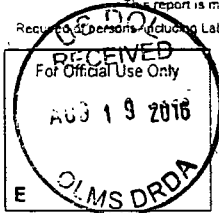


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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. 435 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

625737

1. File Number C-776	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01/01/2014		12/31/2014

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	Simon R Jara
Title	
Organization	Pinnacle Labor Solutions
P.O. Box, Building and Room Number, if any	PO Box 710158
Street	
City	Santee
State	California
ZIP Code + 4	92071
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	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title	President	Title	
On	11/30/2015	On	
Date	310-595-0813	Date	
Telephone Number		Telephone Number	



Name of Person Filing: Simon

File Number C- 776

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

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

Mailing Address:

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

Employer Dental Dreams

Trade Name

Street 350 North Clark Street Suite 600

Attention To Peter

Stathakis

City Chicago

Title Chief Financial Officer

State Illinois

ZIP Code + 4 60654

5.b. Termination Date

5.c. Amount 14,734

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 180,806

**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

Name

15.e. Purpose

Title

Organization

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

Street

City

State

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Simon		File Number C- 776	
<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).		Mailing Address:	
Employer: Gardner Fields		P.O. Box, Bldg., Room No., if any	
Trade Name: Gardner-Gibson		Street: 4161 E 7th Avenue	
Attention To: Sean Hyer		City: Tampa	
Title: Chief Operating Officer		State: Florida	ZIP Code + 4: 33605
5.b. Termination Date: 7/7/2014		5.c. Amount: 40,280	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Carlisle Transportation Services		P.O. Box, Bldg., Room No., if any	
Trade Name:		Street: 32001 32nd Avenue South Suite 200	
Attention To: James Armstrong		City: Federal Way	
Title: President		State: Washington	ZIP Code + 4: 98001
5.b. Termination Date: 6/2/2014		5.c. Amount: 27,559	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Sysco - Boston		P.O. Box, Bldg., Room No., if any	
Trade Name:		Street: 99 Spring Street	
Attention To: Chuck Fraser		City: Plympton	
Title: President		State: Massachusetts	ZIP Code + 4: 02367
5.b. Termination Date: 3/10/2014		5.c. Amount: 5,002	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Bay Area Beverage Company		P.O. Box, Bldg., Room No., if any	
Trade Name:		Street: 700 National Court	
Attention To: William Johnson		City: Richmond	
Title: Human Resource Director		State: California	ZIP Code + 4: 94804
5.b. Termination Date: 7/7/2014		5.c. Amount: 6,133	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Sysco - Atlanta		P.O. Box, Bldg., Room No., if any	
Trade Name:		Street: 222 Riverdale Road	
Attention To: Mark Zucker		City: College Park	
Title: Chief Financial Officer		State: Georgia	ZIP Code + 4: 30337
5.b. Termination Date:		5.c. Amount: 20,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Xpedx		P.O. Box, Bldg., Room No., if any	
Trade Name:		Street: 901 Bilter Rd Suite 200	
Attention To: Chris Ferrin		City: Aurora	
Title:		State: Illinois	ZIP Code + 4: 60502
5.b. Termination Date: 9/26/2014		5.c. Amount: 13,375	

Name of Person Filing: Simon		File Number C- 776	
<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).		Mailing Address:	
Employer Labcorp		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 531 South Spring Street	
Attention To: Drew	Chakeras	City Burlington	
Title		State North Carolina	ZIP Code + 4 27215
5.b. Termination Date		5.c. Amount 5,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sygma - Kansas City		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 11400 N. Congress Avenue	
Attention To: Bob	Willming	City Kansas City	
Title		State Missouri	ZIP Code + 4 64154
5.b. Termination Date 9/8/2014		5.c. Amount 9,376	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Ontrac		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 829 Smithway Street	
Attention To: Rick	Chase	City Commerce	
Title VP & Chief Administrative Officer		State California	ZIP Code + 4 90040
5.b. Termination Date		5.c. Amount 20,313	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Fresh Point		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 5900 North Golden State Blvd	
Attention To: Scott	Savage	City Turlock	
Title		State California	ZIP Code + 4 95382
5.b. Termination Date		5.c. Amount 20,260	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sysco - Albany		P.O. Box, Bldg., Room No., if any	
Trade Name		Street One Liebich Lane	
Attention To: Bill	Cartier	City Halfmoon	
Title President		State New York	ZIP Code + 4 11801
5.b. Termination Date 4/2/2014		5.c. Amount 8,774	
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	