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

## 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 the section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)

FEB - 7 2017

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

632565

1 . File Number C- 66578	2. Period Covered By This Report From:    Month/Day/Year (mm/dd/yyyr)	Month/Day/Year (mm/dd/yyyy)  Through: 12/31/2016
A. Person Filing		
3. Name and mailing address (include ZIP Code):	4. Any other address where records neces	sary to verify this report are kept:
Name	Name	]
Title	Title	
Organization Sparta, Incorporated	Organization	
P.O. Box, Building and Room Number, if any  Street 8086 S. Yale Ave, Ste 225	P.O. Box, Building and Room Number,	f any
City Tulsa	City	The State of the Control of the State of the Control of the Contro
State Oklahoma ZIP Code + 4 74136	State	ZIP Code + 4
C:	natures	
each of the undersigned declares, under penalty of perjury and other applicable proformation contained in any accompanying documents) has been examined correct, and complete. (See the Section on penalties in the instructions).	nalties of law that all of the information submitted in	this report (including the ned's knowledge and belief, true,
President (if other title, see instructions)	18. Signed Treasurer	Treasurer (If other title, see instructions)
On .//30 / 20/7 800-555-7509  Date Telephone Number	On 1/30/20/7 800-55	5-7509

Name of Person Filing:				File Numbe	er <b>C</b> - 66578	_
				·		
B. Statement of Receipts Report or service	rt all receipts from employers i es.	n connection with	labor relation	ns advice or services regardle	ss of the purpo	ses of the advice
5.a. Name and Address of Employer	(including trade name, if any).			Mailing Address:	<del>-</del>	
Employer See Attache	d	<del></del>	P.O. Box, E	Building and Room Number, if	any	
Trade Name			J Street [		<del></del>	
Attention To	111		Ļ		<u> </u>	
\$			City			
Title	7		State	,	ZIP Code	+4
5.b. Termination Date		<del></del>				
			5.c. Amoun	ıt L		
6. TOTAL RECEIPTS FROM ALL	EMPLOYERS 2,743,94	18				
C. Statement of Disbursements	Report all disbursements	made by the reno	nting omaniz	ation in connection with labor	relations advice	or convices rendered
	to the employers listed in	Part B.	ning organiz	adon in connection with labor	relations advice	or services rendered
Disbursements to Officers and En     (a) Name	nployees: (b) Salary	(c) Expenses (d) T	Totals			
				Office and Administrative	Expenses	T
			· .	10. Publicity		
				11. Fees for Professional S	ervices	
			_	12. Loans Made		
				13. Other Disbursements		
8. Total disbursements to officers	and employees:			14. Total Disbursements (Sun	n of Items 8-13)	
D. Schedule of Disbursements	for Reportable Activity	Line this Cabadul		-11111111111111		
- Constant of Biobardements	Tot reportable Activity	instructions.	е то героп о	nly disbursements made for th	ie purposes des	scribed in Part D of the
15.a. Employer Name:	-		15.b. Trade	e Name, If any:		
See Attached						
15.c. To Whom Paid	-		15.d. Amou	unt		
Name			15 a Dum			
Title			15.e. Purpo	)SE		
Organization						ļ
0.95.112.110.11		···				1
P.O. Box, Building and Room	Number if any					
	Trombor, ir diry				•	
Street			2004 (2) (2004)			1
City		<del></del>	-			a production of the control of the c
State	ZIP Code + 4		100000000000000000000000000000000000000			gramma.
16. TOTAL DISBURSEMENTS F		IVITY 1 455 2	<u> </u>			
The state of the s	UNITED TO STANDER ACTION	14111 1,433,3	J.L			
			_			

Form LM-21 (2003)

Name of Person Filing:			File Number C- 66	5578		
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.						
5.a. Name and Address of Employer (including trade name, if any).						
Employer Advantage Car Rental	P.O. B	ox, Bldg., Room N	o., if any			
Trade Name	Street	340 JFK Air	nort	<del></del>		
Attention To: Scott Lieberman	City	Jamaica	porc			
Title	State	New York	ZI	P Code + 4 11430		
The state of the s						
5.b. Termination Date 07/01/16	5.c. Amo	ount 74,449				
5.a. Name and Address of Employer (including trade name, if any).	P.O. B	Mailing Addres				
Employer American Ambulance						
Trade Name	Street	6605 NW 74t	h Ave			
Attention To: Micheal Arguelles	City	Miami				
Title	State	Florida	ZII	P Code + 4 33166		
5.b. Termination Date 06/10/16	5.c. Amo	ount 249,777		-		
5.a. Name and Address of Employer (including trade name, if any).		Mailing Addres				
Employer Automann	P.O. B	ox. Blda Room N	oif_anv			
Trade Name		850 Randolp	h Poad			
Attention To: Dennis Singh	City		i Road	<u>·                                      </u>		
Title President	State	Somerset	71	P Code + 4 08873		
		New Jersey		08873		
5.b. Termination Date 12/21/16	5.c. Amo	ount 63,981				
5.a. Name and Address of Employer (including trade name, if any).		Mailing Addres				
Employer B & H Photo	P.O. B	ox, Bldg., Room N	o., if any			
Trade Name	Street	420 9th Ave				
Attention To: Max Laufer		New York				
Title		New York	ZII	P Code + 4 10001		
C. T	<del></del>					
5.b. Termination Date 03/14/16	5.c. Amo	ount 39,750				
5.a. Name and Address of Employer (including trade name, if any).	DO D	Mailing Addres				
Employer Bayarea	Р.О. В	ox. Blda Room N	o ır anv			
Trade Name	Street	700 National	l Ct			
Attention To: Todd Rovelstad		Richmond		<u> </u>		
Title General Manager		California	ZII	P Code + 4 94804		
5.b. Termination Date 09/13/16	<del></del>	ount 57,339		<u> </u>		
	1 0.0. 74110			<del></del>		
5.a. Name and Address of Employer (including trade name, if any).	P.O. B	Mailing Addres ox. Blda Room N				
Employer Biery Cheese						
Trade Name		6544 Paris A	Ave, NE			
Attention To: Barb Scheetz		Louisville		D.O. d.		
Title	State	Ohio		P Code + 4 44641		
5.b. Termination Date Ongoing	5.c. Amo	ount 133,500				

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Advantage Car Rental	
15.c. To Whom Paid	15.d. Amount 20,316
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 614 Springdale Circle	
City Palm Springs	
Slate Florida ZIP Code + 4 33461	
3	
15.a. Employer Name:	15.b. Trade Name, If any:
Advantage Car Rental	
15.c. To Whom Paid	15.d. Amount 17,500
Name Ramon Suarez	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 382 Nome Ave	
City Staten Island	
State New York ZIP Code + 4 10314	
15.a. Employer Name:	15.b. Trade Name, If any:
American Ambulance	
15.c. To Whom Paid	15.d. Amount 80,160
Name Oluseyi Olowolafe	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Omega Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 2307 Fenton Parkway Ste 107-221	
City San Diego	
State California ZIP Code + 4 92108	

Name of Person Fi	ling:					File Number C	- 66578
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 Add	5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:						
Employer Br	onco Wine			P.O. B	ox, Bldg., Room N	o., if any	
Trade Name				l Street	6342 Bystru	m Pd	
ł	Micheal	Franzia		City	Ceres	III Ku	<u> </u>
Title				State	California		ZIP Code + 4 95307
5.b. Termination Da	ate Ongoing			5.c. Amo	ount 223,358		
5.a. Name and Add	ress of Employer (includ	ling trade name, if any	<i>ı</i> ).		Mailing Address		
Employer Ca	lise Bakery			P.O. B	ox, Bldg., Room No	o., if any	
Trade Name				 Street	2 0 - 1 - 1		
	Mike	Calise		Street City	2 Quality D	rive	1
	President	Carise		State	Lincoln Rhode Island		ZIP Code + 4 02865
					Rnode Island	3	211 0000 + 4 02865
5.b. Termination D	ate 03/16/16			5.c. Amo	ount 2,099		
5.a. Name and Add	fress of Employer (include	ding trade name, if any	y).		Mailing Address		
Employer Ca	pe Code- America	an Ambulance		P.O. B	ox. Blda Room N	o., if any	
Trade Name				ئــــا Stroot	57 Mid Tech	Dr	
1	Charlie	Maymon			West Yarmout		<del></del>
Title				01-1-	Massachusett		ZIP Code + 4 02673
5.b. Termination Da	ate 08/31/16				unt 104,569		12 3000 1 102873
	**************************************				***************************************		
	lress of Employer (includ	ling trade name, if any	′). 	P.O. Bo	Mailing Address  ox, Bldg., Room No		
Employer Co	lonial Parking	4					
Trade Name				Street	715 Orange S	št	
Attention To:	Jed	Hatfield		City	Wilmington		
Title				State	Delaware		ZIP Code + 4 19801
5.b. Termination D	ate ongoing			5.c. Amo	ount 33,218	7	
5.a. Name and Add	ress of Employer (include	ling trade name, if any	·).		Mailing Address		
- For	man Mille	<del></del> _		P.O. Bo	x. Blda Room No	o if anv	
Employer For	.man MIIIS				1020 -1		
Trade Name	Cloris II	763			1070 Thomas	Bush Memori	al Hwy
Attention To:	GIOFIA	Segal			Pennsauken		
1				State	New Jersey		ZIP Code + 4 08110
5.b. Termination Da	ate 05/18/16			5.c. Amo	ount 78,682		
	ress of Employer (includ	·	r).	P ∩ P	Mailing Address		-
Employer Fre	shPoint- South	Florida			- Lioun No		
Trade Name				Street	8801 Exchang	ge Dr	31
Attention To:	David	Yelenosky		City	Orlando		
Title	Regional VP Fina	ance			Florida	70/15	ZIP Code + 4 32809
5.b. Termination Da	ate 09/23/16			<u>`</u>	ount 132,026		·

Name of Person Filing:	File Number C- 66578
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
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 11/29/16	5.c. Amount 44,845
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Great Dane	P.O. Box, Bidg., 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 11/29/16	
	5.c. Amount 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
	F1011da J211 0000 1 4 33928
5.b. Termination Date 1/11/16	5.c. Amount 40,585
5.b. Termination Date 1/11/16      5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).	Comment of the commen
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery	Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street 30 International Way
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name Attention To: Joseph Boghos	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 30 International Way  City Lawrence
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 30 International Way  City Lawrence  State Massachusetts ZIP Code + 4 01843
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name Attention To: Joseph Boghos	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 30 International Way  City Lawrence
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name Attention To: Joseph Boghos  Title	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name Attention To: Joseph Boghos  Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name Attention To: Joseph Boghos  Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital	Mailing Address:  P.O. Box, Bldg., Room No., if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name Attention To: Joseph Boghos  Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital  Trade Name	Mailing Address:  P.O. Box, Bldg., Room No., if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address: P.O. Box, Bldg., Room No., if any  Street 14148 Francisquito Ave
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery Trade Name Attention To: Joseph Boghos Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital Trade Name Attention To: Andrew Weiss	Mailing Address:  P.O. Box. Bldg Room No if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address:  P.O. Box. Bldg Room No if any  Street 14148 Francisquito Ave  City Balwin Park
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name Attention To: Joseph Boghos  Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital  Trade Name	Mailing Address:  P.O. Box, Bldg., Room No., if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address: P.O. Box, Bldg., Room No., if any  Street 14148 Francisquito Ave
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery Trade Name Attention To: Joseph Boghos Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital Trade Name Attention To: Andrew Weiss	Mailing Address:  P.O. Box. Bldg Room No if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address:  P.O. Box. Bldg Room No if any  Street 14148 Francisquito Ave  City Balwin Park
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery  Trade Name Attention To: Joseph Boghos  Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital  Trade Name Attention To: Andrew Weiss  Title	Mailing Address:  P.O. Box, Bldg., Room No., if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address: P.O. Box, Bldg., Room No., if any  Street 14148 Francisquito Ave  City Balwin Park  State California ZIP Code + 4 91706  5.c. Amount 0  Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery Trade Name Attention To: Joseph Boghos Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital Trade Name Attention To: Andrew Title  5.b. Termination Date Ongoing  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:  P.O. Box, Bldg., Room No., if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address: P.O. Box, Bldg., Room No., if any  Street 14148 Francisquito Ave  City Balwin Park  State California ZIP Code + 4 91706  5.c. Amount 0
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery Trade Name Attention To: Joseph Boghos Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital Trade Name Attention To: Andrew Weiss Title  5.b. Termination Date Ongoing  5.a. Name and Address of Employer (including trade name, if any).  Employer Lifestyle	Mailing Address:  P.O. Box. Bldg Room No if any  Street 30 International Way  City Lawrence State Massachusetts  5.c. Amount 10,740  Mailing Address: P.O. Box. Bldg Room No if any  Street 14148 Francisquito Ave  City Balwin Park State California ZIP Code + 4 91706  5.c. Amount 0  Mailing Address: P.O. Box. Bldg Room No if any
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery Trade Name Attention To: Joseph Boghos Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital Trade Name Attention To: Andrew Weiss Title  5.b. Termination Date Ongoing  5.a. Name and Address of Employer (including trade name, if any).  Employer Lifestyle Trade Name	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 30 International Way City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 14148 Francisquito Ave City Balwin Park State California ZIP Code + 4 91706  5.c. Amount 0  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 241 Pleasant Dr
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery Trade Name Attention To: Joseph Boghos Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital Trade Name Attention To: Andrew Weiss Title  5.b. Termination Date Ongoing  5.a. Name and Address of Employer (including trade name, if any).  Employer Lifestyle Trade Name Attention To: Connie Bennati	Mailing Address: P.O. Box. Bldq. Room No., if any  Street 30 International Way  City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address: P.O. Box. Bldq. Room No., if any  Street 14148 Francisquito Ave  City Balwin Park State California ZIP Code + 4 91706  5.c. Amount 0  Mailing Address: P.O. Box. Bldq. Room No., if any  Street 241 Pleasant Dr  City Warren
5.a. Name and Address of Employer (including trade name, if any).  Employer Joseph Bakery Trade Name Attention To: Joseph Boghos Title  5.b. Termination Date 09/17/16  5.a. Name and Address of Employer (including trade name, if any).  Employer Kindred Hospital Trade Name Attention To: Andrew Weiss Title  5.b. Termination Date Ongoing  5.a. Name and Address of Employer (including trade name, if any).  Employer Lifestyle Trade Name	Mailing Address: P.O. Box, Bldq., Room No., if any  Street 30 International Way City Lawrence State Massachusetts ZIP Code + 4 01843  5.c. Amount 10,740  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 14148 Francisquito Ave City Balwin Park State California ZIP Code + 4 91706  5.c. Amount 0  Mailing Address: P.O. Box, Bldq., Room No., if any  Street 241 Pleasant Dr

Name of Person Filing:	File Number C- 66578
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
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   05/16/16	5.c. Amount 42,937
September 1991 Annual Control of	An annual state of the state of
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Mission Foods	0.000, 500, 10011 (10., 11011)
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 Ongoing	5.c. Amount 557,822
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Norlita	P.O. Box, Bldg., Room No., if any
Employer Norlite	
Trade Name	Street 628 Saratoga St
Attention To: Sharon Tylus	City Cohoes
Title	State New York ZIP Code + 4 12047
5.b. Termination Date 07/01/16	5.c. Amount [13,812
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Pacific Beverage	
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 10/03/16	5.c. Amount 148,899
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box. Blda Room No if anv
Employer Palmer Foods	
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 11/8/16	State New York ZIP Code + 4 14623  5.c. Amount 24,873
5.b. Termination Date 11/8/16  5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 24,873  Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 24,873
5.a. Name and Address of Employer (including trade name, if any).  Employer Parsec	5.c. Amount 24,873  Mailing Address: P.O. Box. Blda Room No if any
5.a. Name and Address of Employer (including trade name, if any).  Employer Parsec  Trade Name	5.c. Amount 24,873  Mailing Address: P.O. Box. Bldo Room No if anv  Street 2880 Bicentennial Pkwy #100
5.a. Name and Address of Employer (including trade name, if any).  Employer Parsec  Trade Name Attention To: Brian Barnes	Street 2880 Bicentennial Pkwy #100 City Henderson
5.a. Name and Address of Employer (including trade name, if any).  Employer Parsec  Trade Name Attention To: Brian Barnes	5.c. Amount 24,873  Mailing Address: P.O. Box. Bldo Room No if anv  Street 2880 Bicentennial Pkwy #100

Name of Person Filing:	File Number C- 66578				
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 07/12/16	5.c. Amount 33,056				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any				
Employer Sysco-Riverside					
Trade Name	Street 15750 Meridian Pkwy				
Attention To: Joey Joy	City Riverside				
Title	State California ZIP Code + 4 92518				
5.b. Termination Date 06/16/16	5.c. Amount 33,534				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
Employer Sysco- Florida	P.O. Box, Bldq., Room, No., if any				
	S. Joog Markin Tukhan Min Plud				
Trade Name Attention To: Patrick Rodgers	Street 1999 Martin Luther King Blvd				
	City Riviera Beach				
Vice President	State Florida ZIP Code + 4 33404				
5.b. Termination Date 04/27/16	5.c. Amount 228,442				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any				
Employer Sysco- Harrisburg	1.0. box, bog., 100m 100, ii arry				
Trade Name	Street 3905 Corey Rd				
Attention To: Richard Euler	City Harrisburg				
Title	State Pennsylvania ZIP Code + 4 17109				
5.b. Termination Date 1/11/16	5.c. Amount 35,905				
Parameter, and a second of the	The second secon				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:P.O. Box. Blda Room No if anv				
Employer Sysco- South Florida - Miami					
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 10/06/16	5.c. Amount 114,292				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box. Blda Room No if any				
Employer Sysco- Wisconsin					
Trade Name	Street 1 Sysco Dr.				
Attention To: Bobby Jordon					
	City Jackson				
Title	City Jackson  State Wisconsin ZIP Code + 4 53037				

Name of Person Filing:	File Number C- 66578				
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 Heack	City Rancho Palos Verdes				
Title President	State California ZIP Code + 4 90275				
Section 1 and 1 an					
5.b. Termination Date ongoing	5.c. Amount 10,153				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any				
Employer Terra					
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:				
	P.O. Box, Bldq., Room No., if any				
Employer	0				
Trade Name Attention To:	Street				
Title	City ZIP Code + 4				
5.b. Termination Date	5.c. Amount				
September 1 and the septem	- 1 or 1 of				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any				
Employer					
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:				
	P.O. Box. Blda., Room No., if any				
Employer 1					
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: P.O. Box. Bldo Room No if any				
Employer					
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
D. Schedule of Disbursements for Reportable Activity Use this Schedulinstructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
American Ambulance	
15.c. To Whom Paid	15.d. Amount 20,181
Name John Cevallas	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization The CCG Group, LLC	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 18541 1/2 Atlantic St	
City Hesperia  State California  ZIP Code + 4 92345	
State   California   ZIP Code + 4   92345	
15.a. Employer Name:	15.b. Trade Name, If any:
American Ambulance	15.5. Trace Name, ir any.
15.c. To Whom Paid	15 d Amount 162 200
Name Christian B Teague	15.d. Amount 43,000
	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
202 245	
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.a. Employer Name:	15.b. Trade Name, If any:
American Ambulance	
15.c. To Whom Paid	15.d. Amount [16,301
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Stoot	
Street 1557 Countrywood Ln	
City Escalon	
State California ZIP Code + 4 95320	· · · · · · · · · · · · · · · · · · ·

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity  Use this Schedule instructions.	ale to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Automann	
15.c. To Whom Paid	15.d. Amount 2,394
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 614 Springdale Circle	
City Palm Springs	
State Florida ZIP Code + 4 33461	
15.a. Employer Name:	15.b. Trade Name, If any:
Automann	
15.c. To Whom Paid	15.d. Amount 14,500
Name Juan Santana	
Title	15.e. Purpose  Engaged to communicate with employees so they
Organization SSS Consulting, LLC	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 206 Walker St	
City Staten Island	
State New York ZIP Code + 4 10303	·
15.a. Employer Name:	15.b. Trade Name, If any:
Automann	
15.c. To Whom Paid	15.d. Amount 16,325
Name Ramon Suarez	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization  P.O. Box, Building and Room Number, if any	could make an informed decision regarding exercising their right to organize and bargain collectively.
. 10. 50%, building and mount runibet, it arry	THE PROPERTY OF THE PROPERTY O
Street 382 Nome Ave	· ·
City Staten Island	
State New York ZIP Code + 4 10314	
1000	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	ale to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
B & H Photo	
15.c. To Whom Paid	15.d. Amount 10,000
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 614 Springdale Circle	
City Palm Springs	
State Florida ZIP Code + 4 33461	
For transmission of the contract of the contra	Contract Con
15.a. Employer Name:	15.b. Trade Name, If any:
B & H Photo	
15.c. To Whom Paid	15.d. Amount 10,125
Name Jose Palacio	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Trident Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 11306 Chimineas St	
City Porter Ranch	
State California ZIP Code + 4 91326	
15.a. Employer Name:	15.b. Trade Name, If any:
Bay Area Beverage	Total rain, i diy.
15.c. To Whom Paid	15.d. Amount 14,565
Name Angel Cornejo	15 o Purpose
Title	15.e. Purpose  Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding
P.O. Box, Building and Room Number, if any	exercising their right to organize and bargain collectively.
Street 1557 Countrywood Lane	
City Escalon	
State California ZIP Code + 4 95320	The second secon
2 3000 7 7 33320	
	1 5

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Bay Area Beverage	
15.c. To Whom Paid	15.d. Amount 14,185
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
15.a. Employer Name:	
Biery Cheese	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 13,250
Name Patrick Wainger	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain
	collectively.
P.O. Box, Building and Room Number, if any	
Street 301 Williamsburg Ct	
City Marlton	
	· · · · · · · · · · · · · · · · · · ·
State New Jersey ZIP Code + 4 08053	
15.a. Employer Name:	15.b. Trade Name, if any:
Biery Cheese	
15.c. To Whom Paid	15.d. Amount 19,000
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 614 Springdale Circle	
City Palm Sorings	
State Florida ZIP Code + 4 33461	The second secon

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Biery Cheese	
15.c. To Whom Paid	15.d. Amount 13,250
Name Zak D Langren	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 14520 W. Mockingbird Lane	
City Sand Springs State Oklahoma ZIP Code + 4 74063	
15.a. Employer Name:	AGE TO A MILE
Biery Cheese	15.b. Trade Name, If any:
15 o To Whom Dail	
15.c. To Whom Paid  Name Brandon Ahekuelo	15.d. Amount 5,000
	15.e. Purpose
Title AKA Ben Brown  Organization The Global Institute for Interest Base	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 44050 Ashburn Shopping Plaza	·
City Ashburn	
State Virginia ZIP Code + 4 20147	
211 0000 74 2014/	
15.a. Employer Name:	15.b. Trade Name, If any:
Biery Cheese	
15.c. To Whom Paid	15.d. Amount 9,050
Name Ramon Suarez	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 382 Nome Ave	
City Staten Island	
State New York ZIP Code + 4 10314	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Bronco Wine	
15.c. To Whom Paid	15.d. Amount 43,286
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
15.a. Employer Name:	
Bronco Wine	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 73,984
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1557 Countrywood Lane	
City Escalon	- Company
State California ZIP Code + 4 95320	
Name and the second sec	
15.a. Employer Name:	15.b. Trade Name, If any:
Cape Code- American Ambulance	
15.c. To Whom Paid	15.d. Amount 21,769
Name Zak D Langren	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 14520 W. Mockinbird Lane	
City   Sand Springs	The state of the s
State Oklahoma ZIP Code + 4 74063	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Cape Code- American Ambulance	
15.c. To Whom Paid	15.d. Amount 34,999
Name Oluseyi Olowolafe	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Omega Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
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.a. Employer Name:	15.b. Trade Name, If any:
Colonial Parking	
15.c. To Whom Paid	15.d. Amount 21,812
Name Eric Grumbretch	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 292 Centennial Rd	
City Warminster	
State Pennsylvania ZIP Code + 4 18974	
10077	
15.a. Employer Name:	15.b. Trade Name, If any:
Forman Mills	
15.c. To Whom Paid	15.d. Amount 18,455
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 614 Springdale Circle	
City Palm Srings	
State Florida ZIP Code + 4 33461	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity  Use this Schedule instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Forman Mills	
15.c. To Whom Paid	15.d. Amount 19,824
Name Ramon Suarez	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, <u>Building and Room Number</u> , if any	The second secon
Street 382 Nome Ave	
City Staten Island	
State New York ZIP Code + 4 10314	· ·
	Season and the production of t
15.a. Employer Name:	15.b. Trade Name, If any:
Fresh Point- South Florida	
15.c. To Whom Paid	15.d. Amount 68,932
Name Simon Jara	15.e. Purpose
Title Organization Pinnacle Labor Solutions	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	The same
21 3000 1 7 320/1	
15.a. Employer Name:	15.b. Trade Name, If any:
G&K	
15.c. To Whom Paid	15.d. Amount 16,433
Name John Cevallos	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization The CCG Group. LLC	exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 18541 1/2 Atlantic St	
City Hesperia	
State California ZIP Code + 4 92345	
211 0000 + 4 92345	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
СК	
15.c. To Whom Paid	15.d. Amount 7,500
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State   California   ZIP Code + 4   92071	
15.a. Employer Name:	15.b. Trade Name, If any:
Great Dane	
15.c. To Whom Paid	15 d America (0. 716
Name Zak D Langren	15.d. Amount 9,716
And the state of t	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
	2.7
Street 14520 W. Mockingbird Lane	
City Sand Springs	
State Oklahoma ZIP Code + 4 74063	
15.a. Employer Name:	15.b. Trade Name, If any:
Great Dane	An overall and the second seco
15.c. To Whom Paid  Name Christian B Teague	15.d. Amount 24,829
	15.e. Purpose
Title AKA Blaine Teague	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street A16 F. P. Street And P.	e e e e e e e e e e e e e e e e e e e
Street 416 E- B Street Apt B	
City Jenks	
State Oklahoma ZIP Code + 4 74037	The second secon
	· ·

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Hertz	
15.c. To Whom Paid	15.d. Amount 21,835
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City   Santee	
State California ZIP Code + 4 92071	
211 3000 + 1   520/1	
15.a. Employer Name:	15.b. Trade Name, If any:
Hertz	
15.c. To Whom Paid	15.d. Amount 0
Name Angel Cornejo	
Title	15.e. Purpose
Organization Pinnacle Labor Relations	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	d in many control of the control of
Street 1557 Countrywood Ln	
City Escalon	and the second s
State California ZIP Code + 4 95320	
15.a. Employer Name:  Joseph Bakery	15.b. Trade Name, If any:
loosebii bakeiy	and a second room decreased and a second and
15.c. To Whom Paid	15.d. Amount 1,751
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 614 Springdale Circle	The state of the s
City Palm Springs	
State Florida ZIP Code + 4 33461	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity  Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Joseph Bakery	
15.c. To Whom Paid	15.d. Amount 3,088
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1557 Countrywood Ln	
City Escalon	
State California ZIP Code + 4 95320	
15.a. Employer Name:	15.b. Trade Name, If any:
Joseph Bakery	
15.c. To Whom Paid	15.d. Amount 1,748
Name Ramon Suarez	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 382 Nome Ave	
City Staten Island	
	1
State New York ZIP Code + 4 10314	
15.a. Employer Name:	15.b. Trade Name, If any:
Kindred Hospital	15.b. Trade Name, ii any:
15.c. To Whom Paid	15.d. Amount 1,837
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
211 0006 74 720/1	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Kindred Hospital	
15.c. To Whom Paid	15.d. Amount 0
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1557 Coutrywood Lane	
City Escalon	
State California ZIP Code + 4 95320	
15.a. Employer Name: Kindred Hospital	15.b. Trade Name, If any:
. Kilidled nospital	
15.c. To Whom Paid	15.d. Amount 0
Name Christian B Teague	15.e. Purpose
Title AKA Blaine Teague	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
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.a. Employer Name:	15.b. Trade Name, If any:
Lifestyles	13.0. Hade Name, II ally.
15.c. To Whom Paid	15.d. Amount 30,732
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 614 Springdale Circle	
City Palm Springs	
State Florida ZIP Code + 4 33461	The state of the s

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity  Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Lixi	
15.c. To Whom Paid	15.d. Amount 13,406
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 614 Springdale Circle	
City Palm Springs	PROFIT COLORS
State Florida ZIP Code + 4 33461	
211 0000 + 4 33401	
15.a. Employer Name:	15.b. Trade Name, If any:
Lixi	
15.c. To Whom Paid	15.d. Amount 8,062
Name Ramon Suarez	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 382 Nome Ave	
City Staten Island	
State New York ZIP Code + 4 10314	
10017	)
15.a. Employer Name:	15.b. Trade Name, If any:
Mission Foods	
15.c. To Whom Paid	15.d. Amount 35,730
Name Ramon Suarez	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 382 Nome Ave	
City Staten Island	
State New York ZIP Code + 4 10314	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity  Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Mission Foods	
15.c. To Whom Paid	15.d. Amount 69,305
Name Brian Ahakuelo	15.e. Purpose
Title AKA Francis Leigh	Engaged to communicate with employees so they
Organization: The Global Institute for Interest Base	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 44050 Ashburn Shopping Plaza	
City 'Ashburn	
State Virginia ZIP Code + 4 20147	
15.a. Employer Name:	15.b. Trade Name, If any:
Mission Foods	
15.c. To Whom Paid	15.d. Amount 0
Name John Cevallos	15.e. Purpose
Title Organization The CCG Group, LLC	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 18541 1/2 Atlantic St	
City Hesperia	
State California ZIP Code + 4 92345	
15.a. Employer Name:	15.b. Trade Name, if any:
Mission Food	
15.c. To Whom Paid	15.d. Amount 8,128
Name Edward C James	10,000,741100111
processing the second s	15.e. Purpose
Title AKA Edward Charles	Engaged to communicate with employees so they could make an informed decision regarding
Organization James Accounting Personnel	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	Correctivery.
Street 1503 SE 15th ST	Company of the Compan
City Wagoner	
State Oklahoma ZIP Code + 4 74467	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Mission Foods	
15.c. To Whom Paid	15.d. Amount 47,637
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 1557 Countrywood Lane	
City Escalon	
State California ZIP Code + 4 95320	
15.a. Employer Name:	ACL TOUR NEW W
Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 47,834
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street	
Street 614 Springdale Circle	
City Palm Springs	
State Florida ZIP Code + 4 33461	
15 o Frankrich Name	
15.a. Employer Name: Mission Foods	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 21,415
Name Christian B Teague	15.e. Purpose
Title AKA Blaine Teague	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 416 E- B Street Apt B	
City Jenks	
State Oklahoma ZIP Code + 4 74037	
	Remarks and the second and the secon

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Mission Foods	
15.c. To Whom Paid	15.d. Amount 33,204
Name Eric Grumbretch	15.e. Purpose
Title Organization	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain
	collectively.
P.O. Box, Building and Room Number, if any	
Street 292 Centennial Rd	
City Warminster	
State Pennsylvania ZIP Code + 4 18974	
Sido (2000 + 4 10974	
15.a. Employer Name:	15.b. Trade Name, If any:
Pacific Beverage	
15.c. To Whom Paid	15.d. Amount 34,494
Name John Cevallos	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization The CCg Group, LLC	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 18541 1/2 Atlantic St	
City Hesperia	
State California ZIP Code + 4 92345	
15.a. Employer Name:  Pacific Beverage	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Christian B Teague	15.d. Amount 34,380
	15.e. Purpose
Title AKA Blaine Teague	Engaged to communicate with employees so they could make an informed decision regarding
Organization P.O. Box, Building and Room Number, if any	exercising their right to organize and bargain collectively.
The second secon	
Street 416 E- B Street Apt B	
City Jenks	
State Oklahoma ZIP Code + 4 74037	
	<u> </u>

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity  Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Pacific Beverage	
15.c. To Whom Paid	15.d. Amount 12,590
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain
	collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
	The second secon
15.a. Employer Name:	15.b. Trade Name, If any:
Palmer Foods	North Control of the
15.c. To Whom Paid .	15.d. Amount 12,630
Name Christian B Teague	15.e. Purpose
Title AKA Blaine Teague	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain collectively.
	correctivery.
P.O. Box, Building and Room Number, if any	
Street ALC P. P. Characte N. L. P.	•
Street 416 E-B Street Apt B	
City Jenks	
State Oklahoma ZIP Code + 4 74037	
15.a. Employer Name: Palmer Foods	15.b. Trade Name, If any:
Fallier Foods	
15.c. To Whom Paid	15.d. Amount 9,267
Name Zak D Langren	15.e. Purpose
Title AKA Zak David	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 14520 W. Mockingbird Lane	
City Sand Springs	
State Oklahoma ZIP Code + 4 74063	
	homoverous and a supplied to the supplied to t

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	ile to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Parsec	
15.c. To Whom Paid	15.d. Amount 16,977
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization Pinnacle Labor Relations	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
1.0. box. bolianig and Hoom Number, II any	
Street 1557 Countrywood Lane	
City Escalon	
State California ZIP Code + 4 95320	
211 0000 + 1 75320	
15.a. Employer Name:	15.b. Trade Name, If any:
Parsec	
15.c. To Whom Paid	15 d Amount C 274
Name Simon Jara	15.d. Amount 6 , 374
The state of the s	15.e. Purpose
Title Organization Pinnacle Labor Solutions	Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain
	collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
15 a Employer Mamo	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Ramon Suarez	15.d. Amount 7,787
and the second s	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Charles and the second	
Street 382 Nome Ave	
City Staten Island	
State New York ZIP Code + 4 10314	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedulinstructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
SLS	
15.c. To Whom Pa d	15.d. Amount 10,019
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 614 Springdale Circle	
City Palm Springs	
State Florida ZIP Code + 4 33461	
	Annual resource of the contract of the contrac
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco- Riverside	
15.c. To Whom Paid	15.d. Amount 3,000
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain
	collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City   Santee	
State California ZIP Code + 4 92071	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco- Riverside	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 15,534
Name Angel Cornejo	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Relations	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
Street 1557 Countrywood Lane	
City Escalon	
State California ZIP Code + 4 95320	
No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	[ <b>]</b>

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, if any:
Sysco- Florida	
15.c. To Whom Paid	15.d. Amount 32,695
Name John Cevallos	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization The CCG Group, LLC	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Strong Co. A.	
Street 18541 1/2 Atlantic St	
City Hesperia	
State California ZIP Code + 4 92345	
15.a. Employer Name: Sysco- Florida	15.b. Trade Name, If any:
System Florida	
15.c. To Whom Paid	15.d. Amount 30,640
Name Oluseyi Olowolafe	15.e. Purpose
Title AKA Seyi Singleton	Engaged to communicate with employees so they
Organization Omega Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
B.O. San Building and Base N. of	
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.a. Employer Name:	15.b. Trade Name, If any:
Sysco- Florida	13.0. Trace Name, II any.
15.c. To Whom Paid  Name Simon Jara	15.d. Amount 63,105
Title	15.e. Purpose
the state of the s	Engaged to communicate with employees so they could make an informed decision regarding
Organization Pinnacle Labor Solutions	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	ale to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco- Harrisburg	
15.c. To Whom Paid	15.d. Amount 17,675
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
211 0000+4 32071	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco- South Florida	
15.c. To Whom Paid	15 d Amount 20, 202
Name Simon Jara	15.d. Amount 38,303
Many 10 - Mandata programme programm	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization Pinnacle Labor Solutions	exercising their right to organize and bargain collectively.
00 Bt 10 Bt 10	
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
State California ZIP Code + 4 92071	
15.a. Employer Name:	det Toda Norma W
Sysco-South Florida	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 18,867
Name Cesar Alarcon	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Stay Union Free, Corp	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
A.F. ***	
Street 614 Springdale Circle	
City Palm Springs	
State Florida ZIP Code + 4 33461	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedulinstructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco- Wisconsin	
15.c. To Whom Paid	15.d. Amount 7,348
Name Christian B Teague	15.e. Purpose
Title AKA Blaine Teague	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 11.5 P. P. Chrock N. P.	
Street 416 E-B Street Apt B	
City Jenks	, market
State Oklahoma ZIP Code + 4 74037	
15.a. Employer Name:	
Terra	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 15,709
Name Eric Grumbretch	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 292 Centennial Rd	The state of the s
City Warminister	The second secon
State Pennsylvania ZIP Code + 4 18974	
The state of the s	Section (Control of the Control of t
15.a. Employer Name:	15.b. Trade Name, If any:
Terra	
15.c. To Whom Paid	15.d. Amount 0
Name Patrick Wainger	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization	could make an informed decision regarding exercising their right to organize and bargain
P.O. Box, Building and Room Number, if any	collectively.
	The second secon
Street'301 Williamsburg Ct	<i>j.</i>
City Marlton	
State New Jersey ZIP Code + 4 08053	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Terrena	
15.c. To Whom Paid	15.d. Amount 5,154
Name Simon Jara	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Pinnacle Labor Solutions	could make an informed decision regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10380 Rochelle Ave	
City Santee	
State California ZIP Code + 4 92071	
15.a. Employer Name:  Quala	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 7,225
Name Eric Grumbretch	15.e. Purpose
Title	Engaged to communicate with employees so they could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 292 Centennial Rd	A management of the state of th
City Warminster	
State Pennsylvania Z!P Code + 4 18974	
15.a. Employer Name:	
Total 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	
21F COUE + 4	

Name of Person Filing:	File Number C- 66578
D. Schedule of Disbursements for Reportable Activity  Use this Schedulinstructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Harrisburg	
15.c. To Whom Paid	15.d. Amount 2,163
Name Tim Lewis	15.e. Purpose
Title	Engaged to communicate with employees so they
Organization Lewis Labor Relations	could make an informed decision regarding
organization acerts habor relations	exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Ctrocking	
Street 10731 Trailwood Dr.	
City Chesterfield	
State Virginia ZIP Code + 4 23832	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco-Harrisburg	
15.c. To Whom Paid	15.d. Amount 7,063
Name Eric Grumbretch	45 - D
Title	15.e. Purpose  Engaged to communicate with employees so they
Organization	could make an informed decision regarding
Organization	exercising their right to organize and bargain collectively.
B.O. Boy Building and Brown Months, V	
P.O. Box, Building and Room Number, if any	
Street 292 Centennial Rd	*
City Warminster	
State Pennsylvania ZIP Code + 4 18974	
15.a. Employer Name:	15.b. Trade Name, If any:
	13.b. Hade Name, Il any.
15 a Ta Whan David	the same and the s
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	The state of the s
L. Commence of the Commence of	

Name of Person Filing:		File Number C- 66578
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice	e or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add	
Employer Quala	P.O. Box, Bldg., Roor	n No., if any
Trade Name	Street 6551 Gran	t Ave
Attention To: Paul Woodbury	City Cleveland	
Title	State Ohio	ZIP Code + 4 44105
5.b. Termination Date 12/8/16	5.c. Amount 12,850	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add P.O. Box, Bldg., Roon	
Employer		
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 Add	
Employer	P.O. BoxBldaRoor	n.Noit_anv
Trade Name	Street	
Attention To:	City	
Title	State	ZIP Code + 4
5.b. Termination Date	5.c. Amount	
5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Add	
Contraction of the state of the		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add	
5.a. Name and Address of Employer (including trade name, if any).  Employer	Mailing Add P.O. Box, Bldq., Roon	
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	Mailing Add P.O. Box, Bldq., Roon Street	
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	Mailing Add P.O. Box, Bldq., Roon Street City	No., if any
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title	Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount Mailing Add	ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount	ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer	Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount Mailing Add. P.O. Box, Bldq., Roon	ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount Mailing Add P.O. Box, Blda., Roon Street	ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  Employer  Employer  Trade Name	Mailing Add P.O. Box, Bldq., Roon  Street City State  5.c. Amount Mailing Add P.O. Box, Blda., Roon Street City City	ZIP Code + 4  ess: No if any
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount Mailing Add P.O. Box, Blda., Roon Street	ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title	Mailing Add P.O. Box, Bldq., Roon  Street City State  5.c. Amount  Mailing Add P.O. Box, Blda., Roon  Street City State  5.c. Amount  Mailing Add  Mailing Add	ZIP Code + 4  ZIP Code + 4  ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount Mailing Add P.O. Box, Blda., Roon Street City State  5.c. Amount	ZIP Code + 4  ZIP Code + 4  ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  Employer  Trade Name Attention To: Title  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.a. Name and Address of Employer (including trade name, if any).  Employer	Mailing Add P.O. Box, Bldq., Roon  Street City State  5.c. Amount Mailing Add P.O. Box, Bldo., Roon Street City State  5.c. Amount Mailing Add P.O. Box, Bldo., Roon Mailing Add	ZIP Code + 4  ZIP Code + 4  ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  5.b. Termination Date	Mailing Add P.O. Box, Bldq., Roon  Street City State  5.c. Amount Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount Mailing Add Roon Street	ZIP Code + 4  ZIP Code + 4  ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  Employer  Trade Name Attention To: Title  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.a. Name and Address of Employer (including trade name, if any).  Employer	Mailing Add P.O. Box, Bldq., Roon  Street City State  5.c. Amount  Mailing Add P.O. Box, Blda., Roon  Street City State  5.c. Amount  Mailing Add P.O. Box, Blda., Roon  Street City State  5.c. Amount  Mailing Add P.O. Box, Blda., Roon	ZIP Code + 4  ZIP Code + 4  ZIP Code + 4  ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To:  Trade Name Attention To:	Mailing Add P.O. Box, Bldq., Roon  Street City State  5.c. Amount Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount Mailing Add P.O. Box, Bldq., Roon Street City State  5.c. Amount Mailing Add Roon Street	ZIP Code + 4  ZIP Code + 4  ZIP Code + 4