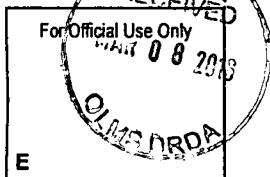


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

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

619900

1. File Number C- <input type="text"/> 66210	2. Period Covered By This Report From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2015 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2015
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text"/> John <input type="text"/> M <input type="text"/> Schemm Title <input type="text"/> Individual Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 845 The Esplanade N Unit 403 City <input type="text"/> Venice State <input type="text"/> Florida ZIP Code + 4 <input type="text"/> 34285	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 <input type="text"/> Sole Proprietor On <input type="text"/> 02 / <input type="text"/> 28 / <input type="text"/> 2015 <input type="text"/> 941 830 0600 Date Telephone Number	18. Signed _____ Title <input type="text"/> Other (Specify) <input type="text"/> not applicable On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: John Schemm

File Number C-

66210

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 DPI Dedicated Logistics

Trade Name Sub of DPI Specialty Foods

Attention To Donna

Robbins

Street 930 Rockefeller Ave.

City Ontario

Title President

State California

ZIP Code + 4 91761

5.b. Termination Date 12/31/15

5.c. Amount 34,669

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 34,669

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

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

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

D. Schedule of Disbursements for Reportable Activity

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

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY