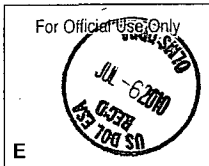


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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 of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432448

1. File Number C- 00525	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1 / 1 / 2008	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2008
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 S Elm Place, Suite E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

4. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

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

Street

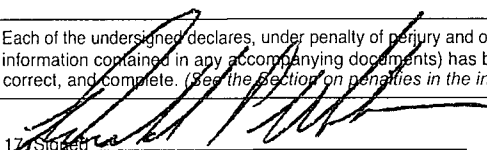
City

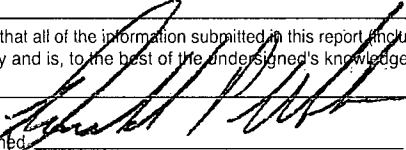
State

ZIP Code + 4

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed 
Title President
President
(if other title, see
instructions)

18. Signed 
Title Treasurer
Treasurer
(If other title, see
instructions)

On 06 / 30 / 2010 918-455-9995
Date Telephone Number

On 06 / 30 / 2010 918-455-9995
Date Telephone Number

Harris 10/2

Name of Person Filing: LLI Consulting Services, Inc. File Number C- 60525

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 <u>Aegis Communications Group</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>8201 Richpoint Drive</u>	
Attention To <u>Mary Mullen</u>		City <u>Irving</u>	
Title <u>Vice President HR</u>		State <u>Texas</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>75063</u>	
5.b. Termination Date <u>10/3/08</u>		5.c. Amount <u>198366</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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
8. Total disbursements to officers and employees:			
			9. Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
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 <u>82056</u>
Name <u>Joe Brock</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Title <u>Independent Contractor</u>	
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>151 Forge Road</u>	
City <u>Delran</u>	
State <u>New Jersey</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>08075</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Aegis 2/5

Name of Person Filing: <u>LR Consulting Services, Inc.</u>	File Number <u>C-05525</u>
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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). Employer <u>Aegis Communications Group</u> Trade Name _____ Attention To <u>Mary</u> <u>Mullen</u> Title <u>Vice President HR</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>8201 Richpoint Drive</u> City <u>Irving</u> State <u>Texas</u> ZIP Code + 4 <u>75063</u>
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5.b. Termination Date 10/3/08 **5.c. Amount** 198366

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 Name <u>Scot</u> <u>Michel</u> Title <u>Independent Contractor</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>819 Herman Road</u> City <u>Horsham</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19044</u>	15.d. Amount <u>27061</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services Inc.</u>	File Number C- <u>60525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>Alliance Transportation</u>		Street <u>431 W 23rd Street</u>	
Trade Name		City <u>Tulsa</u>	
Attention To <u>Silvia Beruman-Garner</u>		State <u>Oklahoma</u>	
Title <u>HR Manager</u>		ZIP Code + 4 <u>74107</u>	
5.b. Termination Date <u>5/27/09</u>		5.c. Amount <u>4043</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>2543</u>
Name <u>Joe Brock</u>	15.e. Purpose
Title <u>Independent Contractor</u>	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>151 Forge Road</u>	
City <u>Delran</u>	
State <u>New Jersey</u>	ZIP Code + 4 <u>08075</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Allstate 1 of 2

Name of Person Filing: <u>LKI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer	Allstate Power Vac	Street	928 E Hazelwood Avenue
Trade Name		City	Rahway
Attention To	Mike Dello	State	New Jersey
Title		ZIP Code + 4	07065

5.b. Termination Date	9/12/08	5.c. Amount	57732
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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
8. Total disbursements to officers and employees:			

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
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 Name Frank Barbera Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 3308 Ariba Street City Las Vegas State Nevada ZIP Code + 4 89129	15.d. Amount 23144 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

CONTINUATION

Allstate 242

Name of Person Filing: <i>LLI Consulting Services, Inc.</i>	File Number C- <i>00525</i>
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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). Employer <i>Allstate Power Vac</i> Trade Name Attention To <i>Mike Dello</i> Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <i>928 E Hazelwood Avenue</i> City <i>Rahway</i> State <i>New Jersey</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>07065</i>
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5.b. Termination Date *9/12/08* 5.c. Amount *57732*

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 Name <i>Hector Barcenas</i> Title <i>Independent Contractor</i> Organization P.O. Box, Building and Room Number, if any Street <i>6217 Crossfire Court</i> City <i>Corona</i> State <i>California</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>92880</i>	15.d. Amount <i>10025</i> 15.e. Purpose <i>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</i>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: LRI Consulting Services Inc File Number C- 06535

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 Area 10 Agency on Aging
Trade Name
Attention To Jewel Echelbarger
Title
Mailing Address:
P.O. Box, Building and Room Number, if any
Street 630 West Edgewood Drive
City Ellettsville
State Indiana ☒ ZIP Code + 4 47429

5.b. Termination Date 9/23/08

5.c. Amount 56656

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 Name <u>Pat O'Mara</u> Title <u>Independent Contractor</u> Organization <u>OMara & Associates LLC</u> P.O. Box, Building and Room Number, if any <u>PO Box 2624</u> Street City <u>Novata</u> State <u>Arkansas</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>94948</u>	15.d. Amount <u>25875</u> 15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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 <u>Astoria Park</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>725 Park Avenue</u>	
Attention To <u>Michael Fiore</u>		City <u>Bridgeport</u>	
Title		State <u>Connecticut</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>06604</u>	
5.b. Termination Date <u>6/13/08</u>		5.c. Amount <u>31137</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>16163</u>
Name <u>Mike Rosado</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Title <u>Independent Contractor</u>	
Organization <u>M. Rosado Consultants, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>5 Quail Court</u>	
City <u>Englewood</u>	
State <u>New Jersey</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>07631</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LRI Consulting Service, Inc.</u>	File Number C- <u>06525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>Avcorr, Inc</u>			
Trade Name	Street <u>33 College Hill Road, Suite 15A</u>		
Attention To <u>Anthony Ventetuolo, Jr</u>	City <u>Warwick</u>		
Title	State <u>Rhode Island</u>	ZIP Code + 4 <u>02886</u>	
5.b. Termination Date		5.c. Amount <u>17684</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>9788</u>
Name <u>Peter Quist</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Title <u>Independent Contractor</u>	
Organization <u>Grubb Quist & Associates</u>	
P.O. Box, Building and Room Number, If any	
Street <u>12 South Main Street</u>	
City <u>Waterbury</u>	
State <u>Vermont</u>	ZIP Code + 4 <u>05676</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LK1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>B & C Cartage, Inc.</u>		Street <u>851 W McKimney Road</u>	
Trade Name		City <u>Gladwin</u>	
Attention To <u>Charlie Helms</u>		State <u>Michigan</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>48624</u>	
Title			
5.b. Termination Date		5.c. Amount <u>1575</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	

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 <u>1575</u>
Name <u>Joe Brock</u>	15.e. Purpose
Title <u>Independent Contractor</u>	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>151 Forge Road</u>	
City <u>Delran</u>	
State <u>New Jersey</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>08075</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>015225</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>Bay Area Beverage Company</u>		Street <u>700 National Court</u>	
Trade Name		City <u>Richmond</u>	
Attention To <u>T J Louderback</u>		State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>94804</u>	
Title			
5.b. Termination Date <u>4/11/08</u>		5.c. Amount <u>80474</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>42974</u>
Name <u>Ed Villanueva</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Title <u>Independent Contractor</u>	
Organization <u>EMSI Consulting, Inc.</u>	
P.O. Box, Building and Room Number, If any	
Street <u>1340 N Astor Street, # 2205</u>	
City <u>Chicago</u>	
State <u>Illinois</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>60610</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Birnie 1 of 2

Name of Person Filing: <u>LPI Consulting Services, Inc.</u>	File Number C- <u>02525</u>
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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). Employer Birnie Bus Service Trade Name Attention To Tim Birnie Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 2486 State Route 12-B City Hamilton State New York ZIP Code + 4 13345
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5.b. Termination Date 4/11/08	5.c. Amount 18306
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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.c. To Whom Paid Name Denise Malwitz Title Independent Contractor Organization P.O. Box, Building and Room Number, if any Street 3530 Milford Haven City Las Vegas State Nevada ZIP Code + 4 89122	15.b. Trade Name, If any: 15.d. Amount 6000 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Union *Birnie 2 of 2*

Name of Person Filing: <i>LLI Consulting Services Inc</i>	File Number <i>C-66525</i>
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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: P.O. Box, Building and Room Number, if any	
Employer <i>Birnie Bus Service</i>			
Trade Name		Street <i>2486 State Route 12-B</i>	
Attention To <i>Tim</i> <i>Birnie</i>		City <i>Hamilton</i>	
Title		State <i>New York</i> ZIP Code + 4 <i>13345</i>	

5.b. Termination Date <i>4/11/08</i>	5.c. Amount <i>18306</i>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 <i>3306</i>	
Name <i>Chris</i> <i>Borusso</i> Title <i>Independent Contractor</i> Organization <i>Axiomatix, LLC</i> P.O. Box, Building and Room Number, if any Street <i>323 Mariners Way</i> City <i>Copliague</i> State <i>New York</i> ZIP Code + 4 <i>11726</i>		15.e. Purpose <i>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</i>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Brandywine 1/1/3

Name of Person Filing: <u>LLI Consulting Services Inc</u>	File Number C- <u>0535</u>
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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). Employer <u>Brandywine Senior Living</u> Trade Name _____ Attention To <u>Kenneth Segarnick</u> Title <u>General Council</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>525 Fellowship Road, Suite 360</u> City <u>Mount Laurel</u> State <u>New Jersey</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>08054</u>
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5.b. Termination Date _____	5.c. Amount <u>249,848</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS _____

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 Name <u>Mike Rosado</u> Title <u>Independent Contractor</u> Organization <u>M. Rosado Management Consultants, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>96 Linwood Plaza, Suite 103</u> City <u>Fort Lee</u> State <u>New Jersey</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>07024</u>	15.d. Amount <u>58034</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY _____

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

61535

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 Brandywine Senior Living

Trade Name

Attention To Kenneth Segarnick

Title General Council

Mailing Address:

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

Street 525 Fellowship Road, Suite 360

City Mount Laurel

State New Jersey

ZIP Code + 4 08054

5.b. Termination Date

5.c. Amount 249,848

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Jason Greer

Title Independent Contractor

Organization Greer Consulting, Inc.

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

Street 33 Mallory Bend Court

City Lake St Louis

State Missouri

ZIP Code + 4 63367

15.d. Amount 57769

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Community Union Inc</u>	File Number C- <u>00525</u>
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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 <u>Calumite Company LLC</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>1575 Adler Circle, Suite B</u>	
Attention To <u>Don Rossetti</u>		City <u>Portage</u>	
Title		State <u>Indiana</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>46368</u>	
5.b. Termination Date <u>8/28/08</u>		5.c. Amount <u>12859</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>7234</u>
Name <u>Timoth J Hunt</u>	15.e. Purpose
Title <u>Independent Contractor</u>	<u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Organization <u>Past Break Labor Consultant</u>	
P.O. Box, Building and Room Number, if any	
Street <u>2939 E 77th Place</u>	
City <u>Tulsa</u>	
State <u>Oklahoma</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>74136</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LM Consulting Service, Inc.</u>	File Number C- <u>01525</u>
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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). Employer <u>Central Hockey League</u> Trade Name _____ Attention To <u>Duane</u> <u>Lewis</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>1600 N Desert Drive, Suite 300</u> City <u>Tempe</u> State <u>Arizona</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>85281</u>
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5.b. Termination Date <u>3/14/08</u>	5.c. Amount <u>19455</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 Name _____ Title _____ Organization <u>BMSI Consulting, Inc.</u> P.O. Box, Building and Room Number, If any _____ Street <u>1340 N Astor Street, #2205</u> City <u>Chicago</u> State <u>Illinois</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>60610</u>	15.d. Amount <u>14012</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LK1 Consulting Services Inc.</u>	File Number <u>C-00525</u>
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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 <u>Chicago International Trucks, LLC</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>1827 Walden Office Square, Ste 275</u>	
Attention To <u>Julie Bartell</u>		City <u>Schaumburg</u>	
Title <u>Vice President Human Resources</u>		State <u>Illinois</u> ZIP Code + 4 <u>60173</u>	
5.b. Termination Date		5.c. Amount <u>109</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>109</u>
Name <u>Bradley White</u>	15.e. Purpose
Title <u>Independent Contractor</u>	<u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Organization <u>Interlate Systems, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>145 S Lincolnway</u>	
City <u>North Aurora</u>	
State <u>Illinois</u> ZIP Code + 4 <u>60542</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C-
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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). Employer Community Education Center Trade Name Attention To Charles Giordano Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 35 Fairfield Place City West Caldwell State New Jersey ZIP Code + 4 07006
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5.b. Termination Date 7/17/08	5.c. Amount 10469
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 Name Pat O'Mara Title Independent Contractor Organization O'Mara & Associates LLC P.O. Box, Building and Room Number, if any PO Box 2624 Street City Novata State Illinois CA ZIP Code + 4 94948	15.d. Amount 5969 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C- 00525
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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 CRC Cooperative Response Center	P.O. Box, Building and Room Number, if any
Trade Name	Street 207 Resource Avenue
Attention To Todd Penske	City Dunlap
Title	State Tennessee ZIP Code + 4 37327
5.b. Termination Date 6/26/08	5.c. Amount 7,675
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7,675	

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 4,675
Name Rosalyn Warren		15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Title		
Organization Labor Relations Services, Inc.		
P.O. Box, Building and Room Number, if any		
Street 24 Corporate Plaza, Suite 100		
City Newport Beach		
State California ZIP Code + 4 92660		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 4,675		

Name of Person Filing:

LLI Consulting Services, Inc.

File Number C-

143
C-525**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 Doyon Utilities, LLC

Trade Name

Attention To Tim

Title

Wallis

Mailing Address:

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

Po Box 74040

Street

City Fairbanks

State Alaska

ZIP Code + 4 99707

5.b. Termination Date 11/12/08

5.c. Amount 233,649

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Pat O'Mara

Title Independent Contractor

Organization OMara & Associates LLC

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

PO Box 2624

Street

City Novata

State Arkansas

ZIP Code + 4 94948

15.d. Amount 28643

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation

Doyon 2 of 3

Name of Person Filing: <i>LEI Consulting Services, Inc.</i>	File Number C- <i>66525</i>
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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). Employer <i>Doyon Utilities, LLC</i> Trade Name Attention To <i>Tim</i> <i>Wallis</i> Title	Mailing Address: P.O. Box, Building and Room Number, if any <i>Po Box 74040</i> Street City <i>Fairbanks</i> State <i>Alaska</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>99707</i>
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5.b. Termination Date <i>11/12/08</i>	5.c. Amount <i>233,649</i>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 Name <i>Rebecca</i> <i>Smith</i> Title <i>Independent Contractor</i> Organization P.O. Box, Building and Room Number, if any Street <i>4836 Castle Lake Ct</i> City <i>Las Vegas</i> State <i>Arkansas</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>89139</i>	15.d. Amount <i>48535</i> 15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation

Doyon 3 of 3

Name of Person Filing: LLI Consulting Services, Inc.

File Number C-00525

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 Doyon Utilities, LLC

Trade Name

Attention To Tim

Wallis

Title

Mailing Address:

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

Po Box 74040

Street

City Fairbanks

State Alaska

ZIP Code + 4 99707

5.b. Termination Date 11/12/08

5.c. Amount 233,649

6. TOTAL RECEIPTS FROM ALL EMPLOYERS**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

Name Terry Cuba

Title Independent Contractor

Organization

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

Street 10815 Argonite Drive, NW

City Albuquerque

State New Mexico

ZIP Code + 4 87114

15.d. Amount 48470

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LEI Consulting Services, Inc.

File Number C-

661525

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 Enterprise for Progress in the Community

Trade Name

Attention To Steve

Mitchell

Title

Mailing Address:

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

Street 2902 Castlevale Road, Suite A

City Yakima

State Washington

ZIP Code + 4 98902

5.b. Termination Date 9/27/09

5.c. Amount 21149

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Ed Villanueva

Title Independent Contractor

Organization EMSI Consulting, Inc.

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

Street 1340 N Astor Street, #2205

City Chicago

State Illinois

ZIP Code + 4 60610

15.d. Amount 8208

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

CONTINUATION *EPIC 2 of 2*

Name of Person Filing: <i>LRI Consulting Services, Inc.</i>	File Number C- <i>60585</i>
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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 <i>Enterprise for Progress in the Community</i>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <i>2902 Castlevalle Road, Suite A</i>	
Attention To <i>Steve Mitchell</i>		City <i>Yakima</i>	
Title		State <i>Washington</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>98902</i>	

5.b. Termination Date <i>9/27/09</i>	5.c. Amount <i>21149</i>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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
8. Total disbursements to officers and employees:			

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

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 <i>3941</i>
Name <i>Denise Malwitz</i>	15.e. Purpose <i>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</i>
Title <i>Independent Contractor</i>	
Organization	
P.O. Box, Building and Room Number, if any	
Street <i>3530 Milford Haven</i>	
City <i>Las Vegas</i>	
State <i>Nevada</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>89122</i>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>61525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>Gemini Manufacturing LLC</u>		Street <u>30 Warren Place</u>	
Trade Name <u>Jetline</u>		City <u>Mount Vernon</u>	
Attention To <u>Eric</u> <u>Levin</u>		State <u>New York</u> ZIP Code + 4 <u>10550</u>	
Title <u>CEO</u>			
5.b. Termination Date <u>7/17/08</u>		5.c. Amount <u>33164</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>16654</u>
Name <u>Mike</u> <u>Rosado</u>	15.e. Purpose
Title <u>Independent Contractor</u>	<u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Organization <u>M. Rosado Consultants, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>5 Quail Court</u>	
City <u>Englewood</u>	
State <u>New Jersey</u> ZIP Code + 4 <u>07631</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

66525

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 Global Sign, Inc.

Trade Name

Attention To Michael

Seserko

Title

Mailing Address:

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

Street 913 William Leigh Drive, Unit 1

City Tullytown

State Pennsylvania

ZIP Code + 4 19007

5.b. Termination Date 3/19/08

5.c. Amount 3375

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Joe Brock

Title Independent Contractor

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State New Jersey

ZIP Code + 4 08075

15.d. Amount 3938

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>Goodwill Industries</u>			
Trade Name	Street <u>1800 Appleton Road</u>		
Attention To <u>Doug Berman</u>	City <u>Menasha</u>		
Title	State <u>Wisconsin</u>	<input checked="" type="checkbox"/> ZIP Code + 4 <u>54952</u>	
5.b. Termination Date <u>4/24/08</u>		5.c. Amount <u>13943</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>7943</u>
Name <u>Joseph Brock</u>	15.e. Purpose
Title <u>Independent Contractor</u>	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>151 Forge Road</u>	
City <u>Delran</u>	
State <u>New Jersey</u>	<input checked="" type="checkbox"/> ZIP Code + 4 <u>08075</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number <u>C-64525</u>
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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). Employer <u>Hann & Hann, Inc.</u> Trade Name _____ Attention To <u>Terry</u> <u>Hann</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>12307 Washington Avenue</u> City <u>Rockville</u> State <u>Maryland</u> ZIP Code + 4 <u>20852</u>
5.b. Termination Date <u>2/11/08</u>	5.c. Amount <u>16550</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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 Name <u>Alex</u> <u>Casillas</u> Title <u>Independent Contractor</u> Organization <u>Action Resources</u> P.O. Box, Building and Room Number, if any _____ Street <u>1119 S Mission Road</u> City <u>Fallbrook</u> State <u>California</u> ZIP Code + 4 <u>92028</u>	15.d. Amount <u>9361</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer	Jeff Dobbs Crane Rental	Street	99 Leonard Lane
Trade Name		City	Thorefare
Attention To	Jeff Dobbs	State	New Jersey
Title		ZIP Code + 4	08086

5.b. Termination Date	2/29/08	5.c. Amount	4500
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 2250
Name Joe Brock	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Organization East Coast Labor Relations, LLC	
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State New Jersey	ZIP Code + 4 08075

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>06535</u>
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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). Employer <u>L-3 Communications</u> Trade Name _____ Attention To <u>Linda</u> <u>Mandel</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>8001 Mid America Blvd., Suite 500</u> City <u>Oklahoma City</u> State <u>Oklahoma</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>73135</u>
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5.b. Termination Date <u>1/15/08</u>	5.c. Amount <u>9890</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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.c. To Whom Paid Name <u>Matt</u> <u>Perovic</u> Title <u>Independent Contractor</u> Organization <u>Quantum Consulting</u> P.O. Box, Building and Room Number, if any _____ Street <u>10917 Kilpatrick</u> City <u>Oak Lawn</u> State <u>Illinois</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>60453</u>	15.b. Trade Name, if any: 15.d. Amount <u>5671</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LKI Consulting Services

File Number C-

61527

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 Mears Transportation

Trade Name

Attention To Chuck

Carns

Title

Mailing Address:

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

Street 324 Wet Gore Street

City Orlando

State Florida

ZIP Code + 4 32086

5.b. Termination Date 8/29/08

5.c. Amount 45402

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Mike

Rosado

Title Independent Contractor

Organization M. Rosado Consultants, LLC

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

Street 5 Quail Court

City Englewood

State New Jersey

ZIP Code + 4 07631

15.d. Amount 8655

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

1/16/08 2 of 3

Name of Person Filing: LRI Consulting Services, Inc. File Number C- CC 525

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 <u>Mears Transportation</u> Trade Name Attention To <u>Chuck</u> <u>Carns</u> Title		Mailing Address: P.O. Box, Building and Room Number, if any Street <u>324 Wet Gore Street</u> City <u>Orlando</u> State <u>Florida</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>32086</u>	
5.b. Termination Date <u>8/29/08</u>		5.c. Amount <u>45402</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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
8. Total disbursements to officers and employees:			
			9. Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
			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.c. To Whom Paid Name <u>Pat</u> <u>O'Mara</u> Title <u>Independent Contractor</u> Organization <u>O'Mara & Associates, LLC</u> P.O. Box, Building and Room Number, if any <u>PO Box 2624</u> Street City <u>Novato</u> State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>94948</u>	15.b. Trade Name, If any: 15.d. Amount <u>8518</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: *LLI Consulting Services, Inc* File Number C- *00525*

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 **Hears Transportation**
 Trade Name
 Attention To **Chuck Carns**
 Title
 Mailing Address:
 P.O. Box, Building and Room Number, if any
 Street **324 Wet Gore Street**
 City **Orlando**
 State **Florida** ZIP Code + 4 **32086**

5.b. Termination Date **8/29/08** 5.c. Amount **45402**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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
 Name **Byron Clay**
 Title **Independent Contractor**
 Organization **BJC and Associates, Inc.**
 P.O. Box, Building and Room Number, if any
 Street **10108 Fehlberg Ct**
 City **St John**
 State **Indiana** ZIP Code + 4 **46373**
 15.d. Amount **8260**
 15.e. Purpose
Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	File Number C- <u>06.525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>Novatron</u>			
Trade Name	Street <u>401 Loop 59</u>		
Attention To <u>Charles DeBeau</u>	City <u>Atlanta</u>		
Title <u>president</u>	State <u>Texas</u>	<input checked="" type="checkbox"/> ZIP Code + 4 <u>75551</u>	
5.b. Termination Date <u>4/24/08</u>		5.c. Amount <u>24843</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>13143</u>
Name <u>James H Strong</u>	15.e. Purpose
Title <u>Independent Contractor</u>	<u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Organization <u>Labor Crisis, Inc.</u>	
P.O. Box, Building and Room Number, if any	
Street <u>906 W McDermott, Suite 116</u>	
City <u>Allen</u>	
State <u>Texas</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>75013</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LK Consulting Service Inc</u>	File Number C- <u>00525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>OPW Fueling Components</u>			
Trade Name		Street <u>9393 Priceton Glendale Road</u>	
Attention To <u>Tom Ciepichal</u>		City <u>Hamilton</u>	
Title		State <u>Ohio</u> ZIP Code + 4 <u>45011</u>	
5.b. Termination Date <u>7/22/08</u>		5.c. Amount <u>74252</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>40783</u>	
Name <u>Peter Quist</u>			
Title <u>Independent Contractor</u>		15.e. Purpose	
Organization <u>Preferred Consulting Group, LLC</u>		Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any			
Street <u>29 Taft Corners, #225</u>			
City <u>Williston</u>			
State <u>Vermont</u> ZIP Code + 4 <u>05495</u>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: <u>LLP Consulting Services Inc.</u>	File Number C- <u>00525</u>
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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). Employer <u>Pepsi Cola Bottling</u> Trade Name _____ Attention To <u>Mike</u> <u>Trammel</u> Title <u>General Manager</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>1001 S First Street</u> City <u>Yakima</u> State <u>Washington</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>98901</u>
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5.b. Termination Date <u>11/14/08</u>	5.c. Amount <u>24064</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 Name <u>Scott</u> <u>Michel</u> Title <u>Independent Contractor</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>819 Herman Road</u> City <u>Horsham</u> State <u>New Mexico</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>19044</u>	15.d. Amount <u>13564</u> 15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>KL Consulting Services Inc.</u>	File Number C- <u>66525</u>
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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 <u>Petermann Transportation</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>8041 Hosbrook, Suite 330</u>	
Attention To <u>Lisa Forsthoefel</u>		City <u>Cincinnati</u>	
Title		State <u>Ohio</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>45236</u>	
5.b. Termination Date <u>3/21/08</u>		5.c. Amount <u>60595</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>34063</u>
Name <u>Rebecca Smith</u>	15.e. Purpose
Title <u>Independent Contractor</u>	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Organization	
P.O. Box, Building and Room Number, if any	
Street <u>4836 Castle Lake Ct</u>	
City <u>Las Vegas</u>	
State <u>Nevada</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>89139</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LLC Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>Props for Today</u>		Street <u>330 W 34th Street</u>	
Trade Name		City <u>New York</u>	
Attention To <u>Dyann Klein</u>		State <u>New York</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>10001</u>	
Title			
5.b. Termination Date <u>3/28/09</u>		5.c. Amount <u>3985</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	

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 <u>2063</u>
Name <u>Chris Borusso</u>	15.e. Purpose
Title <u>Independent Contractor</u>	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Organization <u>Axiomatix, LLC</u>	
P.O. Box, Building and Room Number, If any	
Street <u>323 Mariners Way</u>	
City <u>Copague</u>	
State <u>New York</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>11726</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LK1 Consulting Services Inc</u>	File Number C- <u>00525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>Quesos La Ricura</u>		Street <u>225 Park Avenue</u>	
Trade Name		City <u>Hicksville</u>	
Attention To <u>Ester</u> <u>Alvardo</u>		State <u>New York</u> ZIP Code + 4 <u>11801</u>	
Title			
5.b Termination Date <u>11/13/08</u>		5.c. Amount <u>35171</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	

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 <u>17734</u>
Name <u>Mike</u> <u>Rosado</u>	15.e. Purpose
Title <u>Independent Contractor</u>	
Organization <u>M. Rosado Management Consultants</u>	
P.O. Box, Building and Room Number, if any	
Street <u>5 Quail Court</u>	
City <u>Englewood</u>	
State <u>New Jersey</u> ZIP Code + 4 <u>07631</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LR1 Consulting Services, Inc.</u>	File Number C- <u>66525</u>
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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). Employer <u>Railcrew Xpress</u> Trade Name _____ Attention To <u>Scott</u> <u>Boyes</u> Title <u>President</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>5775 Yonge Street Suite 1010</u> City <u>Toronto, Canada</u> State <u>Other</u> ZIP Code + 4 <u>M2M4J1</u>
5.b. Termination Date <u>8/29/08</u>	5.c. Amount <u>77520</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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:	(b) Salary	(c) Expenses	(d) Totals	
(a) Name				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 Name <u>Chris</u> <u>Borusso</u> Title <u>Independent Contractor</u> Organization <u>Axiomatix, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>323 Mariners Way</u> City <u>Copiasque</u> State <u>New York</u> ZIP Code + 4 <u>11726</u>	15.d. Amount <u>44520</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:

LLI Consulting Services, Inc.

File Number C-

00525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Mailing Address:

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

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

6. TOTAL RECEIPTS FROM ALL EMPLOYERS**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

Name Joe Brock

Title Independent Consultant

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Road

City Delran

State New Jersey

ZIP Code + 4 08075

15.d. Amount 71818

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

00525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Mailing Address:

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

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Frank Barbera

Title Independent Consultant

Organization Frank Barbera & Associates

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

Street 3308 Ariba Street

City Las Vegas

State Nevada

ZIP Code + 4 89129

15.d. Amount 9625

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

00525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Mailing Address:

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

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Gerald O'Brien

Title Independent Consultant

Organization

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

Street 23 Summit Heights

City North Oaks

State Minnesota

ZIP Code + 4 55127

15.d. Amount 67019

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

Michigan - 5 of 7
00525**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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Mailing Address:

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

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Jason Greer

Title Independent Consultant

Organization Greer Consulting, Inc.

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

Street 33 Mallory Bend Court

City Lake St Louis

State Missouri

ZIP Code + 4 63367

15.d. Amount 2279

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

005-25

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Mailing Address:

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

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Peter Quist

Title Independent Consultant

Organization Grubb Quist & Associates, LLC

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

Street 12 S Main Street

City Waterbury

State Vermont

ZIP Code + 4 05676

15.d. Amount 148,008

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LPI Consulting Services, Inc.

File Number C-

CC 525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

6. TOTAL RECEIPTS FROM ALL EMPLOYERS**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

Name

Title

Organization R. J. Berrier, Ltd

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

Street 711 Montgomery Avenue

City Narberth

State Pennsylvania

ZIP Code + 4 19072

15.d. Amount 38109

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

00525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Rebecca Smith

Title Independent Contractor

Organization

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

Street 4869 Castle Court Lake

City Las Vegas

State Nevada

ZIP Code + 4 89139

15.d. Amount 70031

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

00525

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 Saginaw Chippewa Tribe

Trade Name Soaring Eagle Casino

Attention To

Title

Mailing Address:

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

Street 7500 Soaring Eagle Blvd

City Mt Pleasant

State Michigan

ZIP Code + 4 48858

5.b. Termination Date 7/16/08

5.c. Amount 769,078

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Terry Cuba

Title Independent Contractor

Organization Brahma Defense Enterprise, LLC

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

Street 10815 Argonite Dr, NW

City Albuquerque

State New Mexico

ZIP Code + 4

15.d. Amount 17131

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Saladino's 1 of 3

Name of Person Filing: <u>LLP Consulting Services, Inc.</u>	File Number <u>C-61525</u>
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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 <u>Saladino's Inc</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street <u>5400 Ontario Mills Parkway, Ste 100</u>
Attention To <u>Tom</u> <u>Stuart</u>	City <u>Ontario</u>
Title	State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>91764</u>

5.b. Termination Date 6/27/08 5.c. Amount 128,560

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 <u>19665</u>
Name <u>Denise</u> <u>Malwitz</u>	15.e. Purpose
Title <u>Independent Contractor</u>	<u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Organization	
P.O. Box, Building and Room Number, if any	
Street <u>3530 Milford Haven</u>	
City <u>Las Vegas</u>	
State <u>Nevada</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>89122</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation *Saladino's 2 of 3*

Name of Person Filing: <i>LEI Consulting Services Inc</i>	File Number <i>C-1525</i>
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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). Employer <i>Saladino's Inc</i> Trade Name Attention To <i>Tom</i> <i>Stuart</i> Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <i>5400 Ontario Mills Parkway, Ste 100</i> City <i>Ontario</i> State <i>California</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>91764</i>
5.b. Termination Date <i>6/27/08</i>	5.c. Amount <i>128,560</i>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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 Name <i>David</i> <i>Acosta</i> Title <i>Independent Contractor</i> Organization <i>Redstone Enterprises, Inc</i> P.O. Box, Building and Room Number, if any Street <i>5415 East Willowick</i> City <i>Anaheim</i> State <i>California</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>92807</i>	15.d. Amount <i>22840</i> 15.e. Purpose <i>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</i>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Continuation *Saladino's 3 of 3*

Name of Person Filing: <i>LFI Consulting Services, Inc.</i>	File Number C- <i>065256</i>
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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: P.O. Box, Building and Room Number, if any	
Employer <i>Saladino's Inc</i>			
Trade Name		Street <i>5400 Ontario Mills Parkway, Ste 100</i>	
Attention To <i>Tom</i>	<i>Stuart</i>	City <i>Ontario</i>	
Title		State <i>California</i>	ZIP Code + 4 <i>91764</i>

5.b. Termination Date <i>6/27/08</i>	5.c. Amount <i>128,560</i>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 <i>23054</i>
Name <i>Hector Barcenas</i>	15.e. Purpose <i>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</i>
Title <i>Independent Contractor</i>	
Organization	
P.O. Box, Building and Room Number, if any	
Street <i>6217 Crossfire Ct</i>	
City <i>Corona</i>	
State <i>California</i> ZIP Code + 4 <i>92880</i>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LRI Consulting Bureau, Inc.</u>	File Number <u>C-00525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer	Southwark Metal Manufacturing Company	Street	8680 Stanton Road
Trade Name		City	Southaven
Attention To	Dave Riccio	State	Mississippi
Title		ZIP Code + 4	38671
5.b. Termination Date		5.c. Amount	
4/26/08		66592	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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
8. Total disbursements to officers and employees:			

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

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 Byron Clay	36217
Title Independent Contractor	15.e. Purpose
Organization BJC & Associates, Inc.	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10108 Fehlberg Ct	
City St John	
State Indiana	ZIP Code + 4 46373
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number <u>C-00525</u>
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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: P.O. Box, Building and Room Number, If any	
Employer <u>Sweet Sam's</u>			
Trade Name	Street <u>15 E 76th Street</u>		
Attention To <u>David</u> <u>Grogan</u>	City <u>New York</u>		
Title	State <u>New York</u>	ZIP Code + 4 <u>10021</u>	
5.b. Termination Date <u>8/29/08</u>		5.c. Amount <u>19162</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>12412</u>
Name <u>Hector</u> <u>Barcenas</u>	15.e. Purpose
Title <u>Independent Contractor</u>	<u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Organization	
P.O. Box, Building and Room Number, if any	
Street <u>6217 Crossfire Court</u>	
City <u>Corona</u>	
State <u>California</u> ZIP Code + 4 <u>92880</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>LRI Consulting Services, Inc</u>	File Number C- <u>66525</u>
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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). Employer <u>T.D. Desert Development, LP</u> Trade Name <u>Rancho La Quinta Country Club</u> Attention To <u>Grady</u> <u>sparks</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>79-301 Las Cascadas</u> City <u>La Quinta</u> State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>92253</u>
5.b. Termination Date <u>4/11/08</u>	5.c. Amount <u>78886</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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 instructions.

15.a. Employer Name: _____	15.b. Trade Name, If any: _____
15.c. To Whom Paid Name <u>Alex</u> <u>Casillas</u> Title <u>Independent Contractor</u> Organization <u>Action Resources</u> P.O. Box, Building and Room Number, if any _____ Street <u>1119 S Mission Road, Suite 223</u> City <u>Fallbrook</u> State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>92028</u>	15.d. Amount <u>41386</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C-
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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 Tappan Zee Manor Home for Adults		P.O. Box, Building and Room Number, if any	
Trade Name		Street 51 Mountainview Avenue	
Attention To Vincent Cuono		City Nyack	
Title		State New York ZIP Code + 4 10960	

5.b. Termination Date 8/20/08	5.c. Amount 7599
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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
8. Total disbursements to officers and employees:			

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
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 11215
Name Carina Hunt	15.e. Purpose
Title Independent Contractor	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Organization C. Hunt Management Consulting Inc	
P.O. Box, Building and Room Number, if any	
Street 1405 Stone Lakes Drive	
City Southlake	
State Texas ZIP Code + 4 76092	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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	Traditions Golf Course	P.O. Box, Building and Room Number, if any	
Trade Name		Street	78504 Old Avenue 52
Attention To	John Reynolds	City	La Quinta
Title		State	California
			<input checked="" type="checkbox"/> ZIP Code + 4 92253
5.b. Termination Date 7/14/08		5.c. Amount 18767	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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)	

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C

10525

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 Trinity Industries, Inc.

Trade Name

Attention To Pat

Wallace

Title President

Mailing Address:

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

Street 2525 Stemmons Freeway

City Dallas

State Texas

ZIP Code + 4 75207

5.b. Termination Date 3/14/09

5.c. Amount 137,088

6. TOTAL RECEIPTS FROM ALL EMPLOYERS**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

Name Ken

Cannon

Title Independent Contractor

Organization Action Resources

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

Street 2207 Ballantrae Drive

City Colleyville

State Texas

ZIP Code + 4 76034

15.d. Amount 62739

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation *Trinity 2 of 3*

Name of Person Filing: <i>LRI Consulting Services, Inc.</i>	File Number C- <i>CC-5256</i>
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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). Employer <i>Trinity Industries, Inc.</i> Trade Name Attention To <i>Pat Wallace</i> Title <i>President</i>	Mailing Address: P.O. Box, Building and Room Number, if any Street <i>2525 Stemmons Freeway</i> City <i>Dallas</i> State <i>Texas</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>75207</i>
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5.b. Termination Date <i>3/14/09</i>	5.c. Amount <i>137,088</i>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 Name <i>Russell Brown</i> Title <i>Independent Contractor</i> Organization <i>RoadWarrior Productions LLC</i> P.O. Box, Building and Room Number, if any Street <i>108 S Indian Circle</i> City <i>Coca</i> State <i>Florida</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>32922</i>	15.d. Amount <i>7777</i> 15.e. Purpose <i>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</i>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

CONTINUATION Trinity 3 of 3

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>00525</u>
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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: P.O. Box, Building and Room Number, if any	
Employer <u>Trinity Industries, Inc.</u>			
Trade Name		Street <u>2525 Stemmons Freeway</u>	
Attention To <u>Pat Wallace</u>		City <u>Dallas</u>	
Title <u>President</u>		State <u>Texas</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>75207</u>	
5.b. Termination Date <u>3/14/09</u>		5.c. Amount <u>137,088</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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 <u>6898</u>
Name <u>Joe Brock</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>
Title <u>Independent Contractor</u>	
Organization <u>East Coast Labor Relations, LLC</u>	
P.O. Box, Building and Room Number, If any	
Street <u>151 Forge Road</u>	
City <u>Delran</u>	
State <u>New Jersey</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>08075</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:

LLI Consulting Services Inc

File Number C-

10/13
6.5.25

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 United Cerebral Palsy/Greater Sacramento

Trade Name

Attention To Doug

Bergman

Title

Mailing Address:

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

Street 191 Lathrop Way, Suite N

City Sacramento

State California

ZIP Code + 4 95815

5.b. Termination Date 9/5/08

5.c. Amount 25770

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Natasha

Gordon

Title Independent Contractor

Organization

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

Street 2108 Windy Hill Point

City Lawrenceville

State Georgia

ZIP Code + 4 30045

15.d. Amount 7199

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LBI Consulting Services, Inc.

File Number C-

00525

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 United Cerebral Palsy/Greater Sacramento

Trade Name

Attention To Doug

Bergman

Title

Mailing Address:

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

Street 191 Lathrop Way, Suite N

City Sacramento

State California

ZIP Code + 4 95815

5.b. Termination Date 9/5/08

5.c. Amount 25770

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name Denise Malwitz

Title Independent Contractor

Organization D. M. Consulting

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

Street 3530 Milford Haven

City Las Vegas

State Nevada

ZIP Code + 4 89122

15.d. Amount 6572

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>LLI Consulting Services, Inc.</u>	File Number C- <u>CC-525</u>
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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 <u>victoria Court</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>55 Oaklawn Avenue</u>	
Attention To <u>Ron</u> <u>Delfino</u>		City <u>Cranston</u>	
Title		State <u>Rhode Island</u> ZIP Code + 4 <u>02920</u>	

5.b. Termination Date <u>4/22/08</u>	5.c. Amount <u>19151</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 <u>10151</u>
Name <u>Mike</u> <u>Rosado</u> Title <u>Independent Contractor</u> Organization <u>M. Rosado Consultants, LLC</u> P.O. Box, Building and Room Number, if any Street <u>5 Quail Court</u> City <u>Englewood</u> State <u>New Jersey</u> ZIP Code + 4 <u>07631</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LRI Consulting Services, Inc.

File Number C-

61525

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 Wenner Bread Products

Trade Name

Street 33 Rajon Road

Attention To Larry

Wenner

City Bayport

Title

State New York

ZIP Code + 4 11795

5.b. Termination Date

5.c. Amount 52654

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 4924

Name Peter Quist

Title Independent Contractor

Organization Grubb Quist & Associates, LLC

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

Street 12 S Main Street

City Waterbury

State Vermont

ZIP Code + 4 05676

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

LEI Consulting Services, Inc.

File Number C:

00525

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 Wenner Bread Products

Trade Name

Attention To Larry

Wenner

Title

Mailing Address:

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

Street 33 Rajon Road

City Bayport

State New York

ZIP Code + 4 11795

5.b. Termination Date

5.c. Amount 52654

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Name

Title

Organization EMSI Consulting Inc.

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

Street 1340 N Aster Street, Suite 2205

City Chicago

State Illinois

ZIP Code + 4 60610

15.d. Amount 25187

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Western *1 of 3*

Name of Person Filing: <i>LRI Consulting Services, Inc.</i>	File Number <i>600525</i>
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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). Employer <i>Western Refining Wholesale, Inc</i> Trade Name Attention To <i>Scott Stevens</i> Title <i>Senior Vice President</i>	Mailing Address: P.O. Box, Building and Room Number, if any Street <i>123 West Mills Street</i> City <i>El Paso</i> State <i>Texas</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>79901</i>
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5.b. Termination Date *5/10/08* **5.c. Amount** *133,476*

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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 Name <i>Terry Cuba</i> Title <i>Independent Contractor</i> Organization <i>Brahma Defense Enterprise, LLC</i> P.O. Box, Building and Room Number, if any Street <i>10815 Argonite Drive W</i> City <i>Albuquerque</i> State <i>New Mexico</i> <input checked="" type="checkbox"/> ZIP Code + 4 <i>87114</i>	15.d. Amount <i>25452</i> 15.e. Purpose <i>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.</i>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation

Western 2 of 3

Name of Person Filing:

LRI Consulting Services, Inc.

File Number

C-66525

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 Western Refining Wholesale, Inc

Trade Name

Attention To Scott

Stevens

Title Senior Vice President

Mailing Address:

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

Street 123 West Mills Street

City El Paso

State Texas

ZIP Code + 4 79901

5.b. Termination Date 5/10/08

5.c. Amount 133,476

6. TOTAL RECEIPTS FROM ALL EMPLOYERS**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

Name Alex Casillas

Title Independent Contractor

Organization Action Resources

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

Street 1119 S Mission Road

City Fallbrook

State California

ZIP Code + 4 92028

15.d. Amount 21941

15.e. Purpose

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Continuation *Western 3 of 3*

Name of Person Filing: <i>LRI Consulting Services, Inc.</i>	File Number C- <i>CC-525</i>
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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). Employer Western Refining Wholesale, Inc Trade Name _____ Attention To Scott Stevens Title Senior Vice President	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street 123 West Mills Street City El Paso State Texas <input checked="" type="checkbox"/> ZIP Code + 4 79901
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5.b. Termination Date **5/10/08** **5.c. Amount** **133,476**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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.c. To Whom Paid Name Jose Agraz Title Independent Contractor Organization EMSI Consulting, Inc. P.O. Box, Building and Room Number, if any _____ Street 1340 N Astor Street #2205 City Chicago State Illinois <input checked="" type="checkbox"/> ZIP Code + 4 60610	15.b. Trade Name, if any: 15.d. Amount 24021 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C- 00525
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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: P.O. Box, Building and Room Number, if any
Employer Perfection Glass	
Trade Name	Street 15 North Auburn
Attention To Shawn Linhoff	City Kennewick
Title	State Washington ZIP Code + 4 99336
5.b. Termination Date 1/5/08	5.c. Amount 23,543
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 23,543	

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 14,543
Name David Acosta		15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.
Title		
Organization Redstone Enterprises, Inc		
P.O. Box, Building and Room Number, if any		
Street 5415 East Willowick		
City Anaheim		
State California ZIP Code + 4 92807		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 14,543		