

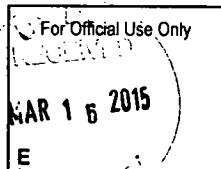
**FORM LM-21**  
**RECEIPTS AND DISBURSEMENTS REPORT**

580617

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 08-31-2016

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required 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

1. File Number C- 65668	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2014	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2014
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**A. Person Filing**

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

Name Kirk Cummings

Title Member

Organization Cummings Group, LLC

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

P.O. Box 761

Street

City Lapeer

State Michigan

☒ ZIP Code + 4 48446

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

**Signatures**

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

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

On 03 / 09 / 2015 248-210-1162  
Date Telephone Number

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

On / /  
Date Telephone Number

Name of Person Filing: <b>CUMMINGS GROUP, LLC</b>	File Number C- <b>65668</b>
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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	<b>SEE ATTACHED</b>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To		City	
Title		State	ZIP Code + 4

5.b. Termination Date	<b>11/22/2014</b>	5.c. Amount	
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<b>273,824.00</b>
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**C. Statement of Disbursements** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				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: <b>M. Rosado Consultants</b>	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount <b>\$37,071</b>
Name	15.e. Purpose <b>Educate employees of Westport Axle Corp on NLRB elections and union membership.</b>
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street <b>5 Quail Court</b>	
City <b>Englewood</b>	
State <b>New Jersey</b>	
<input checked="" type="checkbox"/> ZIP Code + 4 <b>07631</b>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <b>\$116,985</b>	

Name of Person Filing: <b>CUMMINGS GROUP, LLC</b>	File Number C- <b>65668</b>
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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.

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <b>Oakland Logistics</b> Trade Name <b>LINE LOGISTICS</b> Attention To _____ Title _____		<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any _____  Street <b>12755 E. 9 Mile Rd.</b> City <b>Warren</b> State <b>Michigan</b> <span style="float: right;"><input checked="" type="checkbox"/> ZIP Code + 4 <b>48089</b></span>	
<b>5.b. Termination Date</b> <b>8/1/2014</b>		<b>5.c. Amount</b> <b>\$ 26,784</b>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> <b>\$ 277,824</b>			

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

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

<b>15.a. Employer Name:</b> _____	<b>15.b. Trade Name, If any:</b> _____
<b>15.c. To Whom Paid</b> Name _____ Title _____ Organization _____  P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State <b>California</b> <span style="float: right;"><input checked="" type="checkbox"/> ZIP Code + 4 <b>92807</b></span>	<b>15.d. Amount</b> _____  <b>15.e. Purpose</b> _____ _____ _____
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	

Name of Person Filing: <b>CUMMINGS GROUP, LLC</b>	File Number C- <b>65668</b>
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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 <b>Westport Axle Corp.</b>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <b>12740H Westport Rd.</b>	
Attention To		City <b>Louisville</b>	
Title		State <b>Kentucky</b> <input checked="" type="checkbox"/> ZIP Code + 4 <b>40245</b>	
5.b. Termination Date <del>10/20/2014</del> <b>11/22/2014</b>		5.c. Amount <b>0 247040</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <b>0 273,824</b>			

**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: <b>Westport Axle Corp</b>		15.b. Trade Name, If any:	
15.c. To Whom Paid		15.d. Amount <b>41,456</b>	
Name <b>David Acosta</b> Title Organization <b>Redstone Enterprises, Inc.</b> P.O. Box, Building and Room Number, if any Street <b>5415 E. Willowick</b> City <b>Anaheim</b> State <b>California</b> <input checked="" type="checkbox"/> ZIP Code + 4 <b>92807</b>		15.e. Purpose <b>Educate employees of Westport Axle on NLRB elections and union membership.</b>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <b>\$ 116,945</b>			

