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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

andatory 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.

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

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

For Official Use Only **READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** Ε Month/Day/Year Month/Day/Year 66210 2. Period Covered 1 . File Number C-(mm/dd/yyyy) (mm/dd/yyyy) By This Report From: 01 / 01 / 2015 Through: 31 / 2015 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name M | Schemm John Title Title Individual Organization Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any

Signatures

Street

City

State

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).

ZIP Code + 4 34285

17. 8	Signed	President
	Title Sole Proprietor	(if other title, see instructions)
On	02/28/2015 941 830 0600	
0,1	Date Telephone Number	

Street 845 The Esplanade N Unit 403

Date

Telephone Number

ZIP Code + 4

City

State

Venice

Florida

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. 5.a. Name and Address of Employer (including trade name, if any). Employer DPI Dedicated Logistics PO. Box, Building and Room Number, if any Employer DPI Dedicated Logistics PO. Box (Chefeller Ave.) Attention To Donna Robbins City Contario Title President State California ZIP Code + 4 91761 5.b. Termination Date 12/31/15 S.c. Amount 34,669 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 34,669 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 34,669 7. Disbursements to Officers and Employees: (a) Name (b) Salery (c) Expenses (d) Totals 10. Publicity Publicity	or services. 5.a. Name and Address of Employer (including trade name, if any). Employer DPI Dedicated Logistics Trade Name Sub of DPI Specialty Foods Attention To Donna Robbins City Ontario Title President State California ZIP Code + 4 91761 5.b. Termination Date 12/31/15 5.c. Amount 34,669 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.
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	Organization
P.O. Box, Building and Room Number, if any	
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Street	Street
City	City
State Washington ZIP Code + 4	
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