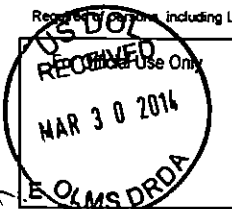


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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.

Receipts 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)



[Empty box for additional information]

552406

1. File Number C- <u>105605</u>	2. Period Covered By This Report From: <u>01/01/2013</u> Through: <u>12/31/2013</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Joseph E Doyle</u>	Name <u>Deirdre Brekke</u>
Title <u>Vice-President</u>	Title <u>Assistant Secretary</u>
Organization <u>Reynolds Services, Inc.</u>	Organization <u>Reynolds Services, Inc.</u>
P.O. Box, Building and Room Number, if any <u></u>	P.O. Box, Building and Room Number, if any <u></u>
Street <u>1900 W Field Court</u>	Street <u>1900 W Field Court</u>
City <u>Lake Forest</u>	City <u>Lake Forest</u>
State <u>Illinois</u> ZIP Code + 4 <u>60045</u>	State <u>Illinois</u> ZIP Code + 4 <u>60045</u>

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 <u>[Signature]</u> Title <u>Vice President</u> President (if other title, see instructions)	18. Signed <u>Deirdre Brekke</u> Title <u>Assistant Secretary</u> Treasurer (if other title, see instructions)
On <u>03/27/2014</u> <u>847-482-2409</u> Date Telephone Number	On <u>03/27/2014</u> <u>847-482-2423</u> Date Telephone Number

Name of Person Filing: Joseph Doyle	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: Prestone Products Corporation

Trade Name:

Attention To:

Title:

Mailing Address:

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

Street: 1900 W Field Court

City: Lake Forest

State: Illinois ZIP Code + 4: 60045

5.b. Termination Date: on or about 6-28-13

5.c. Amount:

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	
Rose <u>Marasigan</u>	<u>9,000</u>	<u>7,810</u>	<u>16,810</u>	9. Office and Administrative Expenses <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	10. Publicity <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements <u></u>
8. Total disbursements to officers and employees: <u>16,810</u>				14. Total Disbursements (Sum of Items 8-13) <u>16,810</u>

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:

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

Street:

City:

State: ZIP Code + 4:

15.d. Amount:

15.e. Purpose:

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY