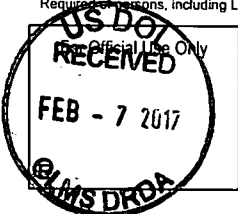


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
Required persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

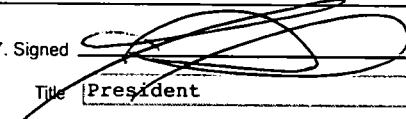
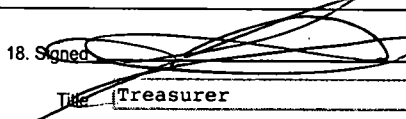
632565

1. File Number C- 66578	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		From: 01 / 01 / 2016		12 / 31 / 2016

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	<input type="text"/>
Title	<input type="text"/>
Organization	Sparta, Incorporated
P.O. Box, Building and Room Number, if any	<input type="text"/>
Street	8086 S. Yale Ave, Ste 225
City	Tulsa
State	Oklahoma
ZIP Code + 4	74136
4. Any other address where records necessary to verify this report are kept:	
Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>
P.O. Box, Building and Room Number, if any	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP Code + 4	<input type="text"/>

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 	President (if other title, see instructions)	18. Signed 	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On	1 / 30 / 2017	On	1 / 30 / 2017
Date	800-555-7509	Date	800-555-7509
	Telephone Number		Telephone Number

Name of Person Filing:	File Number C- 66578
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Advantage Car Rental	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	340 JFK Airport
Attention To:	Scott Lieberman	City	Jamaica
Title		State	New York
		ZIP Code + 4	11430
5.b. Termination Date		5.c. Amount	
07/01/16		74,449	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	American Ambulance	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	6605 NW 74th Ave
Attention To:	Micheal Arguelles	City	Miami
Title		State	Florida
		ZIP Code + 4	33166
5.b. Termination Date		5.c. Amount	
06/10/16		249,777	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Automann	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	850 Randolph Road
Attention To:	Dennis Singh	City	Somerset
Title	President	State	New Jersey
		ZIP Code + 4	08873
5.b. Termination Date		5.c. Amount	
12/21/16		63,981	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	B & H Photo	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	420 9th Ave
Attention To:	Max Laufer	City	New York
Title		State	New York
		ZIP Code + 4	10001
5.b. Termination Date		5.c. Amount	
03/14/16		39,750	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Bayarea	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	700 National Ct
Attention To:	Todd Rovelstad	City	Richmond
Title	General Manager	State	California
		ZIP Code + 4	94804
5.b. Termination Date		5.c. Amount	
09/13/16		57,339	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Biery Cheese	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	6544 Paris Ave, NE
Attention To:	Barb Scheetz	City	Louisville
Title		State	Ohio
		ZIP Code + 4	44641
5.b. Termination Date		5.c. Amount	
Ongoing		133,500	

Name of Person Filing:

File Number C- 66578

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: Advantage Car Rental	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar <input type="checkbox"/> Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 20,316 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
15.a. Employer Name: Advantage Car Rental	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon <input type="checkbox"/> Suarez Title Organization P.O. Box, Building and Room Number, if any Street 382 Nome Ave City Staten Island State New York ZIP Code + 4 10314	15.d. Amount 17,500 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
15.a. Employer Name: American Ambulance	15.b. Trade Name, If any:
15.c. To Whom Paid Name Oluseyi <input type="checkbox"/> Olowolafe Title Organization Omega Labor Solutions P.O. Box, Building and Room Number, if any Street 2307 Fenton Parkway Ste 107-221 City San Diego State California ZIP Code + 4 92108	15.d. Amount 80,160 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Bronco Wine	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	6342 Bystrum Rd
Attention To:	Micheal <input type="checkbox"/> Franzia	City	Ceres
Title		State	California
		ZIP Code + 4	95307
5.b. Termination Date		5.c. Amount	
Ongoing		223,358	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Calise Bakery	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2 Quality Drive
Attention To:	Mike <input type="checkbox"/> Calise	City	Lincoln
Title	President	State	Rhode Island
		ZIP Code + 4	02865
5.b. Termination Date		5.c. Amount	
03/16/16		2,099	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Cape Code- American Ambulance	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	57 Mid Tech Dr.
Attention To:	Charlie <input type="checkbox"/> Maymon	City	West Yarmouth
Title		State	Massachusetts
		ZIP Code + 4	02673
5.b. Termination Date		5.c. Amount	
08/31/16		104,569	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Colonial Parking	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	715 Orange St
Attention To:	Jed <input type="checkbox"/> Hatfield	City	Wilmington
Title		State	Delaware
		ZIP Code + 4	19801
5.b. Termination Date		5.c. Amount	
ongoing		33,218	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Forman Mills	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1070 Thomas Bush Memorial Hwy
Attention To:	Gloria <input type="checkbox"/> Segal	City	Pennsauken
Title		State	New Jersey
		ZIP Code + 4	08110
5.b. Termination Date		5.c. Amount	
05/18/16		78,682	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	FreshPoint- South Florida	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	8801 Exchange Dr
Attention To:	David <input type="checkbox"/> Yelenosky	City	Orlando
Title	Regional VP Finance	State	Florida
		ZIP Code + 4	32809
5.b. Termination Date		5.c. Amount	
09/23/16		132,026	

Name of Person Filing:	File Number C- 66578
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	G & K	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	5995 Opus Pkwy #500
Attention To:	David Dingee	City	Minnetonka
Title		State	Michigan
		ZIP Code + 4	55343
5.b. Termination Date		5.c. Amount	
11/29/16		44,845	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Great Dane	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	207 Progress Rd
Attention To:	Tom Sieniawski	City	Elysburg
Title		State	Tennessee
		ZIP Code + 4	17824
5.b. Termination Date		5.c. Amount	
11/29/16		46,920	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Hertz	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	10450 Corkscrew Commons Dr.
Attention To:	Lynette Young	City	Estero
Title	L R Assistant	State	Florida
		ZIP Code + 4	33928
5.b. Termination Date		5.c. Amount	
1/11/16		40,585	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Joseph Bakery	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	30 International Way
Attention To:	Joseph Boghos	City	Lawrence
Title		State	Massachusetts
		ZIP Code + 4	01843
5.b. Termination Date		5.c. Amount	
09/17/16		10,740	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Kindred Hospital	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	14148 Francisquito Ave
Attention To:	Andrew Weiss	City	Balwin Park
Title		State	California
		ZIP Code + 4	91706
5.b. Termination Date		5.c. Amount	
Ongoing		0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Lifestyle	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	241 Pleasant Dr
Attention To:	Connie Bennati	City	Warren
Title		State	Pennsylvania
		ZIP Code + 4	16365
5.b. Termination Date		5.c. Amount	
09/23/16		59,058	

Name of Person Filing:	File Number C- 66578
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Lixi	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	4115 Church Road
Attention To:	Zia Jaffrey	City	Mount Laurel
Title		State	New Jersey
		ZIP Code + 4	08054
5.b. Termination Date		5.c. Amount	
05/16/16		42,937	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Mission Foods	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	4000 Dan Morton Dr. #100
Attention To:	David Salazar	City	Dallas
Title		State	Texas
		ZIP Code + 4	75236
5.b. Termination Date		5.c. Amount	
ongoing		557,822	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Norlite	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	628 Saratoga St
Attention To:	Sharon Tylus	City	Cohoes
Title		State	New York
		ZIP Code + 4	12047
5.b. Termination Date		5.c. Amount	
07/01/16		13,812	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Pacific Beverage	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	401 Del Norte Blvd
Attention To:	Jeff Jordano	City	Oxnard
Title	President	State	California
		ZIP Code + 4	93032
5.b. Termination Date		5.c. Amount	
10/03/16		148,899	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Palmer Foods	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	900 Jefferson Rd
Attention To:	Kip Palmer	City	Rochester
Title	President	State	New York
		ZIP Code + 4	14623
5.b. Termination Date		5.c. Amount	
11/8/16		24,873	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Parsec	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2880 Bicentennial Pkwy #100
Attention To:	Brian Barnes	City	Henderson
Title	General Manager	State	Nevada
		ZIP Code + 4	89044
5.b. Termination Date		5.c. Amount	
		54,231	

Name of Person Filing:	File Number C- 66578
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	SLS	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1650 Bushwick Ave
Attention To:	Dennis Lalli	City	Brooklyn
Title	Council of Labor	State	New York
		ZIP Code + 4	11207
5.b. Termination Date		5.c. Amount	
07/12/16		33,056	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Sysco-Riverside	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	15750 Meridian Pkwy
Attention To:	Joey Joy	City	Riverside
Title		State	California
		ZIP Code + 4	92518
5.b. Termination Date		5.c. Amount	
06/16/16		33,534	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Sysco- Florida	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1999 Martin Luther King Blvd
Attention To:	Patrick Rodgers	City	Riviera Beach
Title	Vice President	State	Florida
		ZIP Code + 4	33404
5.b. Termination Date		5.c. Amount	
04/27/16		228,442	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Sysco- Harrisburg	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	3905 Corey Rd
Attention To:	Richard Euler	City	Harrisburg
Title		State	Pennsylvania
		ZIP Code + 4	17109
5.b. Termination Date		5.c. Amount	
1/11/16		35,905	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Sysco- South Florida - Miami	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	12500 NW 112th Ave
Attention To:	John Abreu	City	Medley
Title	President	State	Florida
		ZIP Code + 4	33178
5.b. Termination Date		5.c. Amount	
10/06/16		114,292	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Sysco- Wisconsin	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1 Sysco Dr.
Attention To:	Bobby Jordon	City	Jackson
Title		State	Wisconsin
		ZIP Code + 4	53037
5.b. Termination Date		5.c. Amount	
08/31/16		7,347	

Name of Person Filing:	File Number C- 66578
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Terrena	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	100 Terranea Way
Attention To:	Terri Haack	City	Rancho Palos Verdes
Title	President	State	California
		ZIP Code + 4	90275
5.b. Termination Date ongoing		5.c. Amount 10,153	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Terra	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	600 S. Brandywine Ave #100
Attention To:	Larry Herschell	City	Downington
Title		State	Pennsylvania
		ZIP Code + 4	19335
5.b. Termination Date ongoing		5.c. Amount 30,899	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing:	File Number C- 66578
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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: American Ambulance	15.b. Trade Name, If any:
15.c. To Whom Paid Name John <input type="checkbox"/> Cevallos Title Organization The CCG Group, LLC P.O. Box, Building and Room Number, if any Street 18541 1/2 Atlantic St City Hesperia State California ZIP Code + 4 92345	15.d. Amount 20,181 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: American Ambulance	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian <input type="checkbox"/> B Teague Title Organization P.O. Box, Building and Room Number, if any Street 416 E- B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 43,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: American Ambulance	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 16,301 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: <div style="border: 1px solid black; padding: 2px;">Automann</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Cesar</div> <div style="border: 1px solid black; padding: 2px;">Alarcon</div> Title <div style="border: 1px solid black; height: 20px;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Stay Union Free, Corp</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div> Street <div style="border: 1px solid black; padding: 2px;">614 Springdale Circle</div> City <div style="border: 1px solid black; padding: 2px;">Palm Springs</div> State <div style="border: 1px solid black; padding: 2px;">Florida</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">33461</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">2,394</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Automann</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Juan</div> <div style="border: 1px solid black; padding: 2px;">Santana</div> Title <div style="border: 1px solid black; height: 20px;"></div> Organization <div style="border: 1px solid black; padding: 2px;">SSS Consulting, LLC</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div> Street <div style="border: 1px solid black; padding: 2px;">206 Walker St</div> City <div style="border: 1px solid black; padding: 2px;">Staten Island</div> State <div style="border: 1px solid black; padding: 2px;">New York</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">10303</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">14,500</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Automann</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Ramon</div> <div style="border: 1px solid black; padding: 2px;">Suarez</div> Title <div style="border: 1px solid black; height: 20px;"></div> Organization <div style="border: 1px solid black; height: 20px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div> Street <div style="border: 1px solid black; padding: 2px;">382 Nome Ave</div> City <div style="border: 1px solid black; padding: 2px;">Staten Island</div> State <div style="border: 1px solid black; padding: 2px;">New York</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">10314</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">16,325</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.</div>

Name of Person Filing:	File Number C- 66578
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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: B & H Photo	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 10,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: B & H Photo	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose Palacio Title Organization Trident Labor Solutions P.O. Box, Building and Room Number, if any Street 11306 Chimineas St City Porter Ranch State California ZIP Code + 4 91326	15.d. Amount 10,125 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Bay Area Beverage	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 14,565 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Bay Area Beverage	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara <input type="checkbox"/> Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 14,185 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Patrick <input type="checkbox"/> Wainger <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street 301 Williamsburg Ct City Marlton State New Jersey ZIP Code + 4 08053	15.d. Amount 13,250 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar <input type="checkbox"/> Alarcon <input type="checkbox"/> Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 19,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak <input type="checkbox"/> D Langren Title Organization P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Lane City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 13,250 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Brandon <input type="checkbox"/> Ahekuelo Title AKA Ben Brown Organization The Global Institute for Interest Base P.O. Box, Building and Room Number, if any Street 44050 Ashburn Shopping Plaza City Ashburn State Virginia ZIP Code + 4 20147	15.d. Amount 5,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon <input type="checkbox"/> Suarez Title Organization P.O. Box, Building and Room Number, if any Street 382 Nome Ave City Staten Island State New York ZIP Code + 4 10314	15.d. Amount 9,050 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Bronco Wine	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 43,286 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Bronco Wine	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 73,984 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Cape Code- American Ambulance	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak <input type="checkbox"/> D Langren Title Organization P.O. Box, Building and Room Number, if any Street 14520 W. Mockinbird Lane City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 21,769 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Cape Code- American Ambulance	15.b. Trade Name, If any:
15.c. To Whom Paid Name Oluseyi Olowolafe Title Organization Omega Labor Solutions P.O. Box, Building and Room Number, if any Street 2307 Fenton Parkway Ste 107-221 City San Diego State California ZIP Code + 4 92108	15.d. Amount 34,999 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Colonial Parking	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric Grumbretch Title Organization P.O. Box, Building and Room Number, if any Street 292 Centennial Rd City Warminster State Pennsylvania ZIP Code + 4 18974	15.d. Amount 21,812 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Forman Mills	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 18,455 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Forman Mills	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon Suarez Title Organization P.O. Box, Building and Room Number, if any Street 382 Nome Ave City Staten Island State New York ZIP Code + 4 10314	15.d. Amount 19,824 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Fresh Point- South Florida	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 68,932 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: G & K	15.b. Trade Name, If any:
15.c. To Whom Paid Name John Cevallos Title Organization The CCG Group. LLC P.O. Box, Building and Room Number, if any Street 18541 1/2 Atlantic St City Hesperia State California ZIP Code + 4 92345	15.d. Amount 16,433 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: G & K	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 7,500 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Great Dane	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak D Langren Title Organization P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Lane City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 9,716 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Great Dane	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian B Teague Title AKA Blaine Teague Organization P.O. Box, Building and Room Number, if any Street 416 E- B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 24,829 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Hertz	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 21,835 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Hertz	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel <input type="checkbox"/> Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Joseph Bakery	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar <input type="checkbox"/> Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 1,751 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Joseph Bakery	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Ln City Escalon State California ZIP Code + 4 95320	15.d. Amount 3,088 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Joseph Bakery	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon Suarez Title Organization P.O. Box, Building and Room Number, if any Street 382 Nome Ave City Staten Island State New York ZIP Code + 4 10314	15.d. Amount 1,748 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Kindred Hospital	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 1,837 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Kindred Hospital	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Coutrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Kindred Hospital	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian B Teague Title AKA Blaine Teague Organization P.O. Box, Building and Room Number, if any Street 416 E-B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Lifestyles	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 30,732 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Lixi	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 13,406 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Lixi	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon Suarez Title Organization P.O. Box, Building and Room Number, if any Street 382 Nome Ave City Staten Island State New York ZIP Code + 4 10314	15.d. Amount 8,062 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon Suarez Title Organization P.O. Box, Building and Room Number, if any Street 382 Nome Ave City Staten Island State New York ZIP Code + 4 10314	15.d. Amount 35,730 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Brian Ahakuelo Title AKA Francis Leigh Organization The Global Institute for Interest Base P.O. Box, Building and Room Number, if any Street 44050 Ashburn Shopping Plaza City Ashburn State Virginia ZIP Code + 4 20147	15.d. Amount 69,305 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name John Cevallos Title Organization The CCG Group, LLC P.O. Box, Building and Room Number, if any Street 18541 1/2 Atlantic St City Hesperia State California ZIP Code + 4 92345	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Food	15.b. Trade Name, If any:
15.c. To Whom Paid Name Edward C James Title AKA Edward Charles Organization James Accounting Personnel P.O. Box, Building and Room Number, if any Street 1503 SE 15th ST City Wagoner State Oklahoma ZIP Code + 4 74467	15.d. Amount 8,128 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 47,637 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 47,834 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian B Teague Title AKA Blaine Teague Organization P.O. Box, Building and Room Number, if any Street 416 E- B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 21,415 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric Grumbretch Title Organization P.O. Box, Building and Room Number, if any Street 292 Centennial Rd City Warminster State Pennsylvania ZIP Code + 4 18974	15.d. Amount 33,204 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Pacific Beverage	15.b. Trade Name, If any:
15.c. To Whom Paid Name John Cevallos Title Organization The CCg Group, LLC P.O. Box, Building and Room Number, if any Street 18541 1/2 Atlantic St City Hesperia State California ZIP Code + 4 92345	15.d. Amount 34,494 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Pacific Beverage	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian B Teague Title AKA Blaine Teague Organization P.O. Box, Building and Room Number, if any Street 416 E- B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 34,380 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Pacific Beverage	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 12,590 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Palmer Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian B Teague Title AKA Blaine Teague Organization P.O. Box, Building and Room Number, if any Street 416 E-B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 12,630 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Palmer Foods	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak D Langren Title AKA Zak David Organization P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Lane City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 9,267 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Parsec	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 16,977 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Parsec	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 6,374 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: SLS	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ramon Suarez Title Organization P.O. Box, Building and Room Number, if any Street 382 Nome Ave City Staten Island State New York ZIP Code + 4 10314	15.d. Amount 7,787 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: SLS	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Alarcon Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 10,019 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco- Riverside	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 3,000 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco- Riverside	15.b. Trade Name, If any:
15.c. To Whom Paid Name Angel Cornejo Title Organization Pinnacle Labor Relations P.O. Box, Building and Room Number, if any Street 1557 Countrywood Lane City Escalon State California ZIP Code + 4 95320	15.d. Amount 15,534 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Sysco- Florida	15.b. Trade Name, If any:
15.c. To Whom Paid Name John Cevallos Title Organization The CCG Group, LLC P.O. Box, Building and Room Number, if any Street 18541 1/2 Atlantic St City Hesperia State California ZIP Code + 4 92345	15.d. Amount 32,695 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco- Florida	15.b. Trade Name, If any:
15.c. To Whom Paid Name Oluseyi Olowolafe Title AKA Seyi Singleton Organization Omega Labor Solutions P.O. Box, Building and Room Number, if any Street 2307 Fenton Parkway Ste 107-221 City San Diego State California ZIP Code + 4 92108	15.d. Amount 30,640 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco- Florida	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 63,105 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Sysco- Harrisburg	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara <input type="checkbox"/> Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 17,675 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco- South Florida	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon <input type="checkbox"/> Jara <input type="checkbox"/> Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 38,303 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-South Florida	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar <input type="checkbox"/> Alarcon <input type="checkbox"/> Title Organization Stay Union Free, Corp P.O. Box, Building and Room Number, if any Street 614 Springdale Circle City Palm Springs State Florida ZIP Code + 4 33461	15.d. Amount 18,867 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Sysco- Wisconsin	15.b. Trade Name, If any:
15.c. To Whom Paid Name Christian B Teague Title AKA Blaine Teague Organization P.O. Box, Building and Room Number, if any Street 416 E-B Street Apt B City Jenks State Oklahoma ZIP Code + 4 74037	15.d. Amount 7,348 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Terra	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric Grumbretch Title Organization P.O. Box, Building and Room Number, if any Street 292 Centennial Rd City Warminster State Pennsylvania ZIP Code + 4 18974	15.d. Amount 15,709 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Terra	15.b. Trade Name, If any:
15.c. To Whom Paid Name Patrick Wainger Title Organization P.O. Box, Building and Room Number, if any Street 301 Williamsburg Ct City Marlton State New Jersey ZIP Code + 4 08053	15.d. Amount 0 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 66578
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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: Terrena	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon Jara Title Organization Pinnacle Labor Solutions P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 5,154 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Quala	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric Grumbretch Title Organization P.O. Box, Building and Room Number, if any Street 292 Centennial Rd City Warminster State Pennsylvania ZIP Code + 4 18974	15.d. Amount 7,225 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

Name of Person Filing:	File Number C- 66578
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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: Sysco-Harrisburg	15.b. Trade Name, If any:
15.c. To Whom Paid Name Tim Lewis Title Organization Lewis Labor Relations P.O. Box, Building and Room Number, if any Street 10731 Trailwood Dr. City Chesterfield State Virginia ZIP Code + 4 23832	15.d. Amount 2,163 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Sysco-Harrisburg	15.b. Trade Name, If any:
15.c. To Whom Paid Name Eric Grumbretch Title Organization P.O. Box, Building and Room Number, if any Street 292 Centennial Rd City Warminster State Pennsylvania ZIP Code + 4 18974	15.d. Amount 7,063 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

Name of Person Filing:	File Number C- 66578
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Quala	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	6551 Grant Ave
Attention To:	Paul Woodbury	City	Cleveland
Title		State	Ohio
		ZIP Code + 4	44105
5.b. Termination Date		5.c. Amount	
12/8/16		12,850	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	