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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

datory 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. ations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA) Required of a For Official Use Only 1016 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT 619833 Ε Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00633 (mm/dd/yyyy) (mm/dd/yyyy) By This Report Through: 01 / 2015 31 / 2015 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Beyer Steven Title Title Partner Organization Organization The Crossroads Group Labor Relations Con P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any 505 Street 63 Via Pico PLaza Street San Clemente City Citv ZIP Code + 4 92672 ZIP Code + 4 State State | California **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). 18. Signed Mikel Due Per President Treasurer 17. Signed (If other title, see (if other title, see Other (Specify) Other (Specify) instructions) instructions) Partner Partner

(949)248-0884

Telephone Number

2016

08

Date

On

(818) 999-5632

Telephone Number

11

Date

03

2016

Name of Person Filing: Steven Beyer			File Number C- 00633		
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).	P.C		ailing Address: iilding and Room Number, if any		
Employer Conway, Inc.			and troom running, it any		
Trade Name Conway Freight	Stre	eet			
Attention To Stephen K Krull		у 🗀			
Title EVP, General Counsel & Secretary State ZIP Code + 4					
5.b. Termination Date 10/01/2015	5.c.	. Amount	483,365		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 785,472		•			
					
C. Statement of Disbursements Report all disbursements made by the	ne reporting	organiza	tion in connection with labor relations advice	ors	ervices rendered
to the employers listed in Part B.					
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expens	ses (d) Totals				
Steven A Beyer 135,041 17,6	81 15	2,722	9. Office and Administrative Expenses		
Michael D Penn 135,787 16,1	34 15	1,921	10. Publicity		
			11. Fees for Professional Services		
			12. Loans Made		
			13. Other Disbursements		
8. Total disbursements to officers and employees:	30	4,643	14. Total Disbursements (Sum of Items 8-13)		304,643
D. Schedule of Disbursements for Reportable Activity Use this S			dishara and for the surround of	ا مانسد	od in Dard Darfaha
instruction	schedule to r is.	report on	y disbursements made for the purposes des	CHDE	o in Part D of the
15.a. Employer Name:	15.	.b. Trade	Name, If any:		
Conway, Inc.		Cor	nway Freight		
15.c. To Whom Paid	15.	.d. Amour	nt 73,326		
Name Miko A Penn	15.	.e. Purpos	se		
Title] [o assi	st the employer's communicat:	ion	efforts to
ad			employees of their Section 7 them with information relate		
			arty representation.		
P.O. Box, Building and Room Number, if any					:
1.5. Son, Sending and North National, it diff					
Street 1214 E. Zenith Avenue					
City Salt Lake City					
State Utah ZIP Code + 4 84106					ļ
16 TOTAL DISPLIBEMENTS FOR ALL DEPORTABLE ACTIVITY OF					

Form LM-21 (2003)

Name of Person Filing: Steven Beyer	File Number C- 00633		
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 Serco Inc.	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 1818 Library Street		
Attention To: David C Goldberg	City Reston		
Title Senior VP & General Counsel	State Virginia ZIP Code + 4 20190		
Jenior 12 d denetar comber			
5.b. Termination Date 5/05/2015	5.c. Amount 68,644		
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any			
Employer Consolidated Container Company	300		
Trade Name	Street 3101 Towercreek Parkway		
Attention To: Matthew Patterson	City Atlanta		
Title VP & Deputy General Counsel	State Georgia ZIP Code + 4 30339		
5.b. Termination Date 6/06/2015	5.c. Amount 10,740		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Interstate Hotels & Resorts	P.O. Box, Bldq., Room No., if any		
Trade Name Westin Long Beach	Street 333 East Ocean Boulevard		
Attention To: Kenn Pilgrim	City Long Beach		
Title General Manager	State California ZIP Code + 4 90802		
ocheta hanager	· · · · · · · · · · · · · · · · · · ·		
5.b. Termination Date 7/01/2015	5.c. Amount 10,056		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Vitamin Cottage Natural Food Markets, In	P.O. Box, Bldg., Room No., if any		
Trade Name Natural Grocers	Street 12612 W. Alameda Parkway		
Attention To: Heidi Heyward	City Lakewood		
Title Vice President of Human Resources	State Colorado ZIP Code + 4 80228		
0 (00 (000 5			
5.b. Termination Date 9/30/2015	5.c. Amount 18,905		
5.b. Termination Date 9/30/2015 5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 18, 905 Mailing Address:		
5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 18, 905 Mailing Address: P.O. Box, Bldo Room No if any		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA	5.c. Amount 18,905 Mailing Address: P.O. Box, Bida Room No if any Building 200; Suite 400		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name	5.c. Amount 18,905 Mailing Address: P.O. Box, Bldo Room No if anv Building 200; Suite 400 Street 10151 Deerwood Park Boulevard		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name Attention To: Jeff Watson	5.c. Amount 18,905 Mailing Address: P.O. Box, Blda Room No if anv Building 200; Suite 400 Street 10151 Deerwood Park Boulevard City Jacksonville		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name Attention To: Jeff Watson Title Deputy General Counsel	5.c. Amount 18,905 Mailing Address: P.O. Box. Blda. Room No if anv Building 200; Suite 400 Street 10151 Deerwood Park Boulevard City Jacksonville State Florida ZIP Code + 4 32256		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name Attention To: Jeff Watson	5.c. Amount 18,905 Mailing Address: P.O. Box, Blda Room No if anv Building 200; Suite 400 Street 10151 Deerwood Park Boulevard City Jacksonville		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name Attention To: Jeff Watson Title Deputy General Counsel	5.c. Amount 18,905 Mailing Address: P.O. Box, Bldo Room No if anv Building 200; Suite 400 Street 10151 Deerwood Park Boulevard City Jacksonville State Florida ZIP Code + 4 32256 5.c. Amount 18,239 Mailing Address:		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name Attention To: Jeff Watson Title Deputy General Counsel 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 18,905 Mailing Address: P.O. Box, Blda Room No if any Building 200; Suite 400 Street 10151 Deerwood Park Boulevard City Jacksonville State Florida ZIP Code + 4 32256 5.c. Amount 18,239		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name Attention To: Jeff Watson Title Deputy General Counsel 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer WB Mason	5.c. Amount 18,905 Mailing Address: P.O. Box, Bldo Room No if anv Building 200; Suite 400 Street 10151 Deerwood Park Boulevard City Jacksonville State Florida ZIP Code + 4 32256 5.c. Amount 18,239 Mailing Address: P.O. Box, Bldo Room No if anv		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name Attention To: Jeff Watson Title Deputy General Counsel 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer WB Mason Trade Name	5.c. Amount 18,905 Mailing Address: P.O. Box, Bldo Room No if anv Building 200; Suite 400 Street 10151 Deerwood Park Boulevard City Jacksonville State Florida ZIP Code + 4 32256 5.c. Amount 18,239 Mailing Address: P.O. Box, Bldo Room No if anv Street 647 Summer Street		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name Attention To: Jeff Watson Title Deputy General Counsel 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer WB Mason Trade Name Attention To: Joel K Burkowsky	5.c. Amount 18,905 Mailing Address: P.O. Box, Blda. Room No if anv Building 200; Suite 400 Street 10151 Deerwood Park Boulevard City Jacksonville State Florida ZIP Code + 4 32256 5.c. Amount 18,239 Mailing Address: P.O. Box, Blda. Room No if anv Street 647 Summer Street City Boston		
5.a. Name and Address of Employer (including trade name, if any). Employer Adecco Group, NA Trade Name Attention To: Jeff Watson Title Deputy General Counsel 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer WB Mason Trade Name Attention To: Joel K Burkowsky	5.c. Amount 18,905 Mailing Address: P.O. Box, Blda. Room No if anv Building 200; Suite 400 Street 10151 Deerwood Park Boulevard City Jacksonville State Florida ZIP Code + 4 32256 5.c. Amount 18,239 Mailing Address: P.O. Box, Blda. Room No if anv Street 647 Summer Street City Boston		

Name of Person Filing: Steven Beyer	File	Number C- 00633	
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 JAM Productions, LTD	P.O. Box, Bldg., Room No., if a	ny	
Trade Name	Street 207 W. Goethe		
Attention To: Jerry Mickelson	City Chicago		
Title Executive Vice President	State Illinois	ZIP Code + 4 60610	
5.b. Termination Date	.c. Amount 13,307]	
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:			
Employer Stern Produce Company, Inc.	P.O. Box, Bldg., Room No., if a	ny	
Trade Name	Street 3200 South 7th	Street	
Attention To: Tina Leese	City Phoenix		
Title	State Arizona	ZIP Code + 4 85040	
]	
5.b. Termination Date	5.c. Amount 73,729	<u>}</u>	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Toray Composites(America)	P.O. Box, Bldg., Room No., if a	nv	
Trade Name	Street 19002 50th Avenu	ie E	
Attention To: Andrea Lucky	City Tacoma		
Title Director, Human Resources	State Washington	ZIP Code + 4 98446	
5.b. Termination Date 11/21/2015	i.c. Amount 46,557	7	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
	P.O. Box, Bldg., Room No., if a	ny	
Employer The AZ Alignment Group	103-114		
	·		
Trade Name	Street 6501 E. Greenway	/ Parkway	
	Street 6501 E. Greenway City Scottsdale		
Trade Name		ZIP Code + 4 85354	
Trade Name Attention To: Gabrielle Shore	City Scottsdale		
Trade Name Attention To: Gabrielle Shore Title President	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address:	ZIP Code + 4 85354	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any).	City Scottsdale State Arizona 5.c. Amount 26,148	ZIP Code + 4 85354	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Bldg Room No if a	ZIP Code + 4 85354	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box, Blda., Room No., if a	ZIP Code + 4 85354	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name Attention To: Colleen Williams	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Blda Room No if at Street 3941 E. 63rd Str	ZIP Code + 4 85354	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name Attention To: Colleen Williams Title	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Bldg Room No if and Street 3941 E. 63rd Street City Derby State Kansas	ZIP Code + 4 85354	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name Attention To: Colleen Williams	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Blda Room No if at Street 3941 E. 63rd Str	ZIP Code + 4 85354	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name Attention To: Colleen Williams Title	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Blda Room No if and Street 3941 E. 63rd Street City Derby State Kansas 6.c. Amount 6,004 Mailing Address:	ZIP Code + 4 85354 ny reet South ZIP Code + 4 67037	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name Attention To: Colleen Williams Title 5.b. Termination Date 11/14/2015 5.a. Name and Address of Employer (including trade name, if any).	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Blda Room No if at Street 3941 E. 63rd Str City Derby State Kansas 5.c. Amount 6,004	ZIP Code + 4 85354 ny reet South ZIP Code + 4 67037	
Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name Attention To: Colleen Williams Title 5.b. Termination Date 11/14/2015 5.a. Name and Address of Employer (including trade name, if any). Employer	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Bldg Room No if and Street 3941 E. 63rd Street Derby State Kansas 5.c. Amount 6,004 Mailing Address: P.O. Box. Bldg Room No if and Street Ransas	ZIP Code + 4 85354 ny reet South ZIP Code + 4 67037	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name Attention To: Colleen Williams Title 5.b. Termination Date 11/14/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Blda Room No if and Street 3941 E. 63rd Street Arizona City Derby State Kansas 6.c. Amount 6,004 Mailing Address: P.O. Box. Blda Room No if and Street Arizona Street	ZIP Code + 4 85354 ny reet South ZIP Code + 4 67037	
Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name Attention To: Colleen Williams Title 5.b. Termination Date 11/14/2015 5.a. Name and Address of Employer (including trade name, if any). Employer	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Bldg Room No if and Street 3941 E. 63rd Street Derby State Kansas 5.c. Amount 6,004 Mailing Address: P.O. Box. Bldg Room No if and Street Ransas	ZIP Code + 4 85354 ny reet South ZIP Code + 4 67037	
Trade Name Attention To: Gabrielle Shore Title President 5.b. Termination Date 10/03/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Specialist, LLC Trade Name Attention To: Colleen Williams Title 5.b. Termination Date 11/14/2015 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	City Scottsdale State Arizona 5.c. Amount 26,148 Mailing Address: P.O. Box. Bldg Room No if and Street 3941 E. 63rd Street Gity Derby State Kansas 5.c. Amount 6,004 Mailing Address: P.O. Box. Bldg Room No if and Street Gity Street Gity Company Compan	ZIP Code + 4 85354 ny ceet South ZIP Code + 4 67037	

Name of Person Filing: Steven Beyer	File Number C- 00633	
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: Conway, Inc.	15.b. Trade Name, If any: Conway Freight	
15.c. To Whom Paid	15.d. Amount 44,589	
Name Ricardo Pasalagua	15.e. Purpose	
Title Organization Labor Relations Specialist, LLC	To assist the employer's communication efforts to advise employees of their Section 7 rights, and furnish them with information related to third-party representation.	
P.O. Box, Building and Room Number, if any		
Street 3941 E. 63rd Street South		
City Derby		
State Kansas ZIP Code + 4 67037		
15.a. Employer Name:	15.b. Trade Name, If any:	
Conway, Inc.	Conway Freight	
15.c. To Whom Paid	15.d. Amount 25, 474	
Name Jorge Sandoval	15.e. Purpose	
Title	To assist the employer's communication efforts to	
Organization Presidius Enterprises, Inc.	advise employees of their Section 7 rights, and furnish them with information related to third-party representation.	
P.O. Box, Building and Room Number, if any		
Street 2337 Valley View Drive		
State California ZIP Code + 4 90026	<u> </u>	
15.a. Employer Name:	15.b. Trade Name, If any:	
Conway, Inc.	Conway Freight	
15.c. To Whom Paid	15.d. Amount 23,557	
Name Tom Zigray	15.e. Purpose	
Title	To assist the employer's communication efforts to	
Organization Informed Choices Education, Inc.	advise employees of their Section 7 rights, and furnish them with information related to	
P.O. Box, Building and Room Number, if any	third-party representation.	

103-114

City Scottsdale

State Arizona

Street 6501 E. Greenway Parkway

ZIP Code + 4 85254

Name of Person Filing: Steven Beyer	File Number C- 00633
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Serco inc.	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 14,328
Name Miko A Penn Title Organization	To assist the employer's communication efforts to advise employees of their Section 7 rights, and furnish them with information related to third-party representation.
P.O. Box, Building and Room Number, if any Street 1214 E. Zenith Ave. City Salt Lake City State Utah ZIP Code + 4 84106	
15.a. Employer Name: Interstate Hotels & Resorts	15.b. Trade Name, If any: Westin Long Beach
15.c. To Whom Paid Name Jorge Sandoval Title Organization Presidius Enterprises, Inc. P.O. Box, Building and Room Number, if any Street 2337 Valley View Drive City Los Angeles State California ZIP Code + 4 90026	15.d. Amount 3,192 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights, and furnish them with information related to third-party representation.
15.a. Employer Name: Adecco Group, NA	15.b. Trade Name, If any:
Name Miko A Penn Title Senior Consultant Organization The May Day Group, Inc. P.O. Box, Building and Room Number, if any Street 7550 Chaminade Avenue City West Hills	15.d. Amount 10,656 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights, and furnish them with information related to third-party representation.
State California ZIP Code + 4 91304-5384	

Name of Person Filing: Steven Beyer	File Number C- 00633	
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: Stern Produce Company, Inc.	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 22,220	
Name Miko A Penn	15.e. Purpose	
Title Senior Consultant Organization The May Day Group, Inc.	To assist the employer's communication efforts to advise employees of their Section 7 rights, and furnish them with information related to	
	third-party representation.	
P.O. Box, Building and Room Number, if any		
Street 7550 Chaminade Avenue		
City West Hills		
State California ZIP Code + 4 91304-5384		
15.a. Employer Name:	15.b. Trade Name, If any:	
Stern Produce Company, Inc.		
15.c. To Whom Paid	15.d. Amount 22,574	
Name Ricardo Pasalagua		
Title	15.e. Purpose To assist the employer's communication efforts to	
Organization Labor Relations Specialist, LLC	advise employees of their Section 7 rights, and furnish them with information related to third-party representation.	
P.O. Box, Building and Room Number, if any		
Street 3941 E. 63rd Street South		
City Derby	,	
State Kansas ZIP Code + 4 67037		
Side Misas Zir Coue + 4 6/03/	<u> </u>	
15.a. Employer Name:	15.b. Trade Name, If any:	
Tradebe Environmental Services LLC		
15.c. To Whom Paid	15.d. Amount 19,256	
Name Terrin Becker	15.e. Purpose	
Title Organization Employer Consulting Services, Inc. P.O. Box, Building and Room Number, if any	To assist the employer's communication efforts to advise employees of their Section 7 rights, and furnish them with information related to third-party representation.	
Street 1235 Riverview Drive		

City Fallbrook

State California

ZIP Code + 4 92028

Name of Person Filing: Steven Beyer	File Number C- 00633
D. Schedule of Disbursements for Reportable Activity Use this Sche instructions.	dule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Toray Composites (America)	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 9,643
Name Terrin Becker	15.e. Purpose
Title	To assist the employer's communication efforts to
Organization Employer Consulting Services, Inc.	advise employees of their Section 7 rights, and furnish them with information related to third-party representation.
P.O. Box, Building and Room Number, if any	
Street 1995 Pinnami on Puinn	
Street 1235 Riverview Drive City Fallbrook	
State California ZIP Code + 4 92028	
State Carriothia 211 Odde 1 4 32020	
15.a. Employer Name:	15.b. Trade Name, If any:
Toray Composites(America)	v u u u u u u u u u u u u u u u u u u u
15.c. To Whom Paid	15.d. Amount 7,115
Name David S Gray	15.e. Purpose
Title	To assist the employer's communication efforts to advise employees of their Section 7 rights, and
Organization	furnish them with information related to third-party representation.
P.O. Box, Building and Room Number, if any	
1.0. Sox, Saliding and Noon Names, it any	
Street 26701 Quail Creek	
City Laguna Hills	
State California ZIP Code + 4 92656-3063	
	Table Tonda Name 16 ann
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	-8
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	