

**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. 438 or 440.  
Penalties of perjury, 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



55975

1. File Number C- <input type="text" value="65831"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2013"/> Through: <input type="text" value="12/31/2013"/>
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<b>A. Person Filing</b>	
<b>3. Name and mailing address (include ZIP Code):</b>	
Name <input type="text"/>	Name <input type="text"/>
Title <input type="text"/>	Title <input type="text"/>
Organization <input type="text" value="Pacific Labor Relations"/>	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text" value="8086 South Yale Avenue Suite 225"/>	Street <input type="text"/>
City <input type="text" value="Tulsa"/>	City <input type="text"/>
State <input type="text" value="Oklahoma"/> ZIP Code + 4 <input type="text" value="74136"/>	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.  Title <input type="text" value="President"/> President (if other title, see instructions)	18.  Title <input type="text" value="Treasurer"/> Treasurer (if other title, see instructions)
On <input type="text" value="03/28/2014"/> <input type="text" value="800-555-7509"/> Date Telephone Number	On <input type="text" value="03/28/2014"/> <input type="text" value="800-555-7509"/> Date Telephone Number

Name of Person Filing: Pacific Labor Relations	File Number C- 65831
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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 <input style="width: 90%;" type="text" value="See Attached"/>		P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/>	
Trade Name <input style="width: 80%;" type="text"/>		Street <input style="width: 90%;" type="text"/>	
Attention To <input style="width: 20%;" type="text"/> <input style="width: 5%;" type="checkbox"/> <input style="width: 55%;" type="text"/>		City <input style="width: 80%;" type="text"/>	
Title <input style="width: 80%;" type="text"/>		State <input style="width: 20%;" type="text"/>	ZIP Code + 4 <input style="width: 15%;" type="text"/>

5.b. Termination Date <input style="width: 80%;" type="text"/>	5.c. Amount <input style="width: 80%;" type="text"/>
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<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 560,060
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**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	
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text" value="0"/>	<input style="width: 20%;" type="text" value="0"/>	<input style="width: 20%;" type="text" value="0"/>	9. Office and Administrative Expenses <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	10. Publicity <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	11. Fees for Professional Services <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	12. Loans Made <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	13. Other Disbursements <input style="width: 80%;" type="text"/>
8. Total disbursements to officers and employees: <input style="width: 80%;" type="text" value="0"/>				14. Total Disbursements (Sum of Items 8-13) <input style="width: 80%;" type="text" value="0"/>

**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: <input style="width: 90%;" type="text" value="See Attached"/>	15.b. Trade Name, If any: <input style="width: 90%;" type="text"/>
15.c. To Whom Paid	15.d. Amount <input style="width: 80%;" type="text"/>
Name <input style="width: 20%;" type="text"/> <input style="width: 5%;" type="checkbox"/> <input style="width: 55%;" type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
Title <input style="width: 80%;" type="text"/>	
Organization <input style="width: 90%;" type="text"/>	
P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/>	
Street <input style="width: 90%;" type="text"/>	
City <input style="width: 80%;" type="text"/>	
State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 15%;" type="text"/>	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b> 442,731	

Name of Person Filing: <b>Pacific Labor Relations</b>		File Number <b>C-65831</b>	
<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).			
Employer: <b>Alaska Power &amp; Telephone</b>		Mailing Address: P.O. Box, Bldg., Room No., if any: <b>Box 3222</b>	
Trade Name: <b></b>		Street: <b>193 Otto Street</b>	
Attention To: <b>Bob Grimm</b>		City: <b>Port Townsend</b>	
Title: <b>President &amp; Chief Executive Officer</b>		State: <b>Washington</b> ZIP Code + 4: <b>98368 1</b>	
5.b. Termination Date: <b>4/09/13</b>		5.c. Amount: <b>30,000</b>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer: <b>College Hospital, Inc.</b>		Mailing Address: P.O. Box, Bldg., Room No., if any: <b>10802</b>	
Trade Name: <b>College Hospital Cerritos</b>		Street: <b>College Place</b>	
Attention To: <b>Steve Witt</b>		City: <b>Cerritos</b>	
Title: <b>Chief Executive Officer</b>		State: <b>California</b> ZIP Code + 4: <b>90703 1</b>	
5.b. Termination Date: <b>04/01/13</b>		5.c. Amount: <b>254,037</b>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer: <b>Guam Industrial Services</b>		Mailing Address: P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 13010</b>	
Trade Name: <b>Guam Shipyard</b>		Street: <b>Building 20, COMNAVNA</b>	
Attention To: <b>Matthews Pothan</b>		City: <b>Santa Rita</b>	
Title: <b>President &amp; Chief Executive Officer</b>		State: <b>Guam</b> ZIP Code + 4: <b>96915-3010</b>	
5.b. Termination Date: <b>5/13/13</b>		5.c. Amount: <b>19,738</b>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer: <b>Genpower Services</b>		Mailing Address: P.O. Box, Bldg., Room No., if any: <b></b>	
Trade Name: <b>Longview Power</b>		Street: <b>966 Crafts Run Road</b>	
Attention To: <b>Charles W Huguenard</b>		City: <b>Maidsville</b>	
Title: <b>Vice President &amp; General Manager</b>		State: <b>Virginia</b> ZIP Code + 4: <b>26541</b>	
5.b. Termination Date: <b>7/17/13</b>		5.c. Amount: <b>107,050</b>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer: <b>Oak Harbor Freight Lines</b>		Mailing Address: P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 1469</b>	
Trade Name: <b></b>		Street: <b>1339 West Valley Highway North</b>	
Attention To: <b>Ron Kieswether</b>		City: <b>Auburn</b>	
Title: <b>Vice President of Operations</b>		State: <b>Washington</b> ZIP Code + 4: <b>98071 1</b>	
5.b. Termination Date: <b>6/12/13</b>		5.c. Amount: <b>9,527</b>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer: <b>Kansas City Sausage Co.</b>		Mailing Address: P.O. Box, Bldg., Room No., if any: <b></b>	
Trade Name: <b>Pine Ridge Farms, LLC</b>		Street: <b>1800 Maury Street</b>	
Attention To: <b>Brady Stewart</b>		City: <b>Des Moines</b>	
Title: <b>Chief Operating Officer</b>		State: <b>Iowa</b> ZIP Code + 4: <b>50317</b>	
5.b. Termination Date: <b>5/23/13</b>		5.c. Amount: <b>26,291</b>	

Name of Person Filing: Pacific Labor Relations		File Number C-65831	
<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 <u>Rinchem Company, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>6133 Edith Boulevard, N.E.</u>	
Attention To: <u>Gwen</u> <input type="checkbox"/> <u>Inman</u>		City <u>Albuquerque</u>	
Title <u></u>		State <u>New Mexico</u> ZIP Code + 4 <u>87107</u> <u>1</u>	
5.b. Termination Date <u>5/17/13</u>		5.c. Amount <u>33,417</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Stampede Meat, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>7351 South 78th Avenue</u>	
Attention To: <u>Brock</u> <input type="checkbox"/> <u>Furlong</u>		City <u>Bridgeview</u>	
Title <u>President</u>		State <u>Illinois</u> ZIP Code + 4 <u>60455</u> <u>1</u>	
5.b. Termination Date <u>7/31/13</u>		5.c. Amount <u>80,000</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u> <u>1</u>	
5.b. Termination Date <u></u>		5.c. Amount <u>0</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u> <u>1</u>	
5.b. Termination Date <u></u>		5.c. Amount <u>0</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u> <u>1</u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u> <u>1</u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	

Name of Person Filing: Pacific Labor Relations	File Number C- 65831
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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.

<b>15.a. Employer Name:</b> Alaska Power & Telephone	<b>15.b. Trade Name, if any:</b> 
<b>15.c. To Whom Paid</b> Name Frank G Barbera Title Organization  P.O. Box, Building and Room Number, if any Street 3308 Ariba Street City Las Vegas State Nevada ZIP Code + 4 89129	<b>15.d. Amount</b> 4,500  <b>15.e. Purpose</b> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> College Hospital, Inc.	<b>15.b. Trade Name, if any:</b> College Hospital Cerritos
<b>15.c. To Whom Paid</b> Name Simon R Jara Title Organization Pinnacle Labor Solutions  P.O. Box, Building and Room Number, if any Street 10380 Rochelle Avenue City Santee State California ZIP Code + 4 92071	<b>15.d. Amount</b> 22,004  <b>15.e. Purpose</b> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> College Hospital, Inc.	<b>15.b. Trade Name, if any:</b> College Hospital Cerritos
<b>15.c. To Whom Paid</b> Name Charles R Stephenson Title Organization CRS Labor Relations Solutions  P.O. Box, Building and Room Number, if any Street 1500 East Katella Avenue - Suite M City Orange State California ZIP Code + 4 92867	<b>15.d. Amount</b> 19,008  <b>15.e. Purpose</b> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: Pacific Labor Relations	File Number C- 65831
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<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.
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<b>15.a. Employer Name:</b> <div style="border: 1px solid black; padding: 2px;">College Hospital, Inc.</div>	<b>15.b. Trade Name, if any:</b> <div style="border: 1px solid black; padding: 2px;">College Hospital Cerritos</div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;">Christian</div> <div style="border: 1px solid black; padding: 2px;">B</div> <div style="border: 1px solid black; padding: 2px;">Teague</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Pacific Labor Relations</div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">8086 South Yale Avenue #225</div> City <div style="border: 1px solid black; padding: 2px;">Tulsa</div> State <div style="border: 1px solid black; padding: 2px;">Oklahoma</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">74136</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">20,000</div>  <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;"> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively. </div>

<b>15.a. Employer Name:</b> <div style="border: 1px solid black; padding: 2px;">College Hospital, Inc.</div>	<b>15.b. Trade Name, if any:</b> <div style="border: 1px solid black; padding: 2px;">College Hospital Cerritos</div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;">Evelyn</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">Fragoso</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">2700 Court Leigh Drive</div> City <div style="border: 1px solid black; padding: 2px;">Bakersfield</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">93309</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">21,500</div>  <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;"> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively. </div>

<b>15.a. Employer Name:</b> <div style="border: 1px solid black; padding: 2px;">College Hospital, Inc.</div>	<b>15.b. Trade Name, if any:</b> <div style="border: 1px solid black; padding: 2px;">College Hospital Cerritos</div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Pacific Labor Relations</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">8086 South Yale Avenue #225</div> City <div style="border: 1px solid black; padding: 2px;">Tulsa</div> State <div style="border: 1px solid black; padding: 2px;">Oklahoma</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">74136</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">142,502</div>  <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;"> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively. </div>

Name of Person Filing: Pacific Labor Relations

File Number C- 65831

**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:**

Guam Industrial Services

**15.b. Trade Name, if any:**

Guam Shipyard

**15.c. To Whom Paid**

Name

Title

Organization Pacific Labor Relations

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

Street 8086 South Yale Avenue #225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

**15.d. Amount** 19,738**15.e. Purpose**

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

**15.a. Employer Name:**

Genpower Services

**15.b. Trade Name, if any:**

Longview Power

**15.c. To Whom Paid**

Name

Joe

Mieluchowski

Title

Organization

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

Street 47 East Jonathan Court

City Kennett Square

State Pennsylvania

ZIP Code + 4 19348

**15.d. Amount** 19,000**15.e. Purpose**

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

**15.a. Employer Name:**

Genpower Services

**15.b. Trade Name, if any:**

Longview Power

**15.c. To Whom Paid**

Name

Christian

B

Teague

Title

Organization Pacific Labor Relations

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

Street 8086 South Yale Avenue #225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

**15.d. Amount** 29,000**15.e. Purpose**

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: Pacific Labor Relations	File Number C- 65831
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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.

<b>15.a. Employer Name:</b> Genpower Services	<b>15.b. Trade Name, if any:</b> Longview Power
<b>15.c. To Whom Paid</b> Name: [ ] [ ] [ ] Title: [ ] Organization: Pacific Labor Relations  P.O. Box, Building and Room Number, if any: [ ] Street: 8086 South Yale Avenue #225 City: Tulsa State: Oklahoma ZIP Code + 4: 74136	<b>15.d. Amount</b> 22,523  <b>15.e. Purpose</b> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> Oak Harbor Freight Lines	<b>15.b. Trade Name, if any:</b> [ ]
<b>15.c. To Whom Paid</b> Name: Simon [R] Jara Title: [ ] Organization: Pinnacle Labor Solutions  P.O. Box, Building and Room Number, if any: [ ] Street: 10380 Rochelle Avenue City: Santee State: California ZIP Code + 4: 92071	<b>15.d. Amount</b> 5,027  <b>15.e. Purpose</b> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> Kansas City Sausage Co.	<b>15.b. Trade Name, if any:</b> Pine Ridge Farms, LLC
<b>15.c. To Whom Paid</b> Name: Simon [R] Jara Title: [ ] Organization: Pinnacle Labor Solutions  P.O. Box, Building and Room Number, if any: [ ] Street: 10380 Rochelle Avenue City: Santee State: California ZIP Code + 4: 92071	<b>15.d. Amount</b> 3,254  <b>15.e. Purpose</b> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.



**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> Kansas City Sausage Co.	<b>15.b. Trade Name, if any:</b> Pine Ridge Farms, LLC
<b>15.c. To Whom Paid</b> Name Evelyn <input type="checkbox"/> D Fragoso Title Organization  P.O. Box, Building and Room Number, if any Street 2700 Court Leigh Drive City Bakersfield State California ZIP Code + 4 93309	<b>15.d. Amount</b> 9,802  <b>15.e. Purpose</b> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> Kansas City Sausage Co.	<b>15.b. Trade Name, if any:</b> Pine Ridge Farms, LLC
<b>15.c. To Whom Paid</b> Name Peter <input type="checkbox"/> Quist Title Organization Pacific Labor Relations  P.O. Box, Building and Room Number, if any Street 8086 South Yale Avenue #225 City Tulsa State Oklahoma ZIP Code + 4 74136	<b>15.d. Amount</b> 13,173  <b>15.e. Purpose</b> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> Rinchem Company, Inc.	<b>15.b. Trade Name, if any:</b>
<b>15.c. To Whom Paid</b> Name Charles <input type="checkbox"/> R Stephenson Title Organization CRS Labor Relations Solutions  P.O. Box, Building and Room Number, if any Street 1500 East Katella Avenue - Suite M City Orange State California ZIP Code + 4 92867	<b>15.d. Amount</b> 11,700  <b>15.e. Purpose</b> Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

**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:**

Stampede Meat, Inc.

**15.b. Trade Name, if any:****15.c. To Whom Paid**Name Christian ☐ B Teague

Title

Organization Pacific Labor Relations

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

Street 8086 South Yale Avenue #225

City Tulsa

State Oklahoma ZIP Code + 4 74136

**15.d. Amount** 30,000**15.e. Purpose**

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

**15.a. Employer Name:**

Stampede Meat, Inc.

**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** 30,000**15.e. Purpose**

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.

**15.a. Employer Name:**

Stampede Meat, Inc.

**15.b. Trade Name, if any:****15.c. To Whom Paid**Name ☐

Title

Organization Pacific Labor Relations

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

Street 8086 South Yale Avenue

City Tulsa

State Oklahoma ZIP Code + 4 74136

**15.d. Amount** 20,000**15.e. Purpose**

Engaged to communicate with employees so they could make an informed decision regarding exercising their rights to organize and bargain collectively.