

Name of Person Filing: Fred Grubb

File Number C-

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

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

Mailing Address:

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

Employer Soaring Eagle Casino

Trade Name

Street

Soaring Eagle Boulevard

Attention To

City

Mount Pleasant

Title

State

Michigan

ZIP Code + 4

5.b. Termination Date

5.c. Amount

148,008

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 177,220

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

					9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

Name

15.e. Purpose

Title

Organization

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

Street

City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Fred Grubb		File Number C-	
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	Avcorr, Inc.	P.O. Box, Bldg., Room No., if any	Address Unknown
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount 9,788	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Wenner Bread	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	33 Rajon Road
Attention To:		City	Bayport
Title		State	New York ZIP Code + 4
5.b. Termination Date		5.c. Amount 4,924	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Woodman's Food Markets, Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2631 Liberty Lane
Attention To:		City	Janesville
Title		State	Wisconsin ZIP Code + 4 53545
5.b. Termination Date		5.c. Amount 14,500	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	