt. Pleasan	t			
Title		State	M	ZIP Code	+ 4 48858		
5.b. Termination Date 12/21/07		5,c. Amou	unt 706,500				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
<u></u>	V	· · · · · · · · · · · · · · · · · · ·	,`				
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) Salar	y (c) Expense	s (d) Totals					
(a) Name	, (0) = x ponios	(4) 101215	9. Office and	I Administrative Expenses	T		
			10. Publicity				
			<del></del>	Professional Services			
	-		12 Loans Ma	de			
			13 Other Dis	bursements			
8. Total disbursements to officers and employees:	<del></del>	. I	14. Total Disb	ursements (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 instructions.							
15.a. Employer Name:		15.b. Tra	de Na ne, If any				
15.c. To Whom Paid			15.d. Amount -19,500 55, 500				
. Name Byron Clay			15.e. Purpose				
Title BJC and Associates, Inc.		Employ	Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organizatio∩			ctively.	223.00 00 0234200			
P.O. Box, Building and Room Number, if any							
Street 10108 Fehlberg Ct.							
City St. John							
State Washington / ZIP Code	+4 46373						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	ACTIVITY						

Name of Person Filing: LLI Consulting Ser	iries Inc File Number C- 00525				
<u> </u>	The relation which are continued to provide a supplier of the purpose of the pulse.				
B. Statement of Receipts Report all receipts from employers in connection with or services.	1 jabor relations activice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
Employer Saginaw Chippewa Tribe	P.O. Box, Building and Room Number, if any				
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd				
Attention To	City Mt. Pleasant				
	State / ZIP Code + 4 48858				
Title	State 71/1				
5.b. Termination Date 12/21/07	5.c. Amount 706,500				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
	- 177				
C. Statement of Disbursements Report all disbursements made by the rep	orting organization in connection with labor relations advice or services rendere				
to the employers listed in Part B.	Uning diganization in connection with labor rotations dayles or services rounds of				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals				
	Office and Administrative Expenses				
	10 Publicity				
	11. Fees for Professional Services				
	12 Loans Made				
	13 Other Disbursements				
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
CINTU	NUATION				
	ule to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Na ne, If any:				
15.c. To Whom Paid	15.d. Amount 60,000				
Name Terry Cuba	15.e. Purpose				
Title Grubb Quist & Associates, LLC	Employed to give speeches to employees regarding				
	exercising their rights to organize and bargain collectively.				
Organization	_				
P.O. Box, Building and Room Number, if any					
Street 12 South Main Street					
City Waterbury					
State Washington V 7 ZIP Code + 4 05676					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: LRI Consulta	ing Se	ur	ces ;	In	ر .	File Number C	0052	25
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.								
5.a. Name and Address of Employer (including trade name, if any).			P.O. Bo	Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Saginaw Chippewa Tribe								
Trade Name Soaring Eagle Casino			Street	7500	Soaring	Eagle Blvd	ı	
Attention To			City	Mt.	Pleasant			
Title			State	W.	<u>.</u>		ZIP Code + 4	48858
5.b. Termination Date 12/21/07			5.c. Am	ount 7	(16,500			
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) Sa	lary (c) Expe	nses (d	) Totals				·	
				-		Administrative Ex	penses	w
					0. Publicity			
						ofessional Servi	ces	
					2 Loans Mad			
	<u> </u>	$\dashv$			3 Other Disb			
8. Total disbursements to officers and employees:		ــــــــــــــــــــــــــــــــــــــ				sements (Sum of	Items 8-13)	
CONTINUATION								
r			lule to repo	ort only o	disbursement	s made for the p	urposes describ	ped in Part D of th
15.a. Employer Name:			15.b. T	15.b. Trade Na⊧ne, If any:				
15.c. To Whom Paid			15.d. A	15.d. Amount <b>3</b> 3,000				
Name Rebecca Smith			15.e. P	15.e. Purpose				
Title Independent Consultant		Empl	Employed to give speeches to employees regarding exercising their rights to organize and bargain					
Organization			ectiv		·	- 10.12.20 4	u puryurn	
P.O. Box, Building and Room Number, if any								
Street 10620 Southern Highlands Parkway, 110								
City Las Vegas								
State Washington NV ZIP Code + 4 89141								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								

Name of Person Filing: LL Consulting Sou	vices flax File Number C- 205 25				
	Inhan and the properties are partitions are properties at the purpose of the primary of the prim				
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations attvice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
P.O. Box, Building and Room Number, if any Employer Saginaw Chippewa Tribe					
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd				
Attention To	City Mt. Fleasant				
	State ZIP Code + 4 48858				
Title	in the state of th				
5.b. Termination Date 12/21/07	5.c. Amount 706,500				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbursements made by the repo	orting organization in connection with labor relations advice or services rendered				
to the employers listed in Part B.					
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) 1	Totals .				
	Office and Administrative Expenses				
	10 Publicity				
	11. Fees for Professional Services				
	12. Loans Made				
	13. Other Disbursements				
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
CONTINUATION					
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.					
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 1.3,500				
Name Frank Barbera	15.e. Purpose				
	Employed to give speeches to employees regarding				
Organization Frank Barbera & Associates	exercising their rights to organize and bargain collectively.				
Organization Flank Balbera & Abboolaces					
P.O. Box, Building and Room Number, if any					
Street 3308 Ariba Street					
City Las Vegas					
State Washington NV ZIP Code + 4 89129					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: LLI Consulting Server	(cs file Number C- 00 5 2 5				
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 Saginaw Chippewa Tribe					
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd				
Attention To	City Mt. Pleasant				
Title	State				
5.b. Termination Date 12/21/07	5.c. Amount 7(16, 500				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements  Report all disbursements made by the 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) T	9. Office and Administrative Expenses				
	10. Publicity				
	11. Fees for Professional Services				
	12 Loans Made				
	13. Other Disbursements				
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)				
CONTINUATION					
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D constructions.					
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 19500				
Name Jason Greer	15.e. Purpose				
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Greer Consulting, Inc.	collectively.				
P.O. Box, Building and Room Number, if any					
Street 33 Mallory Bend Ct					
City Lake St. Louis					
State Washington M.O. ZIP Code + 4 63367					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					