

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

1m-21

QA

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

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

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

360497

|                         |  |  |          |  |
|-------------------------|--|--|----------|--|
| 1. File Number C- 00525 | 2. Period Covered<br>By This Report<br>From: | Month/Day/Year<br>(mm/dd/yyyy)<br>01 / 01 / 2007 | Through: | Month/Day/Year<br>(mm/dd/yyyy)<br>12 / 31 / 2007 |
|-------------------------|--|--|----------|--|

### A. Person Filing

3. Name and mailing address (include ZIP Code):

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State OK ZIP Code + 4 74011

4. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

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

Street

City

State ZIP Code + 4

### Signatures

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

17. Signed

Title

President

President

(If other title, see instructions)

18. Signed

Title

Treasurer

Treasurer

(If other title, see instructions)

On

3 / 31 / 2008

Date

918-453-9995

Telephone Number

On

3 / 31 / 2008

Date

918-453-9995

Telephone Number

Sign/Print

Submit to OL

Code

Reset

Spawn List

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <b>LR1 Consulting Services, Inc</b> | File Number C- <b>00525</b> |
|--|-----------------------------|

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

|   |  |  |  |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:                           |  |
| Employer <b>Imperial Parking</b>                                  |  | P.O. Box, Building and Room Number, if any |  |
| Trade Name  |  | Street <b>510 Walnut Street, Suite 420</b> |  |
| Attention To <b>Julie Sisett</b>                                  |  | City <b>Philadelphia</b>                   |  |
| Title <b>Human Resources Director</b>                             |  | State <b>PA</b> ZIP Code + 4 <b>19106</b>  |  |
| 5.b. Termination Date <b>5/1/07</b>                               |  | 5.c. Amount <b>10917</b>                   |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS                              |  |  |  |

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

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

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

|  |  |
|--|--|
| 15.a. Employer Name:                                 | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid                                   | 15.d. Amount <b>10,617</b>   |
| Name <b>Jason Greer</b>                              | 15.e. Purpose  |
| Title <b>Independent Consultant</b>                  | Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively. |
| Organization <b>Labor Relations Services, Inc.</b>   |  |
| P.O. Box, Building and Room Number, if any           |  |
| Street <b>24 Corporate Plaza, Suite 100</b>          |  |
| City <b>Newport Beach</b>                            |  |
| State <b>Washington CA</b> ZIP Code + 4 <b>92660</b> |  |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

|  |   |
|--|---|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>Amy Mohawk Transfer</u><br><br>Trade Name _____<br>Attention To <u>Tammy</u> <u>Nystrand</u><br><br>Title _____ | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>426 Sand Shore Road, Suite 4</u><br>City <u>Hackettstown</u><br><br>State <u>NJ</u> ZIP Code + 4 <u>07840</u> |
| 5.b. Termination Date <u>4/23/07</u>   | 5.c. Amount <u>20,874</u>   |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS   |   |

|  |            |              |            |   |  |
|--|------------|--------------|------------|---|--|
| <b>C. Statement of Disbursements</b> 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) |  |

|   |  |
|---|--|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name <u>Peter</u> <u>Quist</u><br><br>Title _____<br><br>Organization <u>Grubb Quist &amp; Associates, LLC</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>12 South Main Street</u><br>City <u>Waterbury</u><br>State <u>Washington VT</u> ZIP Code + 4 <u>05676</u> | 15.d. Amount <u>13,124</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

|                                     |                           |
|-------------------------------------|---------------------------|
| 5.b. Termination Date <u>6/1/07</u> | 5.c. Amount <u>85,185</u> |
|-------------------------------------|---------------------------|

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

7. Disbursements to Officers and Employees:

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

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

|   |   |
|---|---|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:   |
| 15.c. To Whom Paid  | 15.d. Amount <del>7313.41</del> <u>7313</u>   |
| Name <u>Robert Warren</u>                                   | 15.e. Purpose   |
| Title <u>Independent Consultant</u>                         | <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| Organization  |   |
| P.O. Box, Building and Room Number, if any                  |   |
| Street <u>6001 Tall Pine Blvd</u>                           |   |
| City <u>Little Rock</u>                                     |   |
| State <u>Washington</u> <u>AR</u> ZIP Code + 4 <u>72204</u> |   |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

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

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

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

7. Disbursements to Officers and Employees:

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

*Continuation*

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

|  |  |
|--|--|
| 15.a. Employer Name:   | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid   | 15.d. Amount <u>38,872</u>   |
| Name <u>Chris Borusso</u><br>Title <u>Independent Consultant</u><br>Organization <u>Criterion Workforce Solutions, Inc.</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>323 Mariners Way</u><br>City <u>Copague</u><br>State <u>Washington NY</u> ZIP Code + 4 <u>11726</u> | 15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

|  |            |              |            |   |  |
|--|------------|--------------|------------|---|--|
| <b>C. Statement of Disbursements</b> 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) |  |

|   |  |   |
|---|--|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b>   |  | 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<br><br>Name <u>Roz</u> <u>Nelson</u><br><br>Title <u>Independent Consultant</u><br><br>Organization <u>Chessboard Consulting, Inc.</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>1141 W Washington Blvd., Suite 235</u><br>City <u>Chicago</u><br><br>State <u>Washington</u> <u>IL</u> ZIP Code + 4 <u>60607</u> | 15.d. Amount <u>40,129</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |   |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |   |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

|   |                  |   |                           |
|---|------------------|---|---------------------------|
| 5.a. Name and Address of Employer (including trade name, if any). |                  | Mailing Address:  |                           |
| Employer <u>Altoona Regional Health System</u>                    |                  | P.O. Box, Building and Room Number, if any  |                           |
| Trade Name  |                  | Street <u>620 Howard Avenue</u>   |                           |
| Attention To <u>Ron</u>   | <u>McConnell</u> | City <u>Altoona</u>   |                           |
| Title   |                  | State <span style="border:1px solid black; display:inline-block; width:100px; height:1.2em; vertical-align:middle;"></span> | ZIP Code + 4 <u>16601</u> |

5.b. Termination Date 5/24/07      5.c. Amount 435,568

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

7. Disbursements to Officers and Employees:

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

*CONTINUATION*

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

|  |  |
|--|--|
| 15.a. Employer Name:   | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid   | 15.d. Amount <u>52,918</u>   |
| Name <u>Peter</u> <u>Quist</u><br>Title <u>Independent Consultant</u><br>Organization <u>Grubb Quist &amp; Associates, LLC</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>12 South Main Street</u><br>City <u>Waterbury</u><br>State <span style="border:1px solid black; display:inline-block; width:100px; height:1.2em; vertical-align:middle;"><u>Washington VT</u></span> ZIP Code + 4 <u>05676</u> | 15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

|  |  |
|--|--|
| <b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.                         |  |
| <b>5.a. Name and Address of Employer (including trade name, if any).</b><br><br>Employer <u>Altoona Regional Health System</u><br>Trade Name _____<br>Attention To <u>Ron McConnell</u><br>Title _____ | <b>Mailing Address:</b><br>P.O. Box, Building and Room Number, if any _____<br>Street <u>620 Howard Avenue</u><br>City <u>Altoona</u><br>State _____ ZIP Code + 4 <u>16601</u> |
| <b>5.b. Termination Date</b> <u>5/24/07</u>  | <b>5.c. Amount</b> <u>435,568</u>  |
| <b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>  |  |

|  |            |              |            |  |  |
|--|------------|--------------|------------|--|--|
| <b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. |            |              |            |  |  |
| <b>7. Disbursements to Officers and Employees:</b>   |            |              |            |  |  |
| (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                            |  |
| <b>8. Total disbursements to officers and employees:</b>   |            |              |            | <b>14. Total Disbursements (Sum of Items 8-13)</b> |  |

CONTINUATION

|   |  |   |
|---|--|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b>   |  | Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. |
| <b>15.a. Employer Name:</b>   | <b>15.b. Trade Name, if any:</b>   |   |
| <b>15.c. To Whom Paid</b><br>Name <u>Khahn Tran</u><br>Title <u>Independent Consultant</u><br>Organization <u>Labor Relations Services, Inc.</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>24 Corporate Plaza, Suite 100</u><br>City <u>Newport Beach</u><br>State <u>Washington</u> <u>CA</u> ZIP Code + 4 <u>92660</u> | <b>15.d. Amount</b> <u>33,368</u><br><br><b>15.e. Purpose</b><br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |   |
| <b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>  |  |   |



|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

|  |   |
|--|---|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>Altoona Regional Health System</u><br><br>Trade Name _____<br>Attention To <u>Ron</u> <u>McConnell</u><br><br>Title _____ | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>620 Howard Avenue</u><br>City <u>Altoona</u><br><br>State _____ ZIP Code + 4 <u>16601</u> |
| 5.b. Termination Date <u>5/24/07</u>   | 5.c. Amount <u>435,568</u>  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS   |   |

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

## CONTINUATION

|   |  |
|---|--|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name <u>Rosalyn</u> <u>Warren</u><br>Title <u>Independent Consultant</u><br>Organization <u>Labor Relations Services, Inc.</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>24 Corporate Plaza, Suite 100</u><br>City <u>Newport Beach</u><br>State <u>Washington</u> <u>CA</u> ZIP Code + 4 <u>92660</u> | 15.d. Amount <u>13,729</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

**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).<br><br>Employer <u>Altoona Regional Health System</u><br>Trade Name _____<br>Attention To <u>Ron</u> <u>McConnell</u><br>Title _____ |  | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br>Street <u>620 Howard Avenue</u><br>City <u>Altoona</u><br>State _____ ZIP Code + 4 <u>16601</u> |  |
| 5.b. Termination Date <u>5/24/07</u>   |  | 5.c. Amount <u>435,568</u>  |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS   |  |   |  |

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

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

CONTINUATION

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid<br>Name <u>Matt</u> <u>Perovic</u><br>Title <u>Independent Consultant</u><br>Organization <u>Quantum Consulting, Inc.</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>10917 Kilpatrick</u><br>City <u>Oak Lawn</u><br>State <u>Washington</u> <u>12</u> ZIP Code + 4 <u>60453</u> | 15.d. Amount <u>32,800</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|  |                            |
|--|----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number <u>C-00525</u> |
|--|----------------------------|

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

|  |  |   |  |
|--|--|---|--|
| 5.a. Name and Address of Employer (including trade name, if any).<br><br>Employer <u>Altoona Regional Health System</u><br><br>Trade Name _____<br>Attention To <u>Ron</u> <u>McConnell</u><br><br>Title _____ |  | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>620 Howard Avenue</u><br>City <u>Altoona</u><br>State _____ ZIP Code + 4 <u>16601</u> |  |
| 5.b. Termination Date <u>5/24/07</u>   |  | 5.c. Amount <u>435,568</u>  |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS   |  |   |  |

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

| 7. Disbursements to Officers and Employees:       |            |              |   |
|---|------------|--------------|---|
| (a) Name  | (b) Salary | (c) Expenses | (d) Totals                                  |
|   |            |              |   |
|   |            |              |   |
|   |            |              |   |
|   |            |              |   |
|   |            |              |   |
| 8. Total disbursements to officers and employees: |            |              | 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<br><br>Name <u>Bruce</u> <u>Crawford</u><br><br>Title <u>Independent Consultant</u><br><br>Organization _____<br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>118 Plum Street</u><br>City <u>Roswell</u><br>State <u>Washington</u> <u>GA</u> ZIP Code + 4 <u>30075</u> | 15.d. Amount <u>33,460</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|  |                            |
|--|----------------------------|
| Name of Person Filing: <u>LLI Consulting Services, Inc</u> | File Number <u>C-00525</u> |
|--|----------------------------|

|  |   |
|--|---|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>Altoona Regional Health System</u><br><br>Trade Name _____<br>Attention To <u>Ron</u> <u>McConnell</u><br><br>Title _____ | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>620 Howard Avenue</u><br>City <u>Altoona</u><br><br>State _____ ZIP Code + 4 <u>16601</u> |
| 5.b. Termination Date <u>5/24/07</u>   | 5.c. Amount <u>435,568</u>  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS   |   |

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

CONTINUATION

|   |  |
|---|--|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name <u>Keith</u> <u>Peraino</u><br>Title <u>Independent Consultant</u><br>Organization <u>Peraino &amp; Associates, LLC</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>4959 Thames Street East</u><br>City <u>Kissimmee</u><br>State <u>Washington</u> <u>FL</u> ZIP Code + 4 <u>34778</u> | 15.d. Amount <u>28,827</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

**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).<br><br>Employer <u>Altoona Regional Health System</u><br><br>Trade Name _____<br>Attention To <u>Ron</u> <u>McConnell</u><br><br>Title _____ |  | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>620 Howard Avenue</u><br>City <u>Altoona</u><br>State _____ ZIP Code + 4 <u>16601</u> |  |
| 5.b. Termination Date <u>5/24/07</u>   |  | 5.c. Amount <u>415,568</u>  |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS   |  |   |  |

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

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

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<br>Name <u>Kathleen</u> <u>Tregear</u><br>Title <u>Independent Consultant</u><br>Organization <u>Tregear &amp; Associates, LLC</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>2323 Race Street, Apt 923</u><br>City <u>Philadelphia</u><br>State <u>Washington</u> <u>PA</u> ZIP Code + 4 <u>19103</u> | 15.d. Amount <u>3899</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|   |                            |
|---|----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number <u>C-00525</u> |
|---|----------------------------|

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

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

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

7. Disbursements to Officers and Employees:

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

CONTINUATION

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid<br>Name <u>Mariah</u> <u>DeForest</u><br>Title <u>Independent Consultant</u><br>Organization <u>EMSI Consulting, Inc.</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>1340 N. Astor St. #2205</u><br>City <u>Chicago</u><br>State <u>Washington</u> <u>IL</u> ZIP Code + 4 <u>60610</u> | 15.d. Amount <u>3013</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LLP Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

|   |  |
|---|--|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>Oscar Wilson Engines &amp; Parts, Inc.</u><br><br>Trade Name _____<br>Attention To <u>Grant</u> <u>Evans</u><br><br>Title <u>Plant Manager</u> | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>826 Lone Star Drive</u><br>City <u>O'Fallon</u><br><br>State <u>MO</u> ZIP Code + 4 <u>63366</u> |
| 5.b. Termination Date <u>6/18/07</u>  | 5.c. Amount <u>3000</u>  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  |  |

|  |            |              |            |   |  |
|--|------------|--------------|------------|---|--|
| <b>C. Statement of Disbursements</b> 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) |  |

|  |  |   |
|--|--|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b>  |  | 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<br><br>Name <u>Jason</u> <u>Greer</u><br><br>Title <u>Independent Consultant</u><br><br>Organization <u>Greer Consulting</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>33 Mallory Bend Ct</u><br>City <u>Lake St. Louis</u><br>State <u>Washington</u> <u>MO</u> ZIP Code + 4 <u>63367</u> | 15.d. Amount <u>1508</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |   |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |   |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

|  |   |
|--|---|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>General Elevator Sales &amp; Service, Inc.</u><br><br>Trade Name _____<br>Attention To <u>Michael</u> <u>Cavinder</u><br><br>Title <u>President</u> | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>10801 Satellite Blvd.</u><br>City <u>Orlando</u><br><br>State <u>FL</u> ZIP Code + 4 <u>32837</u> |
| 5.b. Termination Date <u>5/15/07</u>   | 5.c. Amount <u>7291</u>   |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS   |   |

|  |            |              |            |   |                                    |
|--|------------|--------------|------------|---|------------------------------------|
| <b>C. Statement of Disbursements</b> 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) |                                    |

|   |  |
|---|--|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name <u>Ed</u> <u>Villanueva</u><br><br>Title <u>Independent Consultant</u><br><br>Organization <u>EMSI Consulting, Inc.</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>1340 N. Astor Street # 2205</u><br>City <u>Chicago</u><br><br>State <u>Washington</u> <u>12</u> ZIP Code + 4 <u>60610</u> | 15.d. Amount <u>4291</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |



|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

|   |  |  |  |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:                           |  |
| Employer <u>New Age Electronics, Inc.</u>                         |  | P.O. Box, Building and Room Number, if any |  |
| Trade Name  |  | Street <u>21950 Arnold Center Road</u>     |  |
| Attention To <u>Michelle Olsen</u>                                |  | City <u>Carson</u>                         |  |
| Title <u>Human Resource Director</u>                              |  | State <u>CA</u> ZIP Code + 4 <u>90810</u>  |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 5.b. Termination Date <u>5/30/07</u> | 5.c. Amount <u>37,458</u> |
|--------------------------------------|---------------------------|

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

7. Disbursements to Officers and Employees:

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

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

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

**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).<br><br>Employer <u>Broadway Real Estate Services</u><br><br>Trade Name<br><br>Attention To <u>John Capuano</u><br><br>Title | Mailing Address:<br>P.O. Box, Building and Room Number, if any<br><br>Street <u>10 Post Office Square</u><br>City <u>Boston</u><br>State <u>MA</u> ZIP Code + 4 <u>02109</u> |
|---|--|

5.b. Termination Date 4/6/07

5.c. Amount 3538

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

7. Disbursements to Officers and Employees:

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

**D. Schedule of Disbursements for Reportable Activity**

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid<br><br>Name <u>Fred Grubb</u><br><br>Title <u>Independent Consultant</u><br><br>Organization <u>Grubb Quist &amp; Associates, LLC</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>12 South Main Street</u><br>City <u>Waterbury</u><br>State <u>Washington VT</u> ZIP Code + 4 <u>05676</u> | 15.d. Amount <u>2382</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

|  |   |
|--|---|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>IESI, LLC</u><br><br>Trade Name<br><br>Attention To <u>Joyce Thummell</u><br><br>Title <u>Director of Human Resources</u> | Mailing Address:<br>P.O. Box, Building and Room Number, if any<br><br>Street <u>2301 Eagle Parkway</u><br><br>City <u>Fort Worth</u><br><br>State <u>TX</u> ZIP Code + 4 <u>76177</u> |
| 5.b. Termination Date <u>3/23/07</u>   | 5.c. Amount <u>5997</u>   |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS   |   |

|  |            |              |            |   |  |
|--|------------|--------------|------------|---|--|
| <b>C. Statement of Disbursements</b> 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) |  |

|  |  |
|--|--|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name <u>Matt Perovic</u><br><br>Title <u>Independent Consultant</u><br><br>Organization <u>Quantum Consulting, Inc.</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>10917 Kilpatrick</u><br><br>City <u>Oak Lawn</u><br><br>State <u>Washington</u> ZIP Code + 4 <u>60453</u> | 15.d. Amount <u>3997</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

|   |  |  |  |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:                           |  |
| Employer <u>Able Health Care Services, Inc.</u>                   |  | P.O. Box, Building and Room Number, if any |  |
| Trade Name  |  | Street <u>9131 Queens Blvd., Suite 604</u> |  |
| Attention To <u>Michael Shapiro</u>                               |  | City <u>Elmhurst</u>                       |  |
| Title <u>President</u>  |  | State <u>NY</u> ZIP Code + 4 <u>11373</u>  |  |

|                                     |                           |
|-------------------------------------|---------------------------|
| 5.b. Termination Date <u>6/6/07</u> | 5.c. Amount <u>15,502</u> |
|-------------------------------------|---------------------------|

|                                      |
|--------------------------------------|
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS |
|--------------------------------------|

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

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

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

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

|   |
|---|
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY |
|---|

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

|  |            |              |            |  |   |
|--|------------|--------------|------------|--|---|
| <b>C. Statement of Disbursements</b> 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) |

|  |  |
|--|--|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name <u>David Acosta</u><br>Title <u>Independent Consultant</u><br>Organization <u>Redstone Enterprises, Inc.</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>5415 East Willowick Circle</u><br>City <u>Anaheim Hills</u><br>State <u>Washington CA</u> ZIP Code + 4 <u>92807</u> | 15.d. Amount <u>10,943</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

|   |  |  |  |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:                           |  |
| Employer <u>Russell Transport, Inc.</u>                           |  | P.O. Box, Building and Room Number, if any |  |
| Trade Name  |  | Street <u>155 North San Marcial Street</u> |  |
| Attention To <u>Rami Abdeljaber</u>                               |  | City <u>El Paso</u>                        |  |
| Title <u>Executive Vice President</u>                             |  | State <u>TX</u> ZIP Code + 4 <u>79905</u>  |  |

|                                     |                           |
|-------------------------------------|---------------------------|
| 5.b. Termination Date <u>9/8/07</u> | 5.c. Amount <u>27,127</u> |
|-------------------------------------|---------------------------|

|                                      |
|--------------------------------------|
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS |
|--------------------------------------|

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

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

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

CONTINUATION

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

|                      |                           |
|----------------------|---------------------------|
| 15.a. Employer Name: | 15.b. Trade Name, if any: |
|                      |                           |

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

|   |
|---|
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY |
|---|

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <b>LR1 Consulting Services, Inc</b> | File Number C- <b>00525</b> |
|--|-----------------------------|

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

|   |  |  |  |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:                                     |  |
| Employer <b>Allstate Power Vac</b>                                |  | P.O. Box, Building and Room Number, if any           |  |
| Trade Name  |  | Street <b>928 East Hazelwood Avenue</b>              |  |
| Attention To <b>Glenn Burke</b>                                   |  | City <b><del>New Jersey</del> Rahway</b>             |  |
| Title   |  | State <b><del>NJ</del></b> ZIP Code + 4 <b>07065</b> |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 5.b. Termination Date <b>10/4/07</b> | 5.c. Amount <b>27,609</b> |
|--------------------------------------|---------------------------|

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

7. Disbursements to Officers and Employees:

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

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid  | 15.d. Amount <b>17,103</b>   |
| Name <b>Frank Barbera</b><br>Title <b>Independent Consultant</b><br>Organization<br><br>P.O. Box, Building and Room Number, if any<br><br>Street <b>3308 Ariba Street</b><br>City <b>Las Vegas</b><br>State <b><del>Washington</del> NV</b> ZIP Code + 4 <b>89129</b> | 15.e. Purpose<br><b>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</b> |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

|   |                            |
|---|----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number <u>C-00525</u> |
|---|----------------------------|

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

|   |  |  |  |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:                           |  |
| Employer <u>Ferguson Enterprises, Inc.</u>                        |  | P.O. Box, Building and Room Number, if any |  |
| Trade Name  |  | Street <u>12500 Jefferson Avenue</u>       |  |
| Attention To <u>David Meeker</u>                                  |  | City <u>Newport News</u>                   |  |
| Title   |  | State <u>VA</u> ZIP Code + 4 <u>23602</u>  |  |
| 5.b. Termination Date <u>8/30/07</u>                              |  | 5.c. Amount <u>6900</u>                    |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS                              |  |  |  |

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

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

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

|  |  |  |  |
|--|--|--|--|
| 15.a. Employer Name:   |  | 15.b. Trade Name, If any:  |  |
| 15.c. To Whom Paid   |  | 15.d. Amount <u>3900</u>   |  |
| Name <u>Joseph Brock</u><br>Title <u>Independent Consultant</u><br>Organization <u>East Coast Labor Relations, LLC</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>151 Forge Road</u><br>City <u>Delran</u><br>State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u> |  | 15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |  |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |  |  |



|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

|   |  |  |                           |
|---|--|--|---------------------------|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:                           |                           |
| Employer <u>Siemens Energy &amp; Automation</u>                   |  | P.O. Box, Building and Room Number, if any |                           |
| Trade Name  |  | Street <u>500 Hunt Valley Road</u>         |                           |
| Attention To <u>Elsie Deems</u>                                   |  | City <u>New Kensington</u>                 |                           |
| Title   |  | State <u>PA</u>                            | ZIP Code + 4 <u>15068</u> |

|                                      |                         |
|--------------------------------------|-------------------------|
| 5.b. Termination Date <u>9/20/07</u> | 5.c. Amount <u>3154</u> |
|--------------------------------------|-------------------------|

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

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

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

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

|   |  |
|---|--|
| 15.a. Employer Name:                                | 15.b. Trade Name, If any:  |
|   |  |
| 15.c. To Whom Paid                                  | 15.d. Amount <u>1954</u>   |
| Name <u>Joseph Brock</u>                            | 15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| Title <u>Independent Consultant</u>                 |  |
| Organization <u>East Coast Labor Relations, LLC</u> |  |
| P.O. Box, Building and Room Number, if any          |  |
| Street <u>151 Forge Road</u>                        |  |
| City <u>Delran</u>                                  |  |
| State <u>Washington NJ</u>                          | ZIP Code + 4 <u>08075</u>  |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY |  |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LLI Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

|   |  |
|---|--|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>RVC Senior Management</u><br><br>Trade Name _____<br>Attention To <u>Ron DeVito</u><br><br>Title _____ | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>65 East John Street</u><br>City <u>Hicksville</u><br><br>State <u>NY</u> ZIP Code + 4 <u>11803</u> |
| 5.b. Termination Date <u>10/22/07</u>   | 5.c. Amount <u>83,553</u>  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  |  |

|  |            |              |            |   |  |
|--|------------|--------------|------------|---|--|
| <b>C. Statement of Disbursements</b> 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) |  |

|   |  |
|---|--|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name <u>Jason Greer</u><br>Title <u>Greer Consulting, Inc.</u><br>Organization <u>East Coast Labor Relations, LLC</u><br><br>P.O. Box, Building and Room Number, if any<br><u>PO Box 1175</u><br>Street _____<br>City <u>O'Fallon</u><br>State <u>Washington MO</u> ZIP Code + 4 <u>63336</u> | 15.d. Amount <u>48,048</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

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

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

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

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

|  |  |
|--|--|
| 15.a. Employer Name:   | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid<br>Name <u>Peter Quist</u><br>Title <u>Grubb Quist &amp; Associates, LLC</u><br>Organization <u>East Coast Labor Relations, LLC</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>12 South Main Street</u><br>City <u>Waterbury</u><br>State <u>Washington</u> ZIP Code + 4 <u>05676</u> | 15.d. Amount <u>10,412</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

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

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

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

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

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

|  |            |              |            |   |  |
|--|------------|--------------|------------|---|--|
| <b>C. Statement of Disbursements</b> 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) |  |

|   |  |   |
|---|--|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b>   |  | 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<br><br>Name <u>Joseph</u> <u>Brock</u><br><br>Title <u>Independent Consultant</u><br><br>Organization <u>East Coast Labor Relations, LLC</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>151 Forge Road</u><br><br>City <u>Delran</u><br><br>State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u> | 15.d. Amount <u>2480</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |   |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |   |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

|   |  |   |  |
|---|--|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:  |  |
| Employer <u>Fibrominn, LLC</u>                                    |  | P.O. Box, Building and Room Number, if any<br><u>PO box 265</u> |  |
| Trade Name  |  | Street  |  |
| Attention To <u>Ron Davies</u>                                    |  | City <u>Benson</u>  |  |
| Title   |  | State <u>NV</u> ZIP Code + 4 <u>56215</u>                       |  |
| 5.b. Termination Date <u>11/2/07</u>                              |  | 5.c. Amount <u>6761</u>   |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS                              |  |   |  |

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

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

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

|  |   |
|--|---|
| 15.a. Employer Name:                                 | 15.b. Trade Name, if any:   |
| 15.c. To Whom Paid                                   | 15.d. Amount <u>3761</u>  |
| Name <u>Frank Barbera</u>                            | 15.e. Purpose   |
| Title <u>Independent Consultant</u>                  | <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| Organization   |   |
| P.O. Box, Building and Room Number, if any           |   |
| Street <u>3308 Ariba Street</u>                      |   |
| City <u>Las Vegas</u>                                |   |
| State <u>Washington NV</u> ZIP Code + 4 <u>89129</u> |   |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |   |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

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

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

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, if any:  |
| 15.c. To Whom Paid<br>Name <u>Frank Barbera</u><br>Title <u>Independent Consultant</u><br>Organization<br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>3308 Ariba Street</u><br>City <u>Las Vegas</u><br>State <u>NV</u> ZIP Code + 4 <u>89129</u> | 15.d. Amount <u>5591</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LLI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

|   |  |  |  |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:                                   |  |
| Employer <u>Chicago International Trucks, LLC</u>                 |  | P.O. Box, Building and Room Number, if any         |  |
| Trade Name  |  | Street <u>1827 Walden Office Square, Suite 275</u> |  |
| Attention To <u>Julie Bartell</u>                                 |  | City <u>Schaumburg</u>                             |  |
| Title <u>Vice President Human Resources</u>                       |  | State <u>IL</u> ZIP Code + 4 <u>60173</u>          |  |
| 5.b. Termination Date <u>12/6/07</u>                              |  | 5.c. Amount <u>13,572</u>                          |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS                              |  |  |  |

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

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

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

|  |  |  |  |
|--|--|--|--|
| 15.a. Employer Name:   |  | 15.b. Trade Name, If any:  |  |
| 15.c. To Whom Paid   |  | 15.d. Amount <u>7542</u>   |  |
| Name <u>Bradley White</u><br>Title <u>Independent Consultant</u><br>Organization <u>Interlate Systems, Inc.</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>145 South Lincolnway</u><br>City <u>North Aurora</u><br>State <u>Washington</u> <u>IL</u> ZIP Code + 4 <u>60542</u> |  | 15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |  |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |  |  |



|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LLI Consulting Services, Inc.</u> | File Number C- <u>80525</u> |
|---|-----------------------------|

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

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

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

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

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

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

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

**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).<br><br>Employer <u>Holley Dodge Of Middletown</u><br>Trade Name _____<br>Attention To <u>Glenn</u> <u>Holley</u><br>Title <u>Vice President</u> |  | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br>Street <u>1000 Newfield Street</u><br>City <u>Middletown</u><br>State <u>CT</u> ZIP Code + 4 <u>06457</u> |  |
| 5.b. Termination Date <u>11/29/07</u>   |  | 5.c. Amount <u>31.07</u>  |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  |  |   |  |

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

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

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid<br>Name <u>Michael</u> <u>Rosado</u><br>Title <u>Independent Consultant</u><br>Organization <u>M. Rosado Consultants, LLC</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>5 Quail Court</u><br>City <u>Englewood</u><br>State <u>Washington</u> <u>NS</u> ZIP Code + 4 <u>07631</u> | 15.d. Amount <u>1607</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <b>LR1 Consulting Services, Inc.</b> | File Number C- <b>00525</b> |
|---|-----------------------------|

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

|   |  |  |  |
|---|--|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:                           |  |
| Employer <b>Carolina Commercial Heat Treating</b>                 |  | P.O. Box, Building and Room Number, if any |  |
| Trade Name  |  | Street <b>628 Grooms Road</b>              |  |
| Attention To <b>Mike Hachee</b>                                   |  | City <b>Reidsville</b>                     |  |
| Title   |  | State <b>NC</b> ZIP Code + 4 <b>27320</b>  |  |

|                                       |                         |
|---------------------------------------|-------------------------|
| 5.b. Termination Date <b>11/28/07</b> | 5.c. Amount <b>8731</b> |
|---------------------------------------|-------------------------|

|                                      |
|--------------------------------------|
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS |
|--------------------------------------|

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

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

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

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

|   |
|---|
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY |
|---|

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

|   |   |
|---|---|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>Perfection Glass</u><br><br>Trade Name<br><br>Attention To <u>Shawn Linhoff</u><br><br>Title | Mailing Address:<br>P.O. Box, Building and Room Number, if any<br><br>Street <u>15 North Auburn</u><br>City <u>Kennebick</u><br>State <u>ME</u> ZIP Code + 4 <u>99336</u> |
| 5.b. Termination Date <u>1/5/08</u>   | 5.c. Amount <u>45,043</u>   |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  |   |

|  |            |              |            |   |
|--|------------|--------------|------------|---|
| <b>C. Statement of Disbursements</b> 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) |

|   |  |   |
|---|--|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b>   |  | Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. |
| 15.a. Employer Name:  | 15.b. Trade Name, If any:  |   |
| 15.c. To Whom Paid  | 15.d. Amount <u>25,043</u>   |   |
| Name <u>David Acosta</u><br>Title <u>Independent Consultant</u><br>Organization <u>Redstone Enterprises</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>5415 E Willowick</u><br>City <u>Anaheim</u><br>State <u>Washington</u> <u>CA</u> ZIP Code + 4 <u>92807</u> | 15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |   |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |   |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

**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).<br>Employer <u>B &amp; C Cartage, Inc.</u> |                                   | Mailing Address:<br>P.O. Box, Building and Room Number, if any |  |
| Trade Name   | Street <u>851 W McKimney Road</u> |  |  |
| Attention To <u>Charlie Helms</u>  | City <u>Gladwin</u>               |  |  |
| Title  | State <u>MI</u>                   | ZIP Code + 4 <u>48624</u>                                      |  |

|                       |                           |
|-----------------------|---------------------------|
| 5.b. Termination Date | 5.c. Amount <u>15,826</u> |
|-----------------------|---------------------------|

|                                      |
|--------------------------------------|
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS |
|--------------------------------------|

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

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

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

|  |  |
|--|--|
| 15.a. Employer Name:   | 15.b. Trade Name, if any:  |
| 15.c. To Whom Paid<br>Name <u>Joseph Brock</u><br>Title <u>Independent Consultant</u><br>Organization <u>East Coast Labor Relations, LLC</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>151 Forge Road</u><br>City <u>Delran</u><br>State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u> | 15.d. Amount <u>9000</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LEI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

|  |  |  |  |
|--|--|--|--|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>Saia</u><br><br>Trade Name<br><br>Attention To <u>Walter Schumacher</u><br><br>Title      |  | Mailing Address:<br>P.O. Box, Building and Room Number, if any<br><br>Street <u>11465 Johns Creek Pkwy, Suite 400</u><br>City <u>Duluth</u><br>State <u>GA</u> ZIP Code + 4 <u>30097</u> |  |
| 5.b. Termination Date <u>10/5/07</u>   |  | 5.c. Amount <u>23,177</u>  |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS   |  |  |  |

|  |            |              |            |   |  |
|--|------------|--------------|------------|---|--|
| <b>C. Statement of Disbursements</b> 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) |  |

|  |  |  |
|--|--|--|
| <b>D. Schedule of Disbursements for Reportable Activity</b>  |  | 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<br><br>Name <u>Joseph Brock</u><br><br>Title <u>Independent Consultant</u><br><br>Organization <u>East Coast Labor Relations, LLC</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>151 Forge Road</u><br><br>City <u>Delran</u><br><br>State <u>Washington NJ</u> ZIP Code + 4 <u>08075</u> |  | 15.d. Amount <u>12,677</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

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

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

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, if any:  |
| 15.c. To Whom Paid<br>Name <u>Gerald O'Brien</u><br>Title <u>Independent Consultant</u><br>Organization<br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>23 Summit Heights</u><br>City <u>North Oaks</u><br>State <u>Washington</u> <u>MN</u> ZIP Code + 4 <u>55127</u> | 15.d. Amount <u>37,632</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LLI Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

|   |  |
|---|--|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>Rotech Healthcare</u><br><br>Trade Name _____<br>Attention To <u>Kim</u> <u>Lee</u><br><br>Title _____ | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>2600 technology Drive, Suite 300</u><br>City <u>Orlando</u><br><br>State <u>FL</u> ZIP Code + 4 <u>32804</u> |
| 5.b. Termination Date <u>10/3/07</u>  | 5.c. Amount <u>58,174</u>  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  |  |

|  |            |              |            |   |  |
|--|------------|--------------|------------|---|--|
| <b>C. Statement of Disbursements</b> 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) |  |

|   |  |   |
|---|--|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b>   |  | 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<br><br>Name <u>Alex</u> <u>Casillas</u><br><br>Title <u>Independent Consultant</u><br><br>Organization <u>Action Resources</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>1119 S Mission Road, Suite 223</u><br>City <u>Fallbrook</u><br><br>State <u><del>Washington</del> CA</u> ZIP Code + 4 <u>92028</u> | 15.d. Amount <u>39,728</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |   |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |   |



|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

|   |  |
|---|--|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>Rotech Healthcare</u><br><br>Trade Name<br><br>Attention To <u>Kim</u> <u>Lee</u><br><br>Title | Mailing Address:<br>P.O. Box, Building and Room Number, if any<br><br>Street <u>2600 technology Drive, Suite 300</u><br>City <u>Orlando</u><br>State <u>FL</u> ZIP Code + 4 <u>32804</u> |
| 5.b. Termination Date <u>10/3/07</u>  | 5.c. Amount <u>53,174</u>  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  |  |

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

*CONTINUATION*

|  |  |
|--|--|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name <u>Joseph</u> <u>Brock</u><br>Title <u>Independent Consultant</u><br>Organization <u>East Coast Labor Relations, LLC</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>151 Forge Road</u><br>City <u>Delran</u><br>State <u>Washington</u> ZIP Code + 4 <u>08075</u> | 15.d. Amount <u>2186</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LLS Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

|   |  |   |  |
|---|--|---|--|
| 5.a. Name and Address of Employer (including trade name, if any).<br><br>Employer <u>Wenner Bread Products</u><br><br>Trade Name _____<br>Attention To <u>Larry</u> <u>Wenner</u><br><br>Title <u>General Manager</u> |  | Mailing Address:<br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>33 Rajon Road</u><br>City <u>Bayport</u><br>State <u>NY</u> ZIP Code + 4 <u>11795</u> |  |
| 5.b. Termination Date <u>11/20/07</u>   |  | 5.c. Amount <u>293,170</u>  |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  |  |   |  |

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

| 7. Disbursements to Officers and Employees:  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
|--|------------|--------------|------------|---------------------------------------|--|---------------|--|------------------------------------|--|----------------|--|-------------------------|--|---|--|
| (a) Name   | (b) Salary | (c) Expenses | (d) Totals |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
|  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
|  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
|  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
|  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
|  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
| 8. Total disbursements to officers and employees:  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">9. Office and Administrative Expenses</td> <td style="width: 50%; padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">10. Publicity</td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">11. Fees for Professional Services</td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">12. Loans Made</td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">13. Other Disbursements</td> <td style="padding: 5px;"> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">14. Total Disbursements (Sum of Items 8-13)</td> </tr> </table> |            |              |            | 9. Office and Administrative Expenses |  | 10. Publicity |  | 11. Fees for Professional Services |  | 12. Loans Made |  | 13. Other Disbursements |  | 14. Total Disbursements (Sum of Items 8-13) |  |
| 9. Office and Administrative Expenses  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
| 10. Publicity  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
| 11. Fees for Professional Services   |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
| 12. Loans Made   |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
| 13. Other Disbursements  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |
| 14. Total Disbursements (Sum of Items 8-13)  |            |              |            |                                       |  |               |  |                                    |  |                |  |                         |  |   |  |

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid<br><br>Name _____<br>Title _____<br>Organization <u>EMSI Consulting, Inc.</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>1340 N. Astor Street # 2205</u><br>City <u>Chicago</u><br>State <u>Washington</u> <u>IL</u> ZIP Code + 4 <u>60610</u> | 15.d. Amount <u>53,175</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

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

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<br>Name <u>Peter</u> <u>Quist</u><br>Title _____<br>Organization <u>Grubb Quist &amp; Associates</u><br>P.O. Box, Building and Room Number, if any _____<br>Street <u>12 South Main Street</u><br>City <u>Waterbury</u><br>State <u>Washington</u> <u>VT</u> ZIP Code + 4 <u>05676</u> | 15.d. Amount <u>37,123</u><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LRI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

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

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

*CONTINUATION*

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid  | 15.d. Amount <u>10,022</u>   |
| Name <u>Mike</u> <u>Rosado</u>                              | 15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| Title <u>Independent Consultant</u>                         |  |
| Organization <u>M. Rosado Consultants, Inc.</u>             |  |
| P.O. Box, Building and Room Number, if any                  |  |
| Street <u>5 Quail Court</u>                                 |  |
| City <u>Englewood</u>                                       |  |
| State <u>Washington</u> <u>CA</u> ZIP Code + 4 <u>07631</u> |  |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY         |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LLI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

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

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

|   |  |
|---|--|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:  |
| 15.c. To Whom Paid<br>Name <u>Mike Rosado</u><br>Title <u>Independent Consultant</u><br>Organization <u>M. Rosado Consultants, Inc.</u><br><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>5 Quail Court</u><br>City <u>Englewood</u><br>State <u>Washington CA</u> ZIP Code + 4 <u>07631</u> | 15.d. Amount <u>11,588</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LLI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

|                                       |                            |
|---------------------------------------|----------------------------|
| 5.b. Termination Date <u>12/12/07</u> | 5.c. Amount <u>131,299</u> |
|---------------------------------------|----------------------------|

|                                      |
|--------------------------------------|
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS |
|--------------------------------------|

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

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

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<br>Name <u>Kathleen Tregear</u><br>Title <u>Independent Consultant</u><br>Organization <u>Tregear &amp; Associates, LLC</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>2323 Race Street # 923</u><br>City <u>Philadelphia</u><br>State <u>Washington PA</u> ZIP Code + 4 <u>19103</u> | 15.d. Amount <u>19,419</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <b>LR1 Consulting Services, Inc.</b> | File Number C- <b>00525</b> |
|---|-----------------------------|

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

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

|                                       |                            |
|---------------------------------------|----------------------------|
| 5.b. Termination Date <b>12/12/07</b> | 5.c. Amount <b>151,299</b> |
|---------------------------------------|----------------------------|

|                                      |
|--------------------------------------|
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS |
|--------------------------------------|

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

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

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

**CONTINUATION**

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

|  |  |
|--|--|
| 15.a. Employer Name:                                 | 15.b. Trade Name, if any:  |
|  |  |
| 15.c. To Whom Paid                                   | 15.d. Amount <b>7728</b>   |
| Name <b>Natasha Gordon</b>                           | 15.e. Purpose<br><b>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</b> |
| Title <b>Independent Consultant</b>                  |  |
| Organization   |  |
| P.O. Box, Building and Room Number, if any           |  |
| Street <b>2108 Windy Hill Point</b>                  |  |
| City <b>Lawrenceville</b>                            |  |
| State <b>Washington GA</b> ZIP Code + 4 <b>30045</b> |  |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |  |

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LLI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

|   |   |
|---|---|
| <p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Saginaw Chippewa Tribe</u></p> <p>Trade Name <u>Soaring Eagle Casino</u></p> <p>Attention To _____</p> <p>Title _____</p> | <p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>7500 Soaring Eagle Blvd</u></p> <p>City <u>Mt. Pleasant</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48858</u></p> |
|---|---|

5.b. Termination Date 12/21/07 5.c. Amount 706,500

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

**D. Schedule of Disbursements for Reportable Activity**

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

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY



|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LLI Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

**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                            |
| <b>8. Total disbursements to officers and employees:</b> |            |              |            | <b>14. Total Disbursements (Sum of Items 8-13)</b> |

*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.

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

|  |
|--|
| <b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b> |
|--|

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

**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                            |
| <b>8. Total disbursements to officers and employees:</b> |            |              |            |  | <b>14. Total Disbursements (Sum of Items 8-13)</b> |

*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.

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

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LL1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

|   |   |
|---|---|
| <p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Saginaw Chippewa Tribe</u></p> <p>Trade Name <u>Soaring Eagle Casino</u></p> <p>Attention To _____</p> <p>Title _____</p> | <p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>7500 Soaring Eagle Blvd</u></p> <p>City <u>Mt. Pleasant</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48858</u></p> |
|---|---|

5.b. Termination Date 12/21/07 5.c. Amount 706,500

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

CONTINUATION

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

|  |   |
|--|---|
| <p>15.a. Employer Name:</p>  | <p>15.b. Trade Name, if any:</p>  |
| <p>15.c. To Whom Paid</p> <p>Name <u>Byron Clay</u></p> <p>Title <u>BJC and Associates, Inc.</u></p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>10108 Fehlberg Ct.</u></p> <p>City <u>St. John</u></p> <p>State <u>Washington IN</u> ZIP Code + 4 <u>46373</u></p> | <p>15.d. Amount <del>49,500</del> <u>55,500</u></p> <p>15.e. Purpose</p> <p><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u></p> |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

|   |  |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address:                           |
| Employer <u>Saginaw Chippewa Tribe</u>                            | P.O. Box, Building and Room Number, if any |
| Trade Name <u>Soaring Eagle Casino</u>                            | Street <u>7500 Soaring Eagle Blvd</u>      |
| Attention To  | City <u>Mt. Pleasant</u>                   |
| Title   | State <u>MI</u> ZIP Code + 4 <u>48858</u>  |

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 reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

| (a) Name | (b) Salary | (c) Expenses | (d) Totals |
|----------|------------|--------------|------------|
|----------|------------|--------------|------------|

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

*CONTINUATION*

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

|  |   |
|--|---|
| 15.a. Employer Name:                                 | 15.b. Trade Name, If any:   |
| 15.c. To Whom Paid                                   | 15.d. Amount <u>10,000</u>  |
| Name <u>Terry</u> <u>Cuba</u>                        | 15.e. Purpose   |
| Title <u>Grubb Quist &amp; Associates, LLC</u>       | <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| Organization   |   |
| P.O. Box, Building and Room Number, if any           |   |
| Street <u>12 South Main Street</u>                   |   |
| City <u>Waterbury</u>                                |   |
| State <u>Washington VT</u> ZIP Code + 4 <u>05676</u> |   |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services, Inc.</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

|   |  |
|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address:                           |
| Employer <u>Saginaw Chippewa Tribe</u>                            | P.O. Box, Building and Room Number, if any |
| Trade Name <u>Soaring Eagle Casino</u>                            | Street <u>7500 Soaring Eagle Blvd</u>      |
| Attention To  | City <u>Mt. Pleasant</u>                   |
| Title   | State <u>MI</u> ZIP Code + 4 <u>48858</u>  |

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 reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name (b) Salary (c) Expenses (d) Totals

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

*CONTINUATION*

**D. Schedule of Disbursements for Reportable Activity**

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

|  |   |
|--|---|
| 15.a. Employer Name:                                 | 15.b. Trade Name, if any:   |
| 15.c. To Whom Paid                                   | 15.d. Amount <u>13,000</u>  |
| Name <u>Rebecca Smith</u>                            | 15.e. Purpose   |
| Title <u>Independent Consultant</u>                  | <u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| Organization   |   |
| P.O. Box, Building and Room Number, if any           |   |
| Street <u>10620 Southern Highlands Parkway, 110</u>  |   |
| City <u>Las Vegas</u>                                |   |
| State <u>Washington NV</u> ZIP Code + 4 <u>89141</u> |   |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

|   |                             |
|---|-----------------------------|
| Name of Person Filing: <u>LR1 Consulting Services Inc</u> | File Number C- <u>00525</u> |
|---|-----------------------------|

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

|   |   |
|---|---|
| <b>5.a. Name and Address of Employer (including trade name, if any).</b><br><br>Employer <u>Saginaw Chippewa Tribe</u><br>Trade Name <u>Soaring Eagle Casino</u><br>Attention To _____<br>Title _____ | <b>Mailing Address:</b><br>P.O. Box, Building and Room Number, if any _____<br><br>Street <u>7500 Soaring Eagle Blvd</u><br>City <u>Mt. Pleasant</u><br>State <u>MI</u> ZIP Code + 4 <u>48858</u> |
|---|---|

**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 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                            |
| <b>8. Total disbursements to officers and employees:</b> |            |              |            | <b>14. Total Disbursements (Sum of Items 8-13)</b> |

*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.

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

**16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**

|  |                             |
|--|-----------------------------|
| Name of Person Filing: <u>LR Consulting Services Inc</u> | File Number C- <u>00525</u> |
|--|-----------------------------|

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

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

CONTINUATION

|  |   |
|--|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name <u>Jason Greer</u><br>Title <u>Independent Consultant</u><br>Organization <u>Greer Consulting, Inc.</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>33 Mallory Bend Ct</u><br>City <u>Lake St. Louis</u><br>State <u>Washington MO</u> ZIP Code + 4 <u>63367</u> | 15.d. Amount <u>19500</u><br><br>15.e. Purpose<br><u>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</u> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |   |