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: 07-31-2019

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

617839

E CAS DROP	6''
1 . File Number C- GY	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy)
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 Russell Brown	Name n/a
Title CEO	Title
Organization RoadWarrior Productions, LLC	Organization
P.O. Box, Building and Room Number, if any	P:O. Box, Building and Room Number, if any
Street	Street
City Satellite Beach	City
State Florida ZIP Code + 4 32937-2636	State ZIP Code + 4
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable penaltic information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On	On
Date Telephone Number	Date Telephone Number

Name of Person Filing:	File Number C- 694			
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purpose	es of the advice		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer Waterlogic, USA	P:O. Box, Building and Room Number, if any	 1		
Trade Name	Street 77 McCullough Dr			
Attention To Susan Mann	City New Castle	•		
Title Vice President of People	State Delaware ZIP Code	19720		
	Zir Gode 1	,		
5.b. Termination Date 12/15/2017	5.c. Amount 38000			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
<u> </u>				
C. Statement of Disbursements Report all disbursements made by the repo	rting organization in connection with labor relations advice	or services rendered		
to the employers listed in Part B.	and organization in conficulties with Labor relations advise	or services rendered		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	otals			
	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:			
n/a	n/a			
15.c. To Whom Paid	15.d. Amount 20, 400	-		
Name William Monroe	15.e. Purpose			
Title	Educate employees of their rights und	der the NLRA		
Organization self		-		
P.O. Box, Building and Room Number, if any				
Street 412 Stonebridge Blvd				
City New Castle	ľ			
State Delaware ZIP Code + 4 19720				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		7		

Name of Person Filing:	File Number C- 604			
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B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer General Electric	P.O. Box, Building and Room Number, if any			
Trade Name GB	Cheat 901 Model Transpir			
	Street 801 Main Avenue			
Attention To Thomas LaValle	City Norwalk			
Title Consultant Labor Relations CoE	State Connecticut ZIP Code + 4 06856			
5.b. Termination Date 7/5/2017	5.c. Amount 14870.85			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
o to the state of				
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered			
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Expenses (d) 1	Totals			
	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)			
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D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	te to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name:	15.b. Trade Name, If any:			
n/a	n/a			
15.c. To Whom Paid	15.d. Amount 7, 441. 70			
Name Scott Michel				
	15.e. Purpose Educate employees of their rights under the NLRA			
Title	and the supplying of their rights and the sunch			
Organization self				
P.O. Box, Building and Room Number, if any				
Street 819 Herman Rd				
•	•			
City Horsham				
State Pennsylvania ZIP Code + 4 19044				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing:				File Number C- GAY		
Statement of Receipts Report all receipts from employers in connect or services.	tion with lab	bor relations	s advice or servi	ces regardless of the purpo	ses (of the advice
5.a. Name and Address of Employer (including trade name, if any).		M	ailing Address:			
Employer General Electric	. P	P.O. Box, Bu	ilding and Room	Number, if any		
Trade Name GB		Street 80	1 1882 82 178 82		-	
		l.	l Main Ave	ide		-*
	C	City No	rwalk			
Title Consultant Labor Relations CoE	S	State Co	nnecticut	ZIP Code	+ 4	06856
5.b. Termination Date 7/5/2017	5.	i.c. Amount	14870.85			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
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C. Statement of Disbursements Report all disbursements made by to the employers listed in Part B.	the reportin	ng organiza	tion in connectio	n with labor relations advice	or s	services rendered
7. Disbursements to Officers and Employees:						
(a) Name (b) Salary (c) Exper	nses (d) Total	als				
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			10. Publicity			
			11. Fees for Pro	ofessional Services		
			12. Loans Made			
			13. Other Disbu	rsements		
8. Total disbursements to officers and employees:			14. Total Disburs	ements (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:	1:	5.b. Trade	Name, If any:			
Rock Creek Consulting		n/a				
15.c. To Whom Paid	15	5.d. Amoun	1,565	 		
Name Rebecca Smith	15	5.e. Purpos		······································		
Title				of their rights un	der	the NLRA
Organization Rock Creek Consulting	- ;					
P.O. Box, Building and Room Number, if any						•
						**
Street 554 Mahard	ŀ					•
City Twin Falls						
State Idaho ZIP Code + 4 83301	andre as	•				ĺ
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing:	File Number C-	1		
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B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purpose	s of the advice		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer Augustana Care Services	P.O. Box, Building and Room Number, if any			
Trade Name Augustana	Street 1007 East 14th Street			
Attention To Michael Johnson	City Minneapolis			
entrological designation of the control of the cont	· · · · · · · · · · · · · · · · · · ·	55404		
Title Vice President-Human Resources	State Minnesota ZIP Code +	4 55404		
5.b. Termination Date 7/5/2017	5.c. Amount 57868.60	т		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
<u> </u>				
C. Statement of Disbursements Report all disbursements made by the repo	rting organization in connection with labor relations advice o			
to the employers listed in Part B.	fung organization in connection with labor relations advice o	if services rendered		
Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	otals			
	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 instructions.	e to report only disbursements made for the purposes descr	ibed in Part D of the		
15.a. Employer Name:	15.b. Trade Name, If any:			
s'elf	n/a			
15.c, To Whom Paid	15.d. Amount 32,368.60			
Name Kirsten Johnson-Moore	15.e. Purpose			
Title	Educate employees of their rights und	er the NLRA		
Organization self				
		. 1		
P.O. Box, Building and Room Number, if any				
Street 139 Drexel Rd				
City Ardmore	_			
State Pennsylvania ZIP Code + 4 19003				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

		(01)
Name of Person Filing:	File Number C-	694
B. Statement of Receipts Report all receipts from employers in connection with or services.	abor relations advice or services regardless o	f the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Final Control of the	P.O. Box, Building and Room Number, if any	
Employer Rose Hills Memorial Park		
Trade Name Rose Hills	Street 3888 Workman Mill Rd	the second secon
Attention To Patrick Monroe	City Whittier	· k
Title President	State California	ZIP Code + 4 90601
5.b. Termination Date 11/16/2017	5.c. Amount 55, 466.90	
	5.C. Amount (33) 400.30	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		
C Statement of Dishussesses December 1		
C. Statement of Disbursements Report all disbursements made by the report of the employers listed in Part B.	ing organization in connection with labor relat	tions advice or services rendered
7. Disbursements to Officers and Employees:	hala	
(a) Name (b) Salary (c) Expenses (d) To		
	Office and Administrative Exp	enses
	10. Publicity	
	11: Fees for Professional Service	es
	12. Loans Made	
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8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of It	rems 8-13)
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D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	to report only disbursements made for the pu	rposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:	
Redstone Enterprises Inc	Redstone Enterprises, IN	ic · · · · · · · · · · · · · · · · · · ·
15.c. To Whom Paid	15.d. Amount 28,466.90	
Name David Acosta		
Title President	15.e. Purpose Educate employees of their ri	ights under the NTRA
	· · · · · · · · · · · · · · · · · · ·	-9,
Organization Redstone Enterprises INC		
P.O. Box, Building and Room Number, if any		
Street 5415 E. Willowick		
City Anaheim		
State California ZIP Code + 4 92807		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		•

Name of Person Filing:	File Number C-			
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes	of the advice		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	-		
Employer ITS Technologies & Logistics LLC	P.O. Box, Building and Room Number, if any			
Trade Name ITS/ConGlobal	Street 3888 Workman Mill Rd			
Attention To Paul Kleppetsch	City Whittier			
Title General Counsel	State California ZIP Code + 4	90601		
5.b. Termination Date 1270172017	5.c. Amount 107,833.98			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	rting organization in connection with labor relations advice or	services rendered		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	otals			
	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 instructions.	e to report only disbursements made for the purposes descrit	ped in Part D of the		
15.a. Employer Name:	15.b. Trade Name, if any:			
self				
15.c. To Whom Paid	15.d. Amount 18,497.91			
Name James Venable	15.ePurpose			
Title	Educate employees of their rights unde	r the NLRA		
Organization self		. 1		
P.O. Box, Building and Room Number, if any				
	,			
Street 5480 Xanthia Street				
City Denver				
State Colorado ZIP Code + 4 80238				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u> </u>			

Name of Person Filing:	File Number C- 694
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer ITS Technologies & Logistics LLC	1.5. Box, building and room reamber, if any
Trade Name ITS/ConGlobal	Street 3888 Workman Mill Rd
Attention To Paul Kleppetsch	City Whittier
Title General Counsel	State California ZIP Code + 4 90601
Title 9,5000 to 1,000	State California ZIP Code + 4 90601
5.b. Termination Date 12/01/2017	5.c. Amount 107, 833.98
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
O. TOTAL REGELF TO PROMI ALL EMPLOTERS	
	rting 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) T	otals
	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 instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, if any:
East Coast Labor Relations, LLC	East Coast Labor Relations, LLC
15.c. To Whom Paid	15.d. Amount 15,729.07
Name Joe Brock	15.e. Purpose
Title President	Educate employees of their rights under the NLRA
Organization East Coast Labor Relations, LLC	
Organization hast coast habor Relations, LLC	
D.O. Boy Suilding and Deem Number if any	
P.O. Box, Building and Room Number, if any	
Street 515 S Gull Lake Drive	
City Richland	
State Michigan ZIP Code + 4 49038	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u> </u>
IV. IVIAL DISDURSENIEN IS FUR ALL KEPURTABLE ACTIVITY	

Name of Person Filing:	File Number C- 644			
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 Krispy Kreme Doughnut Corporation]		
Trade Name Krispy Kreme Doughnuts	Street 370 Knollwood Street			
Attention To Corena Norris-McCluney	City Winston-Salem			
Title General Counsel	State North Carolina ZIP Code + 4	4 27103		
5.b. Termination Date 8/8/2017	5.c. Amount .58,226.52			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursements made by the repo	rting 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) T	otals			
	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 instructions.	e to report only disbursements made for the purposes descrit	bed in Part D of the		
15.a. Employer Name:	15.b. Trade Name, If any:			
self				
		<u> </u>		
15.c. To Whom Paid	15.d. Amount 8,649.94	-		
Name Scott Michel	15.e. Purpose			
Title	Educate employees of their rights unde	er the NLRA		
Organization self		·		
Organization Sell.		s.i		
P.O. Box, Building and Room Number, if any		1		
Street 819 Herman Rd				
		. i		
		٠		
State Pennsylvania ZIP Code + 4 19044	7-			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing:		File Number C-	H	
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B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice o	services regardless of the pu	rposes of the advice	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add			
Employer Krispy Kreme Doughnut Corporation	, <u>L</u>	· · · · · · · · · · · · · · · · · · ·		
Trade Name Krispy Kreme Doughnuts	Street 370 Knol.	wood Street	i Tarangan	
Attention To Corena Norris-McCluney	City Winston-	alem		
Title General Counsel	State North Car	olina ZIP Co	ode + 4 27103	
5.b. Termination Date 8/8/2017	5.c. Amount 58, 226	.52		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursements made by the report of the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To		nection with labor relations ad	vice or services rendered	
(a) reality (b) expenses (d) in		and Administrative Expenses		
	10. Public			
		for Professional Services		
	12. Loans	· · · · · · · · · · · · · · · · · · ·		
		Disbursements		
8. Total disbursements to officers and employees:	14. Total I	Disbursements (Sum of Items 8-1	3)	
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D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disburse	ments made for the purposes	described in Part D of the	
15.a. Employer Name:	15.b. Trade Name, If	iny:		
Rock Creek Consulting				
15.c. To Whom Paid	15.d. Amount 1406	.35	·	
Name Rebecca Smith	15.e. Purpose			
Title		ees of their rights	under the NLRA	
Organization Rock Creek Consulting				
Organization Rock Clear Consulting				
P.O. Box, Building and Room Number, if any				
Street 554 Mahard				
City Twin Falls				
State Idaho ZIP Code + 4 83301		a e	_	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

10.1				
File Number C-				
•				
labor relations advice or services regardless of the purposes	s of the advice			
Mailing Address:				
P.O. Box, Building and Room Number, if any				
Street 3051 Kumho Parkway				
City Macon				
State Georgia ZIP Code +	4 31216			
5.c. Amount 266,055.00				
orting organization in connection with labor relations advice o	r services rendered			
- Totals				
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				
e to report only disbursements made for the purposes descri	ibed in Part D of the			
15.b. Trade Name, If any:	· · · · · · · · · · · · · · · · · · ·			
45 d Amount 35 - 139 356				
15.d. Amount				
15.e. Purpose				
Educate employees of their rights und	er the NLRA			
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<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	Street 3051 Kumho Parkway City Macon State Georgia ZIP Code + 5.c. Amount 266,055.00 orting organization in connection with labor relations advice of cotals 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) e to report only disbursements made for the purposes description. Trade Name, If any:			

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 (Encloding trade name, if any). Employer Kusho Tire's Georgia Trade Name, Kusho Tire's Georgia Trade Name, Kusho Tire's State Georgia Trade Name, Kusho Tire's State Georgia Title Prosident State Georgia 2IP Code + 4 31216 5.b. Termination Date 12/12/2617 5.c. Amount 266, 055.00 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 6. 7. Disbursements to Officers and Employees: (b) Solary (c) Expenses (s) Totals (c) Solary (c) Expenses (s) Totals 9. Office and Administrative Expenses (d) Name (d) In Peach of the purposes described in Part D of the irretructions. 15.a. Employer Name: 5.1 Total disbursements for Reportable Activity P.O. Box, Building and Room Number, if any Steet (112 StonebirLidge Bl.vd Cys New Castale State Delaware 2IP Code + 4 19720	Name of Person Filing:	File Number C-)4		
Sa. Name and Address of Employer (including trade name, if any). Employer Xumhor Tires Georgia Trade Name Kumhor Tires Georgia Attention To Jaesung Ahin City Nacon Title President State Georgia ZIP Code + 4 31216 S.b. Termination Date 12/12/2017 S.c. Amount 266, 055.00 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. 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. 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. 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. C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers. (a) Salary (b) Salary (c) Expenses (d) Totals 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 Instituctions. 15.b. Trade Name, If any 15.c. Furpose Reducate employees of their rights under the KLRA P.O. Box, Building and Room Number, if any Street 1412 Stonebiridge Blvd City New Castle					
Employer Kunho Tires Georgia Trade Name Rusho Tires Attention To Jaesiung hhn Title President State Georgia Title President State Georgia Title President State Georgia Title President State Georgia ZIP Code + 4 31216 State Georgia ZIP Code + 4		labor relations advice or services regardless of the purpos	es of the advice		
Employer Kumho Tireis Georgia Trede Name Kumho Tireis Georgia Attention To Jaesung Ahin Cky Macon Title President State Georgia 2IP Code + 4 31216 State Georgia 2IP Code + 4 31216 St. Tritle President State Georgia 2IP Code + 4 31216 St. Termination Date 12/12/2617 S.c. Amount 266, 055.00 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 11. Tees for Professional Services 11. Tees for Professional Services 12. Loans Made 13. Other 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: Solf 1 15.c. To Whom Paid Name William Montroe Telle Organization is elf P.O. Box, Building and Room Number, if any Steet 1412 Stonebridge Blvd Chy New Castle	5.a. Name and Address of Employer (including trade name, if any).	<u>-</u>			
Attention To Jaesung Ahn State Georgia ZIP Code +4 31216 S.b. Termination Date 12/12/2017 S.c. Amount 266, 055, 00 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 itseld 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 11. Loans Made 11. Sother Disbursements 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. Total disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15. Trade Name, If any: 15. Trade Name, If any: Steet (412 Stonebiridge Blvd City New Castle	Employer Kumho Tires Georgia				
Title President State Georgia ZIP Code + 4 31216 5.b. Termination Date 12/12/2017 5.c. Amount 266 ; 055 ; 00 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 8. 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 11. Fees for Professional Services 12. Loans Made 15. Chert Disbursements (Sum of Items 8-13) D. Schedule of 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.b. Trade Name, If any: 5ch Amount .39094.64 15.c. To Whom Paid 15.d. Amount .39094.64 15.c. To Whom Paid 15.d. Amount .39094.64 15.c. To Whom Paid 15.d. Amount .39094.64 15.c. Purpose Educate employees of their rights under the NLRA Street (412 Stonebiridge Blvd City New Castle)	Trade Name Kumho Tires	Street 3051 Kumho Parkway			
5.b. Termination Date 12/12/2017 5.c. Amount 266,055.00 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 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: 561f 15.c. To Whom Paid Name William Monróe Tele Organization self P.O. Box, Building and Room Number, if any Street 1412 Stonebridge Blvd City New Castle	Attention To Jaesung Ahn	City Macon			
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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 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.b. Trade Name, If any: 15.c. To Whom Paid Name William Monroe Title Organization self P.O. Box, Building and Room Number, if any Street 1412 Stonebridge Blvd City New Castle	5.b. Termination Date 12/12/2017	5.c. Amount 266, 055.00	·		
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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:		Office and Administrative Expenses			
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B. Total disbursements to officers and employees: 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:		12. Loans Made			
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: Self 15.b. Trade Name, If any: 15.b. Trade Name, If any: 15.c. To Whom Paid Name William Monroe Title Organization self P.O. Box, Building and Room Number, if any Street 1412 Stonebridge Blvd City New Castle		13. Other Disbursements			
instructions. 15.a. Employer Name: self 15.c. To Whom Paid Name William Monroe Title Organization self P.O. Box, Building and Room Number, if any Street 412 Stonebridge Blvd City New Castle	Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)			
instructions. 15.a. Employer Name: self 15.b. Trade Name, If any: 15.d. Amount .39094.64 15.e. Purpose Educate employees of their rights under the NLRA Organization self P.O. Box, Building and Room Number, if any Street !412 Stonebridge Blvd City New Castle					
15.c. To Whom Paid Name William Monroe Title Organization self P.O. Box, Building and Room Number, if any Street 412 Stonebridge Blvd City New Castle		e to report only disbursements made for the purposes desi	cribed in Part D of the		
15.c. To Whom Paid Name William Monroe Title Organization self P.O. Box, Building and Room Number, if any Street 412 Stonebridge Blvd City New Castle	15.a. Employer Name:	15.b. Trade Name, If any:			
Name William Monroe Title Organization self P.O. Box, Building and Room Number, if any Street 412 Stonebridge Blvd City New Castle	self	- ·	• •		
Title Organization self P.O. Box, Building and Room Number, if any Street 412 Stonebridge Blvd City New Castle	15.c. To Whom Paid	15.d. Amount 39094.64			
Title Organization self P.O. Box, Building and Room Number, if any Street 412 Stonebridge Blvd City New Castle	Name William Monroe	15.e Purpose			
P.O. Box, Building and Room Number, if any Street 412 Stonebridge Blvd City New Castle	Title		der the NLRA		
Street 412 Stonebridge Blvd City New Castle	Organization self				
Street 412 Stonebridge Blvd City New Castle	DO Buy Dulative and Durant				
City New Castle	P.O. Box, Building and Room Number, if any				
City New Castle	Street 412 Stonebridge Blvd	·			
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Siate Detawate ZIF Code + 4 19/20					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		<u></u>			

Name of Person Filing:	File Number C- 694		
B. Statement of Recelpts 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 Kumho Tires Georgia	P.O. Box, Building and Room Number, if any		
Trade Name Kumho Tires	Street 3051 Kumho Parkway		
Attention To Jaesung Ahn	City Macon		
Title President	State Georgia ZIP Code +	4 (31216	
5.b. Termination Date 12/12/2017	5.c. Amount 266, 055.00		
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) T	otals		
	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:		***	
self		=	
15.c. To Whom Paid 15.d. Amount 30, 164.90			
Part I			
15.e. Purpose			
Title	Educate employees of their rights unde	er the NLRA	
Organization self			
P.O. Box, Building and Room Number, if any			
Street 819 Herman Rd			
City Horsham			
State Pennsylvania ZIP Code + 4 19044			
16. TOTAL DISBÜRSEMENTS FOR ALL REPORTABLE ACTIVITY	-		

Name of Person Filling:	File Number C- 694	
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 Kumho Tires Georgia	P.O. Box, Building and Room Number, if any	
Trade Name Kumho Tires Street 3051 Kumho Parkway		
Attention To Jaesung Ahn	City Macon	
Title President	State Georgia ZIP Code + 4 31216	
	Zir Gode + 4	
5.b. Termination Date 12/12/2017	5.c. Amount 266,055.00	
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 Émployees: (a) Name (b) Salary (c) Expenses (d) Totals		
	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: Rock Creek Consulting	15.b. Trade Name, If any:	
the state of the s		
15.c. To Whom Paid	15.d. Amount 43, 753.90	
Name Rebecca Smith	15.e. Purpose	
Title Educate employees of their rights under		
Organization Rock Creek Consulting		
P.O. Box, Building and Room Number, if any		
Street 554: Mahard		
City Twin Falls		
State Idaho ZIP Code + 4 83301		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		