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

Amended

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

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)



A. Person Filing

Name

Title

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

Organization LRI Consulting Services, Inc.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432447

1 . File Number C- 00525 .	2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)
	By This Report From:	01 / 01 / 2007	Through:	12 / 31 / 2007

Name

Title

Organization

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

P.O. Box, Building and Room Number, if any		P.O. Box, Building and Room Number, if any				
Street 7850 S Elm Place, S	uite E	Street				
City Broken Arrow		City				
State Oklahoma	ZIP Code + 4 74011	State		ZIP Code	9 + 4	
	Sign	atures		7		
information contained in any accompany	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 of penalties in the instructions).					
17. Signed Trible President	President (if other title, see instructions)	18. Signed		Me	Treasurer (if other title, see instructions)	
On 07 / 01 / 2010 918-4 Date Teleph	55-9995 one Number	On <u>0</u>	7 / 01 / 2010 Date	918-455-9995 Telephone Number		

Name of Person Filing: LLI Cons	ulting.	Servi	ces,	<u>In c</u>			File Number C-	<u>0525</u>	
						a hisa ar sa	nince regardless of the	Director of the	advice
B. Statement of Receipts Report all receipts from or services.	om employers	in connect	ion with i	labor reia	alions	arivice or se	rvices regardless of the	purposes of the	auvice
5.a. Name and Address of Employer (including trade	name, if any).			P.O. Bo		iling Address Iding and Ro	s: om Number, if any		
Employer Imperial Parking									
Trade Name				Street	510	Walnut	Street, Suite 4	20	
Attention To Julie S	isett			City	Phi	l adelphi	a		
Title Human Resources Dir	ector			State	PI	1	Zil	Code + 4 191	06
5.b. Termination Date 5/1/07		-		5.c. Am	nount	19917			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS									
	<u></u>								
C. Statement of Disbursements Report all	disbursements loyers listed in	made by	the repo	rting org	anizati	on in conne	ction with labor relation	s advice or servic	es render
7. Disbursements to Officers and Employees:	noyers nated if	r an D.							
(a) Name	(b) Salary	(c) Exper	nses (d) To	otals					
						9. Office an	d Administrative Expens	ses	
						10. Publicity			
						1%. Fees for	Professional Services		
· · · · · · · · · · · · · · · · · · ·						12. Loans Ma	ade		
<u> </u>						1G. Other Di	sbursements		
8. Total disbursements to officers and employee	es:					14. Total Dist	oursements (Sum of Items	s 8-13)	
D. Schedule of Disbursements for Reportab	e Activity	Use this instruction		e to repo	ort only	disburseme	ents made for the purpo	ses described in	Part D of
15.a. Employer Name:				15.b. T	rade f	Name, If any	r;		
15.c. To Whom Paid				15.d. A	\moun	10,617			
Name Jason Gr	eer			45 - 5					
	n+			15.e. P	•		speeches to em	mplovees req	arding
Title Independent Consultant		exer	cisi	ng their	rights to orga	nize and ba	rgain		
Organization Labor Relations Serv	ices, Inc.	•				voly.			
P.O. Box, Building and Room Number, if an	у							•	
Street 24 Corporate Plaza, Suite	e 100								
City Newport Beach				i					
State Washington CA	ZIP Code + 4	92660							
The second secon		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1					

Name of Person Filing:	Consulting	Seurce	ك أحد	he	File Number C- 005	25		
	. 0							
B. Statement of Receipts Report a or services.	Il receipts from employers	in connection wi	th labor relati	ons acvice or ser	vices regardless of the purpos	ses of the advice		
5.a. Name and Address of Employer (inc	cluding trade name, if any).		B O Boy	Mailing Address:	m Number if any			
Employer Amy Mohawk Tra	ansfer		F.U. 60X,	Building and Roo	in radiniber, it any			
Trade Name			Street	126 Sand Sho	re Road, Suite 4			
Attention To Tammy	Nystrand		City 1	Hackettstown	i			
Title			State	NJ	ZIP Code	+4 07840		
5.b. Termination Date 4/13/0	7		5.c. Amou	unt 22,874		The state of the s		
6. TOTAL RECEIPTS FROM ALL E	MPLOYERS							
C. Statement of Disbursements	Report all disbursements to the employers listed in		porting organ	ization in connect	ion with labor relations advice	e or services rendered		
7. Disbursements to Officers and Emple		() P ()						
(a) Name	(b) Salary	(c) Expenses (d) lotais	Office and	Administrative Expenses			
				1(r. Publicity	Administrative Expenses	(
		+			rofessional Services			
				12. Loans Mac				
		 	· · · · · · · · · · · · · · · · · · ·	13. Other Disl	oursements			
B. Total disbursements to officers ar	nd employees:	' 		14. Total Disbu	irsements (Sum of Items 8-13)			
				,,				
D. Schedule of Disbursements fo	r Reportable Activity	Use this Scheo	fule to report	only cisbursemen	ts made for the purposes des	cribed in Part D of the		
15.a. Employer Name:			15.b. Tra	de Name, If any:				
15.c. To Whom Paid			15,d. Am	ount 13,124				
Name Peter	Quist		15 o Pur					
Title			15.e. Pur Employ	•	speeches to employe	es regarding		
			exerci		rights to organize			
Organization Grubb Quist &	Associates, LLC							
P.O. Box, Building and Room No	umber, if any							
Street 12 South Main Str	eet							
City Waterbury								
State Washington VT	ZIP Code + 4	05676						
16. TOTAL DISBURSEMENTS FO	R ALL REPORTABLE ACT	IVITY	<u> </u>					

Name of Person Filing: LRI Consulting Serv	ices Inc File Number C- DOS 25
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, Bullding and Room Number, if any
Employer Railcrew Xpress	, ,
Trade Name	Street 242 Mairlane Drive, Suite D4
Attention To Scot Boyes	City Louisburg
Title President	State K 5 ZIP Code + 4 66053
5.b. Termination Date 6/1/07	5.c. Amount 85,185
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
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) T	otals
	9 Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	1(I. 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 Schedul 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:
15.c. To Whom Paid	15.d. Amount 7313.41 73/3
Name Robert Warren	15 a Ruppes
Title Independent Consultant	15.e. Purpose Employed to give speeches to employees regarding
	exercising their rights to organize and bargain collectively.
Organization	1
P.O. Box, Building and Room Number, if any	
Street 6001 Tall Pine Blvd	
City Little Rock	
State Washington AR ZIP Code + 4 72204	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

G. 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 regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services rendered to the servi	Name of Person Filing: LRI Consultin	کی م	lurias	. Inc	File Number C- 00	525		
Sa. Name and Address of Employer (including trade name, if any). Employer Railcrew Xpress Frade Name Attention To Scot Boyes City Loui iburg Stale ZIP Code + 4 66053 St. Termination Date 6/1/07 Sc. Amount 8°, 185 C. Statement of Disbursements (in) Name (in) Name (in) Salary (in) Experience (in) Total RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursements (in) Name (in) Salary (in) Sala								
Employer Railcrew Xpress Trade Name Attention To Scot Boyes Title President State 242 Pairlane Drive, Suite D4 Attention To Scot Title President State 242 Pairlane Drive, Suite D4 Attention To Scot Title President State 242 Pairlane Drive, Suite D4 Attention To Scot Title President State 27P Code + 4 66053 5.b. Termination Date 6/1/07 S.c. Amount 81, 185 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursements Teoporal disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers issed in Part B. 7. Debussements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 11. Fees for Professional Services 11. Total disbursements to officers and employees: (a) Title Title Disbursements (Sum of there 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 9 instructions. 15.d. Amount 39, 872 15		n connection	n with labor rela	ations advice or se	rvices regardless of the purp	oses of the advice		
Employer Railcrew Xpress Track Name Attention To Scot Boyes City Louisburg Title President State ZIP Code + 4 66053 5.b Termination Date 6/1/07 5.c Amount 85, 185 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Diebursements To this employers islated in Part B. 7. Discursements to Officers and Employers (a) Name (b) Salay (c) Expanses (d) Totals 1.1. Pool Intermination Services 1.1. Total Disbursements (Sum of thems 8-13) 8. Total disbursements to officers and employees: 1.2. Total Disbursements (Sum of thems 8-13) 1.3. Employer Name: 1.4. Total Disbursements for the purposes described in Part D of 15 instructions. 1.5. Employer Name: 1.5. Town Pald Name Chris Borusso Title Independent Consultant Corganization Criterion Workforce Solutions, Inc. 2. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State State 2. Amount Street State Street S	5.a. Name and Address of Employer (including trade name, if any).			•		· · · · ·		
Attention To Scot Boyes City Louis iburg Title President State Z42 Pairlane Drive, Suite D4 Attention To Scot Boyes City Louis iburg State Z1P Code + 4 66053 5.b Termination Date 6/1/07 S.c. Amount 8º, 195 6. TOTAL RECEIPTS PROM 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 employees (s) Salary (c) Expenses (d) Totals (e) Salary (c) Expenses (d) Totals (f) Subursements to Officers and Employees: (e) Salary (c) Expenses (d) Totals (g) Name (h) Publicity 11 Connection with labor relations advice or services rendered to the employees (e) Totals (g) Salary (c) Expenses (e) Totals 10. Publicity 11 Connection Salary (e) Expenses (e) Totals 11. Publicity 12 Connection Salary (e) Expenses (e) Totals 12. Connection Salary (e) Expenses (e) Totals 13. Cother Disbursements (Sum of Rems 8-13) Connection Salary (e) Expenses (e) Totals 14. Cotal Disbursements (Sum of Rems 8-13) Connection Salary (e) Expenses (e) Totals 15. Cotal Disbursements (Sum of Rems 8-13) 15. Trade Name. (f) Total Disbursements made for the purposes described in Part D of the Instructions. 15. Trade Name. (f) Total Disbursements made for the purposes described in Part D of the Instructions. 15. Total Observation Criterion Workforce Solutions, Inc. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Weekington Number, if any 2IP Code + 4 11726	Employer Railcrew Xpress		P.O. Bo	ox, Building and Roo	om Number, if any			
Siste President Slate ZIP Code + 4 66053 5.b. Termination Date 6/1/07 5.c. Amount 8°, 185 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursements rough and Employees to the employees isseed 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 11. Other Disbursements 15. Disbursements to officers and employees: (b) Salary (c) Expenses (d) Totals 15. Disbursements (Sum of items 8-13) Continuation D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only a sbursements made for the purposes described in Part D of the Instructions. 15. D. Trade Nume, If any: 15. D. Puppose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively: 25. D. S.			Street	242 Wairlan	e Drive, Suite D4			
5.b. Termination Date 6/1/07 5.c. Amount 8th, 195 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 islated in Part B. 7. Disbursements to Officers and Employees: (b) Salary (c) Expenses (d) Totals (b) Salary (c) Expenses (d) Totals (c) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Other Disbursements 12. Loans Made 11. Other Disbursements 8. Total disbursements to officers and employees 11. Other Disbursements (Sum of Items 8-13) CON HINLATION D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only c sbursements made for the purposes described in Part D of the Instructions. 15.a. Employer Name: 15.b. Trade Name, if any: 15.d. Amount 38, 872 15.a. Purpose 15.a. Purp	Attention To Scot Boyes		City	Louisburg				
5.b. Termination Date 6/1/07 5.c. Amount 8%, 185 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursements Temployers is lade in Part 8. 7. Disbursements to Officers and Employees: (b) Salary (c) Expenses (d) Totals (b) Salary (c) Expenses (d) Totals (b) Salary (c) Expenses (d) Totals (c) Name (b) Salary (c) Expenses (d) Totals (c) Salary (d) Expenses (d) Totals (e) Salary (e) Expenses (d) Totals (f) Publicity (g) Name (g) Office and Administrative Expenses (g) Salary (e) Expenses (d) Totals (g) Name (g) Salary (e) Expenses (d) Totals (g) Name (g) Contaction (g) Salary (e) Expenses (d) Totals (g) Name (g) Expenses (d) Totals (g) Total Disbursements (Sum of Items 8-13) (g) Expenses (d) Totals (g) Name (g) Salary (e) Expenses (d) Totals (g) Name (g) Contaction (g) Salary (e) Expenses (d) Totals (g) Name (g) Contaction (g) Salary (e) Expenses (d) Totals (g) Name (g) Contaction (g) Salary (e) Expenses (d) Totals (g) Name (g) Contaction (g) Salary (e) Expenses (d) Totals (g) Totals (g) Name (g) Contaction (g) Salary (g) Expenses (d) Totals (g) Name (g) Contaction (g) Contaction (g) Salary (g) Expenses (d) Totals (g) Name (g) Contaction	Tille President		State		ZIP Coo	de + 4 66053		
C. Statement of Disbursements to the employees: (a) Name (b) Salary (c) Expenses (d) Totals				COLUMN .	, , , ,			
C. Statement of Diabursements Tepport all disbursements made by the reporting organization in connection with labor relations advice or services rendere 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. Cotten Disbursements 11. Total Disbursements 12. Total Disbursements (Sum of Items 8-13) D. Schedule of Diabursements for Reportable Activity Use this Schedule to report only c sbursements 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 Pald Name Chris Borusso Title Independent Consultant Corganization Criterion Workforce Solutions, Inc. P.O. Box, Building and Room Number, If any Street 323 Mariners Way City Copiague State Week-Instructions. ZIP Code + 4 11726	5.b. Termination Date 6/1/07		5.c. Am	ount 85,185				
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12. Loans Made 13. Other Disbursements E. Total disbursements to officers and employees: CON TINUATION D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Parl D of the instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Pald Name Chris Borusso Title Independent Consultant Organization Criterion Workforce Solutions, Inc. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Weekington N.Y. ZIP Code + 4 11726				10. Publicity				
13. Other Disbursements B. Total disbursements to officers and employees: Continuation				11. Fees for	Professional Services			
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D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Parl D of the instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Chris Borusso Title Independent Consultant Crganization Criterion Workforce Solutions, Inc. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Weshington MY ZIP Code + 4 11726				13. Other Dis	sbursements			
D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Pald Name Chris Borusso Title Independent Consultant Crganization Criterion Workforce Solutions, Inc. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Washington Name: 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.d. Amount 38,872 15.e. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Washington Ny ZIP Code + 4 11726	8. Total disbursements to officers and employees:			14. Total Disb	ursements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Pald Name Chris Borusso Title Independent Consultant Crganization Criterion Workforce Solutions, Inc. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Washington Name: 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.d. Amount 38,872 15.e. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Washington Ny ZIP Code + 4 11726	Continuat	Sion						
15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Pald Name Chris Borusso Title Independent Consultant Corganization Criterion Workforce Solutions, Inc. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Weeklington Number of American Street 11726		Use this Sc		rt only cisburseme	nts made for the purposes d	lescribed in Part D of the		
15.c. To Whom Paid Name Chris Borusso Title Independent Consultant Organization Criterion Workforce Solutions, Inc. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Weshington 15.d. Amount 38,872 15.e. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.	15.a. Employer Name:	III SII GCIIOTIS	·	rade Name, If any				
Name Chris Borusso Title Independent Consultant Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Washington NY ZIP Code + 4 11726				·				
Title Independent Consultant Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Washington My ZIP Code + 4 11726	15.c. To Whom Paid		15.d. A	15.d. Amount 38,872				
Title Independent Consultant Organization Criterion Workforce Solutions, Inc. Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Washington My ZIP Code + 4 11726	Name Chris Borusso		15 o B	dS a Burnara				
Cryanization Criterion Workforce Solutions, Inc. P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Washington My ZIP Code + 4 11726				· · · · · · · · · · · · · · · · · · ·				
P.O. Box, Building and Room Number, if any Street 323 Mariners Way City Copiague State Washington My ZIP Code + 4 11726			exer	cising their				
Street 323 Mariners Way City Copiague State Washington NY ZIP Code + 4 11726	Organization Criterion Workforce Solutions,	Inc.	[5511	eccivity.				
City Copiague State Washington My ZIP Code + 4 11726	P.O. Box, Building and Room Number, if any							
State Washington XY ZIP Code + 4 11726	Street 323 Mariners Way							
	City Copiague							
	State Washington NY ZIP Code + 4	11726						
			<u></u>					

Name of Person Filing: LRI Consulting Services Inc File Number C- 00525

B. Statement of Receipts Report all or services.	receipts from employers in connec	ction with labor rela	ations advice or services rega	rdless of the purposes of the advice
5.a. Name and Address of Employer (incl	P.O. Bo	Mailing Address: x, Building and Room Number	r, if any	
Employer Altoona Region	nal Health System			
Trade Name		Street	620 Howard Avenue	
Attention To Ron	McConnell	City	Altoona	
Title		State	Pennsylvania	ZIP Code + 4 16601
5.b. Termination Date 5/24/07	1	5.c. Am	ount 485,568	
6. TOTAL RECEIPTS FROM ALL EN	MPLOYERS	_		

C. Statement of Disbursements	Report all disbursements to the employers listed in	s made by the reporting org n Part B.	panization in connection with labor relations advice or services rendered
7. Disbursements to Officers and Emp (a) Name	loyees: (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 a	nd 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:						
Altoona Regional Health System							
15.c. To Whom Paid	15.d. Amount 45,641						
Name Roz Nelsen	15.e. Purpose						
Title	Provided administrative support and advice. Was						
Organization Chessboard Consulting, Inc.	not in front of employees.						
P.O. Box, Building and Room Number, if any							
Street 1141 W Washington Blvd., Suite 235							
City Chicago							
State Illinois ZIP Code + 4 60607							

		······································				
Name of Person Filing: LRI Consulting	Leuri	20 , =	bus	File Number C- 005	25	
B. Statement of Receipts Report all receipts from employers in				vices regardless of the numo	ses of the advice	
or services.	COMPECTOR W	iui iaboi reiau	OTA BUTTOCO OF SOFT	vices regardiese or the purpo	SCO OT THE ACTION	
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address:			
Employer although Bogissel Uselth System		P.O. Box,	, Building and Room	m Number, if any		
Employer Altoona Regional Health System		Stroot	500 (1 2 %			
Trade Name			620 Howard A	venue		
Attention To Ron McConnell		City 2	Altcona			
Title		State	ha na annae, annae — arraine ha na na na na dheann he ha na na na dheann na	ZIP Code	+4 16601	
5.b. Termination Date 5/24/07		5.c. Amoi	unt 485,568			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
		· · · · · · · · · · · · · · · · · · ·				
C. Statement of Disbursements Report all disbursements met to the employers listed in Page 1.		porting organ	nization in connect	ion with labor relations advice	e or services rende	
7. Disbursements to Officers and Employees:	ar D.					
	(c) Expenses (d	i) Totals				
			9. Office and	Administrative Expenses		
			10. Publicity			
			11. Fees for P	rofessional Services		
			12. Loans Mac			
			13. Other Dist		 	
8. Total disbursements to officers and employees:			14. Total Disbu	rsements (Sum of Items 8-13)		
CONTINU	LAT	10N				
D. Schedule of Disbursements for Reportable Activity			only disbursemen	ts made for the purposes de	scribed in Part D of	
15.a. Employer Name:		15.b. Tra	ade Name, If any:		· · ·	
15.c. To Whom Paid	· · · · · · · · · · · · · · · · · · ·	15.d. Am	ount 52,918			
Name Peter Quist		15 o Dur	70000			
Tite Independent Consultant		Employ	15.e. Purpose Employed to give speeches to employees regarding			
		exerc:	exercising their rights to organize and bargain collectively.			
Organization Grubb Quist & Associates, LLC			, -			
P.O. Box, Building and Room Number, if any						
Street 12 South Main Street						
City Waterbury						
State Washington V 7 ZIP Code + 4 05	676					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV	'ITY		_			

Name of Person Filing: LRI Consultur	Leu	need	Sic	File Number C- OD 3	-25		
. (J						
B. Statement of Receipts Report all receipts from employers or services.	in connection w	ith labor relation	ons advice or ser	vices regardless of the purpos	ses of the advice		
5.a. Name and Address of Employer (including trade name, if any).	,		Mailing Address:				
Employer - 1		P.O. Box,	Building and Roo	m Number, if any			
Employer Altoona Regional Health System		O+					
Trade Name			520 Howard A	venue			
Attention To Ron McConnell		•	Altoona				
Title		State	ter Marie Company	ZIP Code	+4 16601		
5.b. Termination Date 5/24/07	<u> </u>	5.c. Amau	int 495,568				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
			·-				
C. Statement of Disbursements Report all disbursements to the employers listed in	made by the re	eporting organi	ization in connect	tion with labor relations advice	or services rendere		
7. Disbursements to Officers and Employees:	raito,						
(a) Name (b) Salary	(c) Expenses (d	d) Totals					
			9. Office and	Administrative Expenses			
			10. Publicity				
			1%. Fees for F	Professional Services			
			12. Loans Ma	de			
			13. Other Dis	bursements			
8. Total disbursements to officers and employees:			14. Total Disbu	rsements (Sum of Items 8-13)			
CONT	INMA	TION	······································				
D. Schedule of Disbursements for Reportable Activity	Use this Scher instructions.	dule to report	only disbursemen	its made for the purposes des	cribed in Part D of th		
15.a. Employer Name:		15.b. Tra	15.b. Trade Name, If any:				
15.c. To Whom Paid		15.d. Amo	15.d. Amount 33,368				
Name Khahn Tran		15.e. Pur	15.e. Purpose				
Title Independent Consultant			Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Labor Relations Services, Inc.			ctively.	rights to organize	and Dargain		
P.O. Box, Building and Room Number, if any							
Street 24 Corporate Plaza, Suite 100							
Cily Newport Beach							
State Washington CA ZIP Code + 4	92660						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	TVITY	•					

Name of Person Filing: LRI Consulting	Serva	(va)	In	File Number C- 005	25	
B. Statement of Receipts Report all receipts from employers	in connection with	n labor rela	ations allvice or se	rvices regardless of the purpo	ses of the advice	
or services.						
5.a. Name and Address of Employer (including trade name, if any).		P.O. B o	Mailing Address			
Employer Altoona Regional Health System			,			
Trade Name		Street	620 Howard	Avenue		
Attention To Ron McConnell		City	Altoona			
Title		State		ZIP Code	9+4 16601	
5.b. Termination Date 5/24/07		5.c. Am	ount 4∂5,568			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			-			
C. Statement of Disbursements Report all disbursements	made by the ren	ortina ara-	enization in conne	ction with labor relations advic	e or canilogs randered	
to the employers listed in	Part 8.	oning orgi	amzano i ili conne	SHOTT WITH TADOT TETATIONS ACVIC	e or services rendered	
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (d)	Totals				
(y) take	(-,, (-,		9. Office an	d Administrative Expenses	1 .	
			10. Publicity			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		11. Fees for	Professional Services		
			12!. Loans Ma	ade		
			13. Other Di	sbursements		
8. Total disbursements to officers and employees:			14. Total Dist	oursements (Sum of Items 8-13)		
CONTIN	UATION	J	"			
D. Schedule of Disbursements for Reportable Activity	Use this Scheduinstructions.	le to repo	rt only disburseme	nts made for the purposes de	scribed in Part D of the	
15.a. Employer Name:		15.b. T	rade Name, If any	P		
15.c. To Whom Paid		15.d. A	mount 13,729			
Name Rosalyn Warren		15 a P	Turnose			
Title Independent Consultant		15.e. Purpose Employed to give speeches to employees regarding				
Organization Labor Relations Services, Inc.			cising their ectively.	rights to organize	and bargain	
B						
P.O. Box, Building and Room Number, if any						
Street 24 Corporate Plaza, Suite 100						
City Newport Beach						
State Washington CA ZIP Code + 4	92660					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT						

Name of Person Filing: LRI Consul	Ting Se	MICO	File Number C-005	25			
B. Statement of Receipts Report all receipts from emplo or services.	yers in connection	with labor relati	ons a:lvice or services regardless of the purpos	es of the advice			
5.a. Name and Address of Employer (Including trade name, If a	пу).	P.O. Box,	Mailing Address: Building and Room Number, if any				
Employer Altoona Regional Health Sys	tem	·					
Trade Name		Street	520 Howard Avenue				
Attention To Ron McConne	:11	City 2	Altopna				
Title		State	ZIP Code	+4 16601			
5.b. Termination Date 5/24/07		5.c. Amoi	unt 435,568				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
to the employers lis		reporting organ	ization in connection with labor relations advice	or services rendere			
7. Disbursements to Officers and Employees: (a) Name (b) Sal	ary (c) Expenses	(d) Totals					
			Office and Administrative Expenses				
			10. Publicity				
			1 . Fees for Professional Services				
			12. Loans Made				
			10. Other Disbursements				
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)				
Coi	NTINUA	TION					
D. Schedule of Disbursements for Reportable Activit	y Use this Schinstructions.	edule to report	only disbursements made for the purposes des	cribed in Part D of the			
15.a. Employer Name:		15.b. Tra	15.b. Trade Name, If any:				
15.c. To Whom Paid		15.d. Am	15.d. Amount 32,800				
Name Matt Perovic		15.e. Pur	15.e. Purpose				
Title Independent Consultant			Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Quantum Consulting, Inc.			etively.	and bargarn			
P.O. Box, Building and Room Number, if any							
Street 10917 Kilpatrick							
Cily Oak Lawn							
State Washington / ZIP Code	+ 4 60453						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	ACTIVITY						

B. Statement of Receipts Report all receipts from employers in connection with labor relations a livice or services regardless of the purposes of the advice or services. 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health System Trade Name Attention To Ron McConnell City Altoona Title State ZIP Code + 4 16601 5.b. Termination Date 5/24/07 5.c. Amount 4/35, 568 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 rendere 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. Eces for Professional Services 12. Loans Made 13. Other Disbursements 8. Total disbursements to officers and employees: 14. Total Disbursements (Sun of Items 8-13)	Name of Person Filing: LRI Coru	ulting	Seur	and ,	be	File Number C- 005	25		
5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health System Trade Name Attention To Ron McConnell Title Stare City Altoona Stare ZIP Cods + 4 16601 5.b. Termination Date 5/24/07 5.c. Amount 4/85, 568 C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere 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 Exponses 11. Publicity 11. Fees for Professional Services 12. Common of Name 8. Total disbursements to officers and employees: 13. Control Disbursements 15.c. To Whom Paid Name Pruce Crawford Title Independent Consultant Crawford Title Title Plum Street City xosevel1 State ZIP Code + 4 30075	<u> </u>								
Employer Altoona Regional Health System Trade Name Attention To Ron McConnell City Altoona State State ZIP Code + 4 16601			-						
Trade Name Attention To Ron Attention To	Employer Altoona Regional Healt	h Svstem		P.O. Box, E	Building and Roo	om Number, if any			
Title State ZIP Code + 4 16601 5.b. Termination Date 5/24/07 5.c. Amount 4/35, 568 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Diabursements	·	•		Street 6:	20 Boward D	Avenue			
State	Attention To Ron Mc	Connell		City A	ltoona				
C. Statement of Disbursements Teport 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 11(. Publicity 11: Fees for Professional Services 12: Loans Made 13: Other Disbursements 14: Total Disbursements 15: Disbursements for Professional Services 15: Loans Made 15: Other Disbursements 16: Total Disbursements (Sum of Items 8-13) CONTINUATION D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only cisbursements made for the purposes described in Part D of Items and the purpose of the purposes described in Part D of Items and the purpose of the purposes described in Part D of Items and the purpose of the purposes described in Part D of Items and the purpose of the purposes described in Part D of Items and the purpose of the purpos	Title			State		 ZIP Code	4 4 16601		
C. Statement of Diabursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employers listed in Parl 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) CONTINUATION D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only c'sbursements made for the purposes described in Parl D of the Instructions. 15.6. To Whom Paid Name Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State ***HERTITITYTOM** ZIP Code + 4 30075	5.b. Termination Date 5/24/07			5.c. Amour	nt 485,568				
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 110. Publicity 111. Fees for Professional Services 112. Loans Made 113. Other Disbursements 114. Total Disbursements 115. Disbursements (Sum of Rems 8-13) D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only tisbursements made for the purposes described in Part D of the instructions. 15.b. Trade Name. If any: 15.c. To Whom Paid Name Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State ***Past Trigonal CAA* ZIP Code + 4 30075	6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
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 110 Publicity 11 Fees for Professional Services 111 Loans Made 112 Other Disbursements 113 Other Disbursements 114 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 Items 8-13. 15.b. Trade Name. If any: 15.c. To Whom Paid Name Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State ***Past Trigonal CAA* ZIP Code + 4 30075					<u>.</u>				
(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) CONTINUATION 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 Pald Name Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State ***Hashington** CA ZIP Code + 4 30075				porting organiz	zation in connec	tion with labor relations advice	e or services rendere		
9 Office and Administrative Expenses 10. Publicity 11: Fees for Professional Services 11: Loans Made 11: Cother Disbursements 11: Total Disbursements 12: Loans Made 11: Other Disbursements 13: Loans Made 11: Total Disbursements 14: Total Disbursements (Sum of Items 8-13) CONTINUATION D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only c'sbursements 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 Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State **Mastrington** C-A. ZIP Code + 4 30075	· ·	(h) Salanı (n) F	-ynaneae (c	1) Totals					
16 Publicity 17 Fees for Professional Services 18 Loans Made 18 Other Disbursements 18 Total disbursements to officers and employees: 18 Total Disbursements (Sum of Items 8-13) 19 Total D	(a) ivalue	(c) culary (c) c	- xpc://oca (c	7) 101015	9 Office and	d Administrative Expenses	1		
12. Loans Made 13. Other Disbursements 8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13) CONTINUATION D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of Items 8-13) 15.a. Employer Name: 15.b. Trade Name. If any: 15.c. To Whom Paid Name Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State Washington CA ZIP Code + 4 30075									
B. Total disbursements to officers and employees: 11. Total Disbursements (Sum of Items 8-13)					1 Fees for	Professional Services			
8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)					12: Loans Ma	ıde			
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 Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State Washington C.A. ZIP Code + 4 30075					10. Other Dis	sbursements			
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 Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State Washington CA ZIP Code + 4 30075	8. Total disbursements to officers and employees				14. Total Disbursements (Sum of Items 8-13)				
instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State Washington CA ZIP Code + 4 30075	Ca	ONTINU	ATI	ON					
15.c. To Whom Paid Name Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State **Mashington** CA ZIP Code + 4 30075	D. Schedule of Disbursements for Reportable			dule to report o	nly c'sburseme	nts made for the purposes de	scribed in Part D of th		
Name Bruce Crawford Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State Washington CA ZIP Code + 4 30075	15.a. Employer Name:			15.b. Trad	15.b. Trade Name, If any:				
Title Independent Consultant Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State washington Title Independent Consultant Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.	15.c. To Whom Paid			15.d. Amo	15.d. Amount 33,460				
Organization P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State Washington CA ZIP Code + 4 30075	Name Bruce Cra	wford		15.e. Purp	15.e. Purpose				
Organization collectively. P.O. Box, Building and Room Number, if any Street 118 Plum Street City Roswell State washington CA ZIP Code + 4 30075	Title Independent Consultant	<u> </u>		Employ	Employed to give speeches to employees regarding				
Street 118 Plum Street City Roswell State Washington CA ZIP Code + 4 30075						rights to Organize	and baryain		
City Roswell State Washington CA ZIP Code + 4 30075	P.O. Box, Building and Room Number, if any								
State washington CA ZIP Code + 4 30075	Street 118 Plum Street								
To the Company of the	City Roswell								
	State washington GA Z	P Code + 4 3007	15						
	C. 52 CHAINS 100 1 TO 1	RTABLE ACTIVITY	,	1					

Name of Person Filing: LEI Cons	ting	Sur	co, A	20	File Number C- 005	725 ⁻		
Statement of Receipts Report all receipts from or services.	<i>ر)</i> n employers	in connection	with labor rela	ations adv	vice or services regardless of the pur	rposes of the advice		
5.a. Name and Address of Employer (including trade na	ame, if any).		P.O. Bo		g Address: g and Room Number, if any			
Employer Altoona Regional Healt	h System							
Trade Name			Street	620 H	oward Avenue			
Attention To Ron Mc	Connell		City	Altop	na			
Title			State	A STATE OF THE STATE OF	ZIP Co	ode + 4 16601		
5.b. Termination Date 5/24/07			5.c. Am	iount 43	5,568			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
	isbursements byers listed in		reporting org	anization	in connection with labor relations ad	lvice or services rendere		
Disbursements to Officers and Employees:	,							
(a) Name	(b) Salary	(c) Expense	s (d) Totals		<u></u>			
				9	Office and Administrative Expenses			
				10.	Publicity			
		<u> </u>		1.	Fees for Professional Services			
		<u> </u>		12.	Loans Made			
		<u></u>		19.	Other Disbursements			
8. Total disbursements to officers and employees				14: Total Disbursements (Sum of Items 8-13)				
· (CONT	INUA	TION					
D. Schedule of Disbursements for Reportable	Activity	Use this Sc instructions		rt only dis	sbursements made for the purposes	described in Part D of the		
15.a. Employer Name:			15.b. T	15.b. Trade Name, If any:				
15.c. To Whom Paid			15.d. A	15.d. Amount 28,827				
Name Keith Per	aino		15.e. F	15.e. Purpose				
Title Independent Consultant	t		Empl	Employed to give speeches to employees regarding				
Organization Peraino & Associates, LLc			cising ectiva	their rights to organially.	ze and bargain			
P.O. Box, Building and Room Number, if any								
Street 4959 Thames Street East								
City Kissimme								
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State Washington FL Z	IP Code + 4	3477B						

Name of Person Filing: LRI Consul	ting Ser	ricas &	File Number C- 005	25			
B. Statement of Receipts Report all receipts from emp or services.	U	·		oses of the advice			
5.a. Name and Address of Employer (including trade name, if	any).	P.O. Box	Mailing Address: , Building and Room Number, if any				
Employer Altoona Regional Health Sy	stem		_				
Trade Name		Street	620 Howard Avenue				
Attention To Ron McConn	ell	City	Altoona				
Title		State	:ZIP Code	e+4 16601			
5.b. Termination Date 5/24/07		5.c. Amo	unt 485,568				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disburs to the employers to 7. Disbursements to Officers and Employees:	isted in Part B.		nization in connection with labor relations advic	ce or services rendere			
(a) Name (b) S.	alary (c) Expense	es (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)				
CONT	INLAT						
D. Schedule of Disbursements for Reportable Activ	Ity Use this Sc instructions		only disbursements made for the purposes de	escribed in Part D of the			
15.a. Employer Name:		15.b. Tra	15.b. Trade Name, If any:				
15.c. To Whom Paid		15.d. Am	15.d. Amount 3899				
Name Kathleen Tregear		15.e. Pu	15.e. Purpose				
Tite Independent Consultant			Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Tregear & Associates, LLC			ctively.	and Dargarn			
P.O. Box, Building and Room Number, if any							
Street 2323 Race Street, Apt 923							
City Philadelphia							
State washington PA ZIP Co.	de + 4 19103						
16. TOTAL DISBURSEMENTS FOR ALL REPORTAB	LE ACTIVITY						

Name of Person Filing: LRI Cons	ulting &	lurc	<u>'10 , `</u>	Inc.	File Number C- 005	25	
B. Statement of Receipts Report all receipts from or services.	employers in conn	ection with	n labor rela	ations advice or ser	vices regardless of the purp	oses of the advice	
5.a. Name and Address of Employer (including trade na	P.O. Bo	Mailing Address x, Building and Roo					
Employer Altoona Regional Health	i system		۰				
Trade Name			Street	620 Howard	Avenue		
Attention To Ron McG	Connell		City	Altoona			
Title			State	**	ZIP Cod	le + 4 16601	
5.b. Termination Date 5/24/07			5.c. Am	ount 485,568			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
	sbursements made yers listed in Part B		orting orga	anization in connec	tion with labor relations advi	ce or services rendere	
7. Disbursements to Officers and Employees: (a) Name	(b) Salary (c) Ex	penses (d)	Totais				
				9. Office and	Administrative Expenses		
				10 Publicity			
				11. Fees for t	Professional Services		
				12: Loans Ma	de		
				13. Other Dis	bursements		
8. Total disbursements to officers and employees:			14 Total Disbursements (Sum of Items 8-13)				
	CONTIN	VUA	TIOI	V			
D. Schedule of Disbursements for Reportable		his Schedu	ule to repo	rt only cisburseme	nts made for the purposes d	escribed in Part D of the	
15.a. Employer Name:			15.b. Trade Name, If any:				
15.c. To Whom Paid			15.d. Amount 3013				
Name Mariah DeFo	orest		15.e. Purpose				
Title Independent Consultant	:		Employed to give speeches to employees regarding				
Organization EMSI Consulting, Inc.				cising their ectively.	rights to organize	e and bargain	
P.O. Box, Building and Room Number, if any							
Street 1340 N. Astor St. #2205							
City Chicago							
State Washington / ZI	P Code + 4 60610)					
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIVITY						

Name of Person Filing: LRI Consulting Seurce	5 Inc. File Number C- 00525				
٥					
B. Statement of Receipts Report all receipts from employers in connection wor services.	vith 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 Oscar Wilson Engines & Parts, Inc.	P.O. Box, Building and Room Number, if any				
Trade Name	Street 826 Lone Star Drive				
Attention To Grant Evans	City O'Fallon				
Title Plant Manager	State ZIP Code + 4 63366				
5.b. Termination Date 6/18/07	5.c. Amount 3@00				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbursements made by the reto the employers listed in Part B.	eporting organization in connection with labor relations advice or services rendere				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (c)	d) Tatala				
(a) Name (b) Salary (c) Expenses (9 Office and Administrative Expenses				
	10. Publicity				
	11. Fees for Professional Services				
	12; Loans Made				
	10. Other Disbursements				
Total disbursements to officers and employees:	14 Total Disbursements (Sum of Items 8-13)				
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:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 1508				
Name Jason Greer	15.e. Purpose				
Title Independent Consultant	Employed to give speeches to employees regarding				
Organization Greer Consulting	exercising their rights to organize and bargain collectively.				
Organization Greek Communicating					
P.O. Box, Building and Room Number, if any					
Street 33 Mallory Bend Ct					
City Lake St. Louis					
State Washington MO ZIP Code + 4 63367					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: LRI Consulting Alive	(a) Jun File Number C- 00525				
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations attrice 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 Elevator Sales & Service, Inc.	P.O. Box, Building and Room Number, if any				
Trade Name	Street 10801 Satellite Blvd.				
Attention To Michael Cavinder	City Orlando				
Title President	State F1. ZIP Code + 4 32837				
5.b. Termination Date 5/15/07	5.c. Amount 7291				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
<u></u>					
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 rendere				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Fotals				
	9 Office and Administrative Expenses				
	10. Publicity				
	11. Fees for Professional Services				
	12: Loans Made				
	13. Other Disbursements				
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.	le to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 4291				
Name Ed Villanueva	SE a Division				
Title Independent Consultant	15.e. Purpose Employed to give speeches to employees regarding				
-	exercising their rights to organize and bargain collectively.				
Organization EMSI Consulting, Inc.					
P.O. Box, Building and Room Number, if any					
Street 1340 N. Astor Street # 2205					
City Chicago					
State washington / ZIP Code + 4 60610					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: LRI Cox	ulting	Serve	ad ,=	In:	File Number C- OO5	25		
B. Statement of Receipts Report all receipts from or services.	ر) n employers i	in connection wi	th labor relati	ons advice or ser	vices regardless of the purpo	ses of the advice		
5.a. Name and Address of Employer (including trade name, if any).			P.O. Box	Malling Address: Building and Roo				
Employer New Age Electronics, I	nc.							
Trade Name			Street	21950 Arnold	Center Road			
Attention To Michelle Ol	.sen		City	Carson				
Title Human Resource Direc	tor		State	CA	ZIP Code	9+4 90810		
5.b. Termination Date 5/30/07			5.c. Amo	unt 37,458				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		1 TV 1 . T y 1 . www						
	isbursements byers listed in		porting organ	nization in connec	tion with labor relations advic	e or services rendere		
7. Disbursements to Officers and Employees:	(h) O-1	/-> <u> </u>	N Takala					
(a) Name	(b) Salary	(c) Expenses (d	i) rotals	O Office and	Administrative Expenses	<u> </u>		
		 		10. Publicity	Administrative Expenses			
					Professional Services			
····				12. Loans Ma				
				13. Other Dis				
8. Total disbursements to officers and employees	ļ				ursements (Sum of Items 8-13)			
o. Total dispulsements to officers and employees	··	<u>l</u>	.	T Total Diodi	areamente (earn er nemb e 10)	<u> </u>		
D. Schedule of Disbursements for Reportable	Activity	Use this Scher	dule to report	only cisbursemer	nts made for the purposes de	scribed in Part D of t		
15.a. Employer Name:			15.b. Tra	ade Name, If any:				
15.c. To Whom Paid			15.d. Am	nount 19,458				
Name Jason Gre	er		15 A Pu	15 a Dirmon				
Title Independent Consultan	t		Emplo	15.e. Purpose Employed to give speeches to employees regarding				
-			exerc	ising their ctively.	rights to organize	and bargain		
Organization Greer Consulting	/		100220					
P.O. Box, Building and Room Number, if any								
Street 33 Mallory Bend Ct								
City Lake St Louis								
	IP Code + 4	63367						
12 SEALTH 12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	RTABLE ACT							

Name of Person Filing: LRI Cu	noultin	Ser	iras e	In.	File Number C- 0052	25 ⁻		
B. Statement of Receipts Report all receipts or services.	from employers i	in connection	with labor relati	ons a:l	vice or services regardless of the purposes	of the advice		
5.a. Name and Address of Employer (including trace	•		P.O. Box,		g Address: g and Room Number, if any			
Employer Broadway Real Estate	e Services							
Trade Name	•		Street	10 Po	st Office Square			
Attention To John	Capuano		City 1	Bosto	n			
Title			State	MA	ZIP Code +	4 02109		
5.b. Termination Date 4/6/07			5.c. Amou	unt 35	38	-		
6. TOTAL RECEIPTS FROM ALL EMPLOYE	RS							
					,			
	all disbursements nployers listed in		reporting organ	ization	in connection with labor relations advice o	r services render		
7. Disbursements to Officers and Employees:	(b) Calant	(a) Evnanças	(d) Totals					
(a) Name	(b) Salary	(c) Expenses	T	T.	Office and Administrative Expenses			
		 	<u> </u>		Publicity			
	-	 			Fees for Professional Services	···		
			 	 -	Loans Made			
			<u> </u>	13.	Other Disbursements			
8. Total disbursements to officers and employ	ees:	<u> </u>		14	Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reporta	ble Activity	Use this Sch	edule to report	only ci	sbursements made for the purposes descr	ibed in Part D of		
15.a. Employer Name:			15.b. Tra	ide Nar	ne, if any:			
15.c. To Whom Paid			15.d. Am	ount 2	382			
Name Fred C	rubb		15.e. Pur	15.e. Purpose				
Title Independent Consult	ant		Employ	Employed to give speeches to employees regarding				
Organization Grubb Quist & Associates, LLC		collec		their rights to organize and ly.	nd bargain			
P.O. Box, Building and Room Number, if a	any							
Street 12 South Main Street								
City Waterbury								
Stale Washington VT	:ZIP Code + 4	05676						
16. TOTAL DISBURSEMENTS FOR ALL RE								

Name of Person Filing: LRI Consulting Secure	File Number C- 00525				
B. Statement of Receipts Report all receipts from employers in connection w 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 IESI, LLC	1 Box, Building and Hoom Homest, it any				
Trade Name	Street 2301 Eagle Parkway				
Attention To Joyce Thummell	City Fort Worth				
Title Director of Human Resources	State				
5.b. Termination Date 3/23/07	5.c. Amount 5997				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
to the employers listed in Part B. 7. Disbursements to Officers and Employees:	eporting organizatio: in connection with labor relations advice or services rendere				
(a) Name (b) Salary (c) Expenses (c					
	Office and Administrative Expenses				
	10. Publicity				
	17. Fees for Professional Services 12. Loans Made				
	13. Other Disbursements				
8. Total disbursements to officers and employees:	1/2. Total Disbursements (Sum of Items 8-13)				
D. Schedule of Disbursements for Reportable Activity Use this Schedinstructions.	dule to report only chabursements made for the purposes described in Part D of th				
15.a. Employer Name:	15.b. Trade Nεime, If any:				
15.c. To Whom Paid	15.d. Amount 3997				
Name Matt Perovic	15.e. Purpose				
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization Quantum Consulting, Inc.	collectively.				
P.O. Box, Building and Room Number, if any					
Street 10917 Kilpatrick					
City Oak Lawn					
State Washington L ZIP Code + 4 60453					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing: 2R1 Consulte	No.	Sew	uso	Jiz.	File Number C-	00525	
Statement of Receipts Report all receipts from employer or services.	<u> </u>				ices regardless of t	he purposes of the advice	
5.a. Name and Address of Employer (including trade name, if any).			P.O. Bo	Mailing Address: x, Building and Roor	n Number, if any		
Employer Able Health Care Services, In	c.						
Trade Name			Street	9131 Queens	Blvd., Suite	604	
Attention To Michael Shapiro			City	Elmhurst			
Title President			State	N	.1	ZIP Code + 4 11373	
5.b. Termination Date 6/6/07			5.c. Am	ount 15,502			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		_					
					7		
to the employers listed		y the repo	rting orga	anization in connecti	on with labor relation	ons advice or services render	
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(с) Ехр	enses (d) T	otals		•		
			·	9 Office and	Administrative Expe	nses	
				10. Publicity			
				1∴ Fees for P	rofessional Service	s	
				12. Loans Mad	е		
				13. Other Disb	ursements		
8. Total disbursements to officers and employees:				14. Total Disbu	sements (Sum of Ite	ms 8-13)	
D. Schedule of Disbursements for Reportable Activity	Use this		e to repo	rt only c'sbursement	s made for the pur	poses described in Part D of	
15.a. Employer Name:			15.b. T	rade Name, If any:		<u>_</u>	
15.c. To Whom Paid			15.d. Amount 7814				
Name Guillermo Martinez			df a Dimana				
Title Independent Consultant			15.e. Purpose Employed to give speeches to employees regarding				
Title Independent Consultant Organization EMSI Consulting, Inc.			exercising their rights to organize and bargain collectively.				
Organization Engli Consulting, The.							
P.O. Box, Building and Room Number, if any							
Street 1340 N Astor Street #2205							
City Chicago							
State Washington / ZIP Code +	4 60610						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE A			i				

Name of Person Filing: LRI Consulting Servi	cas, Suc. File Number C- 00525					
B. Statement of Receipts Report all receipts from employers in connection with or services.	h labor relations activice 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 Russell Transport, Inc.	P.O. Box, building and Hoom Humber, it any					
Trade Name	Street 155 North San Marcial Street					
Attention To Rami Abdeljaber	City El Paso					
-	•					
Title Executive Vice President	State ZIP Code + 4 79905					
5.b. Termination Date 9/8/07	5.c. Amount 2 /, 127					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all disbursements made by the rep to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendere					
7. Disbursements to Officers and Employees;						
(a) Name (b) Salary (c) Expenses (d)	Totals					
	Office and Administrative Expenses					
	10. Publicity					
	17. Fees for Professional Services					
	12. Loans Made					
	19. Other Disbursements					
Total disbursements to officers and employees:	14 Total Disbursements (Sum of Items 8-13)					
D. Dahadula of Bishuranmanta for Describing Ashirib.	de to see the single seeds for the sumocoo described in Bott D. of the					
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	ule to report only disbursements made for the purposes described in Part D of t					
15.a. Employer Name:	15.b. Trade Name, If any:					
15.c. To Whom Paid	15.d. Amount 10,943					
David Brooks						
Fights	15.e. Purpose					
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain					
Organization Redstone Enterprises, Inc.	collectively.					
P.O. Box, Building and Room Number, if any						
Street 5415 East Willowick Circle						
City Anaheim Hills						
State Washington CA ZIP Code + 4 92807						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filling: LRI Consulture Sew	Tile Number C- 00525		
B. Statement of Receipts Report all receipts from employers in connection with or services.	abor relations a livice 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 Russell Transport, Inc.	F.O. DOX, Building and Noon Number, II any		
Trade Name	Street 155 Morth San Marcial Street		
Attention To Rami Abdeljaber	City El Paso		
Title Executive Vice President	State ZIP Code + 4 79905		
	C. J. of the second control of the control of		
5.b. Termination Date 9/8/07	5.c. Amount 27,127		
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 rendere		
to the employers listed in Part B.			
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		
B. Total disbursements to officers and employees:	14 Total Disbursements (Sum of Items 8-13)		
CONTINUAT			
	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:		
13.a. Chipioyai Maille.			
15.c. To Whom Paid	15.d. Amount 2419		
Nama wa			
Hand == 1.5	15.e. Purpose		
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain		
Organization	collectively.		
P.O. Box, Building and Room Number, if any			
1.0. 50%, Dullaring array recommender, it drifty			
Street 21 Cantera Street			
City Santa Ana			
State Washington CA ZIP Code + 4 92703			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing:	File Number C- 00525

B. Statement of Receipts Report all recors services.	eipts from employers in conne	ction with labor rela	tions advice or services reg	ardless of the purposes of the advice
5.a. Name and Address of Employer (includin	g trade name, if any).	P.O. Bo	Mailing Address: x, Building and Room Numbe	er, if any
Employer Allstate Power V	ac			
Trade Name		Street	928 East Hazelwoo	d Avenue
Attention To Glenn	Burke	City	Rahway	
Title		State	New Jersey	ZIP Code + 4 07065
5.b. Termination Date 10/4/07		5,c. Am	ount 27,609	
6. TOTAL RECEIPTS FROM ALL EMPL	DYERS			

C. Statement of Disbursements	Report all disbursements to the employers listed in	s made by tl Part B.	ne reporting orga	nization in connection with labor relations advice or services rer	ndered
7. Disbursements to Officers and Emp (a) Name	loyees: (b) Salary	(c) Expens	es (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 a	nd 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.					
5.a. Employer Name:	15.b. Trade Name, If any:				
Allstate Power Vac					
15.c. To Whom Paid	15.d. Amount 11,324				
Name Frank Barbera	15.e. Purpose				
Title Independent Consultant Organization	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.				
P.O. Box, Building and Room Number, if any					
Street 3308 Ariba Street					
City Las Vegas					
State Nevada ZIP Code + 4 89129					

Name of Person Filing:		nber C -	00525

or services.	•			
5.a. Name and Address of Employer (including trade name Employer Allstate Power Vac	ne, if any).	P.O. Bo	Mailing Address: x, Building and Room Numb	er, if any
Trade Name		Street	928 East Hazelwoo	od Avenue
Attention To Glenn Bur	ke	City	Rahway	
Title		State	New Jersey	ZIP Code + 4 07065
5.b. Termination Date 10/4/07		5.c. Am	ount 27,609	

C. Statement of Disbursements	Report all disbursements to the employers listed in	s made by the re Part B.	eporting orga	anization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Emplo (a) Name	oyees: (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 ar	nd employees:	· ·	-	14. Total Disbursements (Sum of Items 8-13)

Continuation 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.a. Employer Name: Allstate Power Vac 15.c. To Whom Paid 15.d. Amount 5,779 David Acosta Name 15.e. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain $% \left\{ 1\right\} =\left\{ 1\right\} =\left$ Title Organization Redstone Enterprises, Inc. collectively. P.O. Box, Building and Room Number, if any Street 5415 East Willowick City Anaheim ZIP Code + 4 92807 State California 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 5,779

Name of Person Filing: LRI Consulting Seu	ircs, In File Number C- 00525		
<u> </u>	on with labor relations advice or services regardless of the purposes of the advice		
ar services.			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Ferguson Enterprises, Inc.	P.O. Box, Building and Room Number, if any		
Trade Name	Street 1250) Jefferson Avenue		
Attention To David Meeker	City Newport News		
Allemon to David Meekel	•		
Title	State ZIP Code + 4 23602		
5.b. Termination Date 8/30/07	5.c. Amount 6 9 0 0		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	he reporting organization in connection with labor relations advice or services render		
7. Disbursements to Officers and Employees:			
(a) Name (b) Salary (c) Expens	ses (d) Totals		
	Office and Administrative Expenses		
	10. Publicity		
	11. Fees for Professional Services		
	12. Loans Made		
	10. Other Disbursements		
Total disbursements to officers and employees:	12. Total Disbursements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Activity Use this S instruction	Schedule to report only cisbursements made for the purposes described in Part D of		
15.a. Employer Name:	15.b. Trade Name, If any:		
is.a. ciripioyer ivairie.	Total Made Mane, it any.		
15.c. To Whom Paid	15.d. Amount 3900		
Taranh Dunah			
	15.e. Purpose Employed to give speeches to employees regarding		
Title Independent Consultant	exercising their rights to organize and bargain		
Organization East Coast Labor Relations, LLC	collectively.		
P.O. Box, Building and Room Number, if any			
Street 151 Forge Road			
City Delran			
State Washington NJ ZIP Code + 4 08075			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: LLI Consul	ting Serve	las ,	File Number C	00525
B. Statement of Receipts Report all receipts from error services.				of the purposes of the advice
5.a. Name and Address of Employer (including trade name	e, if any).	P.O. Boy	Mailing Address: Building and Room Number, if any	
Employer Siemens Energy & Automat	ion	, .o. b ox,	building and ricom manipor, if any	
Trade Name		Street 5	00 Hunt Valley Road	
Attention To Elsie Deem	IS	City N	ew Kensington	
Title		State	PA	ZIP Code + 4 15068
5.b. Termination Date 9/20/07		5.c. Amou	nt 3 154	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
				
to the employer 7. Disbursements to Officers and Employees;	ursements made by the rs listed in Part B.		zation in connection with labor re	ations advice or services rendere
(d) mano	,,	Ť—	9 Office and Administrative E	xpenses
			10. Publicity	
		1	17. Fees for Professional Sen	rices
			12. Loans Made	
			10. Other Disbursements	
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum o	i Items 8-13)
D. Schedule of Disbursements for Reportable Ac	tivity Use this Schinstructions.		only disbursements made for the	purposes described in Part D of the
15.a. Employer Name:		15.b. Trad	de Name, If any:	
15.c. To Whom Paid		15.d. Amo	ount 1954	
N _{ame} Joseph Brock		15.e. Pur	pose	
Title Independent Consultant			ed to give speeches to sing their rights to	
Organization East Coast Labor Relations, LLC			tively.	
P.O. Box, Building and Room Number, if any				
Street 151 Forge Road				
City Delran				
State Washington NJ ZIP	Code + 4 08075			
16. TOTAL DISBURSEMENTS FOR ALL REPORT.	ABLE ACTIVITY			

Name of Person Filing: LRI Conce	Itina.	Services	Jn.	U. File Number C- 00523	5	
				ions advice or services regardless of the purposes	of the advice	
5.a. Name and Address of Employer (including trade i	name, if any).		P.O. Box	Mailing Address: r, Building and Room Number, if any		
Employer RVC Senior Management			F.O. 00/	, buttoning and moon number, it any		
Trade Name			Street	65 East John Street		
Attention To Ron D	eVito		City	Hicksville		
Title			State	ZIP Code + 4	11803	
5.b. Termination Date 10/22/07			5.c. Amo	ount 85,553		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
to the emp 7. Disbursements to Officers and Employees:	loyers listed in	Part B.		nization in connection with labor relations advice or	services render	
(a) Name	(b) Salary	(c) Expenses (d	a) Totals	9. Office and Administrative Expenses		
				1(). Publicity		
	 			11. Fees for Professional Services		
	-			12: Loans Made		
		 		10. Other Disbursements		
8. Total disbursements to officers and employee	is:			14. Total Disbursements (Sum of Items 8-13)		
	<u> </u>					
D. Schedule of Disbursements for Reportable	e Activity	Use this Sche	dule to repor	only cisbursements made for the purposes describ	ped in Part D of	
15.a. Employer Name:			15.b. Tr	ade Name, If any:		
15.c. To Whom Paid			15.d. Ar	15.d. Amount 48,04B		
Name Jason Gr	eer		15.e. Pu	rpose		
Title Greer Consulting, Inc	÷.			yed to give speeches to employees		
Organization East Coast Labor Rela	ations, Ll	7G		dising their rights to organize an actively.	d bardain	
P.O. Box, Building and Room Number, if any PO Box 1175	y					
Street						
City O'Fallon						
State Washington MO	ZIP Code + 4	63336				
16. TOTAL DISBURSEMENTS FOR ALL REPO	DRTABLE AC	TIVITY				

Name of Person Filing: LLI Consulting Serve	cas In File Number C- 00525
Statement of Receipts Report all receipts from employers in connection will 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 AVCORR, Inc.	
Trade Name	Street 33 College Hill Road, Suite 15A
Attention To Anthony Ventetuolo, Jr.	City Warwick
Title	State ZIP Code + 4 02886
5.b. Termination Date 10/9/07	5.c. Amount 20,000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the re	porting organization in connection with labor relations advice or services rendere
to the employers listed in Part B.	
 Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (c) 	f) Totals
(a) runia	Office and Administrative Expenses
	10. Publicity
	17. Fees for Professional Services
	12. Loans Made
	10. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
	A STATE OF THE STA
D. Schedule of Disbursements for Reportable Activity Use this Schedule	dule to report only disbursements made for the purposes described in Part D of t
instructions.	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 10,412
Name Peter Quist	45 - Duran
	15.e. Purpose Employed to give speeches to employees regarding
	exercising their rights to organize and bargain collectively.
Organization East Coast Labor Relations, LLC	collectivary.
P.O. Box, Building and Room Number, it any	
Street 12 South Main Street	
City Waterbury	
State Washington ZIP Code + 4 05676	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LRI Consulting Seu	rad file Number C- 00525			
B. Statement of Receipts Report all receipts from employers in connection with or services.	alabor relations allvice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer Omnisource	P.O. Box, Building and Room Number, if any			
Trade Name	Street 1610 North Calhoun Street			
Attention To Andrew Ables	City Fort Wayne			
Amention to Andrew Ables				
Title	State / ZIP Code + 4 46808			
5.b. Termination Date 10/19/07	5.c. Amount 42,616			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	orting organization in connection with labor relations advice or services rendere			
(a) reality (5) Expenses (4)	9 Office and Administrative Expenses			
	10. Publicity			
	1: Fees for Professional Services			
	12. Loans Made			
	10. 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.	ule to report only c'sbursements made for the purposes described in Part D of th			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 24,466			
Name David Acosta	15.e. Purpose			
Title Independent Consultant	Employed to give speeches to employees regarding			
Organization Redstone Enterprises, Inc.	exercising their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any				
Street 5415 East Willowick				
City Anaheim				
State Washington CA ZIP Code + 4 92807				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: LRI Consulting Sen	wrong 12 File Number C. 00525			
B. Statement of Receipts Report all receipts from employers in connection with or services.	th labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (Including trade name, if any). Employer Portec Flomaster Trade Name Attention To Mark Means Title 5.b. Termination Date 10/26/07 6. TOTAL RECEIPTS FROM ALL EMPLOYERS	Mailing Address: P.O. Box, Building and Room Number, if any PO Box 589 Street City Canon City State CC ZIP Code + 4 81215 5.c. Amount 3980			
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	porting organization in connection with labor relations advice or services rendere			
(a) Name (b) Salary (c) Exponent (a)	9 Office and Administrative Expenses			
	10. Publicity			
	17. Fees for Professional Services			
	12. Loans Made			
	13. Other Disbursements			
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity Use this Sched instructions. 15.a. Employer Name:	tule to report only disbursements made for the purposes described in Part D of the State of the Part D of the State of the Part D of the State of the Part D			
15.c. To Whom Paid	15.d. Amount 2480			
Name Joseph Brock				
Title Independent Consultant Organization East Coast Labor Relations, LLC	15.e. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any				
Street 151 Forge Road				
City Delran				
State Washington VJ ZIP Code + 4 08075				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: LRI	ossulter	. Sei	urcas	File Number C- 005	25		
				ons attvice or services regardless of the purpo	oses of the advice		
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address:				
Employer Fibrominn, LLC				Building and Room Number, if any O box 265			
			Street				
Attention To Ron				City Benson			
Title			State	ZIP Cod	e+4 56215		
5.b. Termination Date 11/2/07			5.c. Amou	nt 6761			
6. TOTAL RECEIPTS FROM ALL EMPLO	YERS						
		 					
	ort all disbursements e employers listed in		oorting organi	zation in connection with labor relations advice	ce or services rendere		
7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses (d)) Totals				
		T		9 Office and Administrative Expenses			
				10. Publicity			
				11. Fees for Professional Services			
				12. Loans Made			
				18. Other Disbursements			
8. Total disbursements to officers and emp	oloyees:			14: Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Repo	ortable Activity	Use this Sched instructions.	ule to report of	only cisbursements made for the purposes de	escribed in Part D of t		
15.a. Employer Name:		<u> </u>	15.b. Trac	de Name, If any:			
15.c. To Whom Paid		15.d. Amo	15.d. Amount 3761				
Name Frank Barbera		15 e Puro	15.e. Purpose				
Title Independent Consultant		Employ	Employed to give speeches to employees regarding				
Organization			exercising their rights to organize and bargain collectively.				
Organization							
P.O. Box, Building and Room Number,	, if any						
Street 3308 Ariba Street							
City Las Vegas							
State Washington NV	ZIP Code + 4	89129					
in a construction of the contract of the contr	en en e		L				
16. TOTAL DISBURSEMENTS FOR ALL	REPORTABLE ACT	HVHY					

Name of Person Filing: LRI Consulting Second	icas 12 File Number C 00525					
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 Magic Beans	Mailing Address: P.O. Box, Building and Room Number, if any					
Trade Name	Street 1319 Beacon Street, Third Floor					
Attention To Sheri Gurock	City Brookline					
Title	State ZIP Code + 4 02446					
5.b. Termination Date 11/15/07	5.c. Amount 10,591					
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					
	9 Office and Administrative Expenses					
	10. Publicity					
	11. Fees for Professional Services					
	12: Loans Made					
	18. Other Disbursements					
Total dispursements 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 th					
15.a. Employer Name:	15.b. Trade Name, If any:					
15.c. To Whom Paid	15.d. Amount .5591					
Name Frank Barbera	15.e Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain					
Title Independent Consultant						
Organization	collectively.					
P.O. Box, Building and Room Number, if any						
Street 3308 Ariba Street						
City Las Vegas						
State Washington NV ZIP Code + 4 89129						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing: LRI Consulting	Sew	ico	dre	File Number C- 005 2	5	
B. Statement of Receipts Report all receipts from employers in conr				rices regardless of the purpose	s of the advice	
		Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Chicago International Trucks, LLC		Ctroot			275	
Trade Name			Street 1827 Walden Office Square, Suite 275			
Attention To Julie Bartell			City Schaumburg			
Title Vice President Human Resources		State	12.	ZIP Code +	4 60173	
5.b. Termination Date 12/6/07		5.c. Am	ount 13,572			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all disbursements made to the employers listed in Part E 7. Disbursements to Officers and Employees:	3.		anization in connect	ion with labor relations advice of	or services rendere	
(a) Name (b) Salary (c) Ex	xpenses (d) To	otals				
				Administrative Expenses		
			10. Publicity			
				Professional Services		
			12. Loans Mad			
			13. Other Dist	oursements		
Total disbursements to officers and employees:			14. Total Disbu	rsements (Sum of Items 8-13)		
	this Schedule uctions.	e to repo	rt only cisbursemen	its made for the purposes desc	ribed in Part D of th	
15.a. Employer Name:		15.b. T	rade Name, If any:			
15.c. To Whom Paid			15.d. Amount 7542			
Name Bradley White		15.e. Purpose				
Title Independent Consultant		Employed to give speeches to employees regarding			s regarding	
Organization Interlate Systems, Inc.		exercising their rights to organize and bargain collectively.				
P.O. Box, Building and Room Number, if any						
Street 145 South Lincolnway						
City North Aurora						
State Washington / ZIP Code + 4 6054	2					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		_				
10. TOTAL DISBURSCINCINTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing: Lel Consulting Leurcas Inc. File Number C. 20525				
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.	ce			
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Viking Coca Cola Bottling Company				
Trade Name Street 4610 Rusin Street North				
Attention To Michael Faber City St Cloud				
Title State MN ZIP Code + 4 56303				
5.b. Termination Date 12/12/07 5.c. Amount 29,441				
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 reto the employers listed in Part B.	nidere			
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals				
(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 instructions.	D of th			
15.a. Employer Name: 15.b. Trade Name, If any:	15.b. Trade Name, If any:			
15.c. To Whom Paid 15.d. Amount 19,441	15.d. Amount 19,441			
Name Joseph Brock 15.e. Purpose				
Title Independent Consultant Employed to give speeches to employees regard exercising their rights to organize and barga	ing			
Organization East Coast Labor Relations, LLC collectively.	-11			
P.O. Box, Building and Room Number, if any				
Street 151 Forge Road				
City Delran				
State Washington WT ZIP Code + 4 08075				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: LLI Consulting Serv	res Inc. File Number C-00525
U	the labor relations advice or possions regardless of the numbers of the advice
B. Statement of Receipts Report all receipts from employers in connection wi or services.	th 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 Holley Dodge Of Middletown	
Trade Name	Street 1000 Newfield Street
Attention To Glenn Holley	City Middletown
Title Vice President	State ZIP Code + 4 06457
5.b. Termination Date 11/29/07	5.c. Amount 3107
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
C. Statement of Disbursements Report all disbursements made by the related to the employers listed in Part B.	porting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expenses (d	
	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)
8. Total disbursements to officers and employees:	14. Total Dispulsements (Sum of nems 6-13)
	ule to report only disbursements made for the purposes described in Part D of the
instructions.	AS I. Trade Name Manny
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 1607
Name Michael Rosado	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding
Organization M. Rosado Consultants, LLC	exercising their rights to organize and bargain collectively.
organization in Robado Conbazoanos, alla	
P.O. Box, Building and Room Number, if any	
1.3. 30X, Building and Toom Manager, and	
Street 5 Quail Court	
City Englewood	
State Washington V J ZIP Code + 4 07631	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u> </u>
10. TO TAL DIGDORGENIERTO FOR ALL THE OFFIADLE ACTIVITY	

Name of Person Filing: LRI Consultin	يركم خ	irlos	Inc.	File Number C-	525		
Consideration of the contract	0	7,7000	,				
B. Statement of Receipts Report all receipts from employers in or services.	in connection wi	th labor rela	tions advice or ser	vices regardless of the purpo	ses of the advice		
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address x, Building and Roo				
Employer Carolina Commercial Heat Treati	Lng		•				
Trade Name	Street	628 Grooms F	Road				
Attention To Mike Hachee		City	Reidsville	eidsville			
Title		State	NC	ZIP Code	₂₊₄ 27320		
5.b. Termination Date 11/28/07		5.c. Amo	ount 8731				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
to the employers listed in 7. Disbursements to Officers and Employees:	made by the repart B. (c) Expenses (d)		nization in connect	ion with labor relations advic	e or services rendere		
(a) Name (b) Salary	(c) Expenses (d)	7 101413	9 Office and	Administrative Expenses			
	-		10. Publicity				
			· · · · · · · · · · · · · · · · · · ·	Professional Services			
			12. Loans Ma	de			
		· · · · · · · · · · · · · · · · · · ·	13. Other Dis	oursements			
8. Total disbursements to officers and employees:			14. Total Disbu	rsements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable Activity	Use this Sched instructions.	lule to report	t only disbursemer	ts made for the purposes de	scribed in Part D of th		
15.a. Employer Name:		15.b. Tr	ade Name, If any:				
15.c. To Whom Paid			15.d. Amount 4266				
Name Natasha Gordon	Name Natasha Gordon			15.e. Purpose			
Title Independent Consultant		Emplo	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.				
Organization							
P.O. Box, Building and Room Number, if any							
Street 2108 Wndy Hill Point							
City Lawrenceville							
State Washington (A ZIP Code + 4 3	30045						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTI	IVITY				1		

Name of Person Filing: LRI Consulting Services Inc. File Number C- 00525	
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 Perfection Glass	
Trade Name Street 15 North Auburn	
Attention To Shawn Linhoff City Kennewick	
Title State WA ZIP Code + 4 99336	
5.b. Termination Date 1/5/08 5.c. Amount 22,500	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
	_
the second secon	
C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services render to the employers listed in Part B.	160
7. Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses	—
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)	
8. Total disbursements to unicers 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 instructions.	the
15.a. Employer Name: 15.b. Trade Name, If any:	
15.c. To Whom Paid 15.d. Amount 10,500	
Name David Acosta 15.e. Purpose	
Title Independent Consultant Employed to give speeches to employees regarding exercising their rights to organize and bargain	3
Organization Redstone Enterprises collectively.	
P.O. Box, Building and Room Number, if any	
Street 5415 E Willowick	
City Anaheim	
State — Washington CA ZIP Code + 4 92807	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LLI Cons	ulter	Sew	icas	Inc	File Number C - 005	25
		action with I	shor role	tions advice or servi	ions regardless of the purpo	ses of the advice
B. Statement of Receipts Report all receipts from or services.	employers in conne	ection with t	abur reia	MONS AUVICE OF SERV	ces regardless of the purpor	
5.a. Name and Address of Employer (including trade name, if any).			D O D-	Mailing Address:	. North or if any	
Employer B & C Cartage, Inc.			P.O. 80	x, Building and Roon	i Number, ir any	
Trade Name			Street	851 W McKimme	ey Road	
Attention To Charlie Heli	ms		City	Gladwin	-	
,			Otata	M/	. 7IP Code	+ 4 48624
Title			State	/!// L	Zii Oode	+
5.b. Termination Date		· <u> </u>	5.c. Amo	ount 16,826		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
				· · · · · · · · · · · · · · · · · · ·	White has a station and size	a a acrica a randora
C. Statement of Disbursements Report all disk to the employe	oursements made t ers listed in Part B.	by the repor	ting orga	inization in connection	on with labor relations advice	or services renderer
7. Disbursements to Officers and Employees:	(a) F	(d) Ta	atolo			
(a) Name ((b) Salary (c) Exp	penses (d) To	Jiais	9 Office and	Administrative Expenses	
			<u> </u>	10. Publicity	Turring Laportoco	
			-		ofessional Services	
				12. Loans Made	e	
				13. Other Disb	ursements	
Total disbursements to officers and employees:	<u></u>			14. Total Disbur	sements (Sum of Items 8-13)	
				A b dib		perihad in Part D of th
D. Schedule of Disbursements for Reportable A	ctivity Use th instruc		to repor	t only disbursement	s made for the purposes des	cribed in Part D of th
15.a. Employer Name:			15.b. Tı	rade Name, If any:		
15.c. To Whom Paid			15.d. Ar	mount 9000		
Name Joseph Brock	ζ.		15.e. Purpose			
Title Independent Consultant			Emplo	oved to give s	speeches to employe	es regarding
<u>-</u>	Sono IIC		exerc	cising their mectively.	rights to organize	and bargain
Organization East Coast Labor Relations, LLC			•			
P.O. Box, Building and Room Number, if any						
P.O. Box, Building and Hoom Number, if any						
Street 151 Forge Road						
City Delran						
State Washington NJ ZIP	Code + 4 08075					
16 TOTAL DISBURSEMENTS FOR ALL REPORT	ABLE ACTIVITY		<u> </u>	· · · · · · · · · · · · · · · · · · ·		

Name of Person Filing: LRI Consulting	eurc	File Number C- 00525			
B. Statement of Receipts Report all receipts from employers in connection or services.	on with labo	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:			
Employee - 1	P.C). Box, Building and Room Number, if any			
Employer Saia	04-	and the same same same same same same same sam			
Trade Name	Stre	22200 201112 22221 2222			
Attention To Walter Schumacher	City				
Title	Sta	te CA ZIP Code + 4 30097			
5.b. Termination Date 10/5/07	5.c.	Amount 23,177			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		·			
O Charles and Plake was a marker. Deposit all dishurgo monte mode by the	he reporting	organization in connection with labor relations advice or services rendere			
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	ne reporting	organization in connection with labor rotations during at the street rotation			
7. Disbursements to Officers and Employees:	(d) Totala				
(a) Name (b) Salary (c) Expens	ses (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)			
o. Total dispulsements to officers and employees.					
D. Schedule of Disbursements for Reportable Activity Use this Sinstruction		eport only disbursements made for the purposes described in Part D of th			
		b. Trade Name, If any:			
15.a. Employer Name:	10.	. , , , , , , , , , , , , , , , , , , ,			
		d. Amount 12,677			
15.c. To Whom Paid	[15.	d. Amount 12,377			
Name Joseph Brock		15.e. Purpose			
Title Independent Consultant	En ex	ployed to give speeches to employees regarding tercising their rights to organize and bargain			
Organization East Coast Labor Relations, LLC		llectively.			
P.O. Box, Building and Room Number, if any					
Street 151 Forge Road					
City Delran					
State Washington NJ ZIP Code + 4 08075					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	·				

Name of Person Filing: LCI Consulting	Se	urco	File Number C-	0525		
)	·				
B. Statement of Receipts Report all receipts from employers in con- or services.	nection wi	th labor relation	s advice or services regardless of the	purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).			failing Address: uilding and Room Number, if any			
Employer Henderson Manufacturing						
Trade Name		Street 10	85 South Third Street			
Attention To Steve Hoeger		City Ma	nchester			
Title		State	/A	Code + 4 52507		
5.b. Termination Date 10/5/07	<u> </u>	5.c. Amount	60,168			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		***				
				- dita a sa san fano rondoro		
C. Statement of Disbursements Report all disbursements made to the employers listed in Part I	by the re 3.	porting organiza	ation in connection with labor relation	s advice or services rendere		
7. Disbursements to Officers and Employees:						
(a) Name (b) Salary (c) E	xpenses (d) Totals	Office of Administrative Company			
			Office and Administrative Expens	es		
			10. Publicity			
			11. Fees for Professional Services 12. Loans Made			
			13. Other Disbursements			
			. 14. Total Disbursements (Sum of Items	9 13)		
8. Total disbursements to officers and employees:	L		14. Total Disoursements (our or items			
				, , , , , , , , , , , , , , , , , , ,		
	this Scheouctions.	lule to report or	nly disbursements made for the purpo	ses described in Part D of th		
15.a. Employer Name:		15.b. Trade	15.b. Trade Name, If any:			
15.c. To Whom Paid		15.d. Amou	15.d. Amount 37,632			
Name Gerald O'Brien		15.e. Purpo	15.e. Purpose			
Title Independent Consultant		Employe	Employed to give speeches to employees regarding exercising their rights to organize and bargain			
Organization		collect		nizo ana zarga-n		
P.O. Box, Building and Room Number, if any						
Street 23 Summit Heights						
City North Oaks						
State Washington MM ZIP Code + 4 5512	7					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing: LC/ Consultyia	leuri	ien V	File Number (- 005 25	
0		·			
B. Statement of Receipts Report all receipts from employers in conn or services.	ection with	labor relation	ns advice or services regardless	of the purposes of the advice	
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: Juilding and Room Number, if any	y	
Employer Rotech Healthcare			-		
Trade Name		Street 26	000 technology Drive,	Suite 300	
Attention To Kim Lee		City Or	lando		
Title		State	FL	ZIP Code + 4 32804	
5.b. Termination Date 10/3/07		5.c. Amoun	t 58,174		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
to the employers listed in Part B. 7 Dishursements to Officers and Employees:			ation in connection with labor re	lations advice or services rendered	
(a) Name (b) Salary (c) Ex	penses (d) T	otals		<u> </u>	
			Office and Administrative E	xpenses	
			10. Publicity		
·			11. Fees for Professional Ser	vices	
			12. Loans Made		
			13. Other Disbursements		
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum o	f Items 8-13)	
	nis Schedul ctions.	le to report or	nly disbursements made for the	purposes described in Part D of th	
15.a. Employer Name:		15.b. Trad	e Name, if any:		
15.c. To Whom Paid		15.d. Amount 39,728			
Name Alex Casillas		15.e. Purpose			
Title Independent Consultant		Employed to give speeches to employees regarding			
Organization Action Resources		exercis	sing their rights to	organize and bargain	
Organization Action Resources					
P.O. Box, Building and Room Number, if any					
Street 1119 S Mission Road, Suite 223					
City Fallbrook					
State Washington CA ZIP Code + 4 92028	ł				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing:	y Steri	Se Se su	rian -	Inc	File Number C-	35		
	()					
B. Statement of Receipts Report all receipts from or services.	n employers i	n connection w	vith labor relation	ns advice or serv	rices regardless of the purpo	ses of the advice		
5.a. Name and Address of Employer (including trade na	ame, if any).			Mailing Address: Building and Roor	m Number, if any			
Employer Rotech Healthcare								
Trade Name			Street 2	600 technol	ogy Drive, Suite 30	00		
Attention To Kim Le	е		City O	rlando				
Title			State	FL	ZIP Code	+4 32804		
THE				I	•			
5.b. Termination Date 10/3/07			5.c. Amour	nt 58,174				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
	sbursements		eporting organiz	ation in connection	on with labor relations advice	e or services rendere		
7. Disbursements to Officers and Employees:	, o o o o o o o o o o o o o o o o o o o							
(a) Name	(b) Salary	(c) Expenses (c	d) Totals	<u> </u>		F		
				 	Administrative Expenses			
			<u></u>	10. Publicity				
				<u> </u>	rofessional Services			
	-,			12. Loans Mad				
		<u> </u>		13. Other Disb				
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)				
CONTINUATION								
D. Schedule of Disbursements for Reportable	Activity	Use this Sche instructions.	dule to report or	nly disbursement	s made for the purposes des	cribed in Part D of th		
15.a. Employer Name:			15.b. Trad	15.b. Trade Name, If any:				
15.c. To Whom Paid			15.d. Amou	15.d. Amount 2186				
Name Joseph Brod	ek							
_				15.e. Purpose Employed to give speeches to employees regarding				
Title Independent Consultant	•		exercis	exercising their rights to organize and bargain collectively.				
Organization East Coast Labor Relations, LLC		Collect	civery.					
P.O. Box, Building and Room Number, if any					•			
Street 151 Forge Road								
City Delran								
State Washington ZII	P Code + 4 0	8075		···				
16. TOTAL DISBURSEMENTS FOR ALL REPOR	TABLE ACTI	VITY			,			

Name of Person Filing: LLI Consul	tin Se	uri	ies J	he)	File Number C-	25
	<u></u>				t and the second	and of the advise
B. Statement of Receipts Report all receipts from emp or services.	loyers in connect	tion with	labor relation	ns advice or ser	rices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade name, if	any).			Mailing Address:	. North and Manus	
Employer Wenner Bread Products			P.O. Box, E	Building and Hool	m Number, if any	
Trade Name			Street 3	Rajon Roa	d .	
Attention To Larry Wenner	,		City Ba	ayport		
Access Name and			State	MY	ZIP Code	+4 11795
Title General Manager			Olalo	P. 1		
5.b. Termination Date 11/20/07			5.c. Amoun	t 203,170		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all disburse	ements made by	the repo	rting organiz	ation in connect	on with labor relations advice	e or services rendered
to the employers li	sted in Part B.					
7. Disbursements to Officers and Employees: (a) Name (b) Sa	alary (c) Expen	nses (d) T	otals			
				9. Office and	Administrative Expenses	
				10. Publicity		
				11. Fees for P	rofessional Services	
				12. Loans Mad	le	
				13. Other Disk	oursements	
8. Total disbursements to officers and employees:				14. Total Disbu	rsements (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.					scribed in Part D of the	
15.a. Employer Name:			15.b. Trade	e Name, If any:		
, ,						
15.c. To Whom Paid			15.d. Amount 63,175			
Name £			15.e. Purpose			
Title			Employed to give speeches to employees regarding			
Organization EMSI Consulting, Inc.			exercising their rights to organize and bargain collectively.			
Organization EMSI Consultring, The.						
P.O. Box, Building and Room Number, if any						
Street 1340 N. Astor Street # 2205						
City Chicago						
State Washington / L ZIP Cod	e+4 60610					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABL	E ACTIVITY					

Name of Person Filing: LRI Consulting Lewis	File Number C- 00525			
000000000000000000000000000000000000000				
B. Statement of Receipts Report all receipts from employers in connection with lor services.	abor 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 Wenner Bread Products	F.O. Box, building and noom number, it any			
Trade Name	Street 33 Rajon Road			
Attention To Larry Wenner	City Bayport			
Garanal Manager	State			
Title General Manager	State/1 _/			
5.b. Termination Date 11/20/07	5.c. Amount 203,170			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
	di a considera di la consection with labor relatione advice er convices rendered			
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	ting organization in connection with labor relations advice or services rendered			
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Expenses (d) To				
	Office and Administrative Expenses 10. Publicity			
	11. Fees for Professional Services			
	12. Loans Made			
	13. Other Disbursements			
9. Total dishurs amonto to officers and ampleyees:	14. Total Disbursements (Sum of Items 8-13)			
Total disbursements to officers and employees:				
CONTIN	1UATION			
	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:			
15.c. To Whom Paid	15.d. Amount 37, 123			
Name Peter Quist	15.e. Purpose			
Title	Employed to give speeches to employees regarding			
	exercising their rights to organize and bargain collectively.			
Organization Grubb Quist & Associates				
P.O. Box, Building and Room Number, if any				
Street 12 South Main Street				
City Waterbury				
State Washington V J ZIP Code + 4 05676				
16 TOTAL DISPUBSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: 101 (1970) Chair	File Number C- 00525			
Name of Person Filing: LRI Cansulting Ser	vices Jan 1 100525			
B. Statement of Receipts Report all receipts from employers in connection v or services.	vith 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 Wenner Bread Products				
Trade Name	Street 33 Rajon Road			
Attention To Larry Wenner	City Bayport			
Title General Manager	State /			
5.b. Termination Date 11/20/07	5.c. Amount 203,170			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
to the employers listed in Part B. 7. Disbursements to Officers and Employees: (b) Salary (c) Expenses (c)	reporting organization in connection with labor relations advice or services rendered			
(a) Name (b) Salary (c) Expenses (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)			
	NUATION			
D. Schedule of Disbursements for Reportable Activity Use this Scheinstructions.	edule to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 10,022			
Name Mike Rosado	15.e. Purpose			
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain			
Organization M. Rosado Consultants, Inc.	collectively.			
P.O. Box, Building and Room Number, if any				
Street 5 Quail Court				
City Englewood				
State Washington CA ZIP Code + 4 07631				
16 TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Page 2 c

Name of Person Filing: LRI Consulting	Seri	ico :	Inc	File Number C- 005	25	
B. Statement of Receipts Report all receipts from employers in con or services.	nection with	labor relation	ns advice or serv	ices regardless of the purpos	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any). Employer Brandywine Senior Living			Mailing Address: Building and Roon	n Number, if any		
•		Street En	E Followsh	ip Road, Suite 360		
Trade Name				ip Road, Suice 300		
Attention To Ken Segarnick		City Mo	ount Laurel			
Title General Council		State	NJ	ZIP Code	+4 08054	
5.b. Termination Date 12/12/07		5.c. Amoun	151,299			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	M-1					
		<u> </u>				
C. Statement of Disbursements Report all disbursements made to the employers listed in Part	e by the repo	orting organiz	ation in connecti	on with labor relations advice	or services rendere	
7. Disbursements to Officers and Employees:	U .					
(a) Name (b) Salary (c) E	Expenses (d)	Totals				
			9. Office and	Administrative Expenses	<u> </u>	
			10. Publicity			
			11. Fees for P	ofessional Services		
			12. Loans Mad	e		
			13. Other Disb	ursements		
8. Total disbursements to officers and employees:			14. Total Disbur	sements (Sum of Items 8-13)		
		le to report or	nly disbursement	s made for the purposes des	cribed in Part D of th	
	ructions.	dEh Tund	Name If any			
15.a. Employer Name:		15.b. Trade	e Name, If any:			
15.c. To Whom Paid		15.d. Amou	ınt 41,588			
Name Mike Rosado		15.e. Purpo	15.e. Purpose			
Title Independent Consultant			Employed to give speeches to employees regarding exercising their rights to organize and bargain			
Organization M. Rosado Consultants, Inc.			collectively.			
P.O. Box, Building and Room Number, if any		,				
Street 5 Quail Court						
City Englewood						
State Washington CA ZIP Code + 4 0763	31					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Fr. as	0					
Name of Person Filing: LLI Consulte	x 101	NIT CO	Inc	File Number C-	525	
	0	,				
B. Statement of Receipts Report all receipts from employers in or services.	in connection w	ith labor relatio	ns advice or servic	es regardless of the purpos	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address: Building and Room	Number, if any		
Employer Brandywine Senior Living						
Trade Name		Street 5	25 Fellowshi	p Road, Suite 360		
Attention To Ken Segarnick		City Mo	ount Laurel			
Title General Council		State	NJ	ZIP Code	+ 4 08054	
5.b. Termination Date 12/12/07		5.c. Amour	nt 151,299			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
		·				
C. Statement of Disbursements Report all disbursements to the employers listed in	made by the re	porting organiz	ation in connection	n with labor relations advice	or services rendered	
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (c	i) Totals				
			9. Office and Ad	dministrative Expenses		
		· .	10. Publicity			
			11. Fees for Pro	fessional Services		
			12. Loans Made			
			13. Other Disbu	rsements		
8. Total disbursements to officers and employees:			14. Total Disburse	ements (Sum of Items 8-13)		
Co	NTINU	CATIO	ON	- A-17 10 45		
D. Schedule of Disbursements for Reportable Activity	Use this Scheo instructions.	fule to report or	nly disbursements	made for the purposes des	cribed in Part D of the	
15.a. Employer Name:		15.b. Trad	e Name, If any:			
15.c. To Whom Paid		15.d. Amou	15.d. Amount 19,419			
Name Kathleen Tregear		15.e. Purpo	15.e. Purpose			
Title Independent Consultant		Employe	Employed to give speeches to employees regarding exercising their rights to organize and bargain			
Organization Tregear & Associates, LLC			cively.	ignits to organize	and bargarn	
P.O. Box, Building and Room Number, if any						
Street 2323 Race Street # 923						
City Philadelphia						
State Washington PA ZIP Code + 4 1	19103					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing: LRI Consulting &	2 Wices In File Number C- 00525
B. Statement of Receipts Report all receipts from employers in connection	on 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 Brandywine Senior Living	P.O. Box, Building and Gooth Number, It any
Trade Name	Street 525 Fellowship Road, Suite 360
	City Mount Laurel
Attention To Ken Segarnick	W 5
Title General Council	State <i>N</i> J ZIP Code + 4 08054
5.b. Termination Date 12/12/07	5.c. Amount 151,299
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
	i i i i i i a consetion with labor relations advise or carvines renders
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	he reporting organization in connection with labor relations advice or services rendere
7. Disbursements to Officers and Employees:	40 T . I
(a) Name (b) Salary (c) Expens	ses (d) Totals
	9. Office and Administrative Expenses
	10. Publicity 11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
<i>"</i>	14. Total Disbursements (Sum of Items 8-13)
8. Total disbursements to officers and employees:	
CONT	INUATION
D. Schedule of Disbursements for Reportable Activity Use this S instruction	Schedule to report only disbursements made for the purposes described in Part D of the purpose described in Part D of the D of the purpose described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 7728
Name Natasha Gordon	15.e. Purpose
Title Independent Consultant	Employed to give speeches to employees regarding
-	exercising their rights to organize and bargain collectively.
Organization	
P.O. Box, Building and Room Number, if any	
Street 2108 Windy Hill Point	
City Lawrenceville	
State Washington (ZIP Code + 4 30045	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
10. TOTAL DISBURSEMENTS FOR ALL REFORTABLE ACTIVITY	

Name of Person Filing: LLI Cons	ulting	De w	ico	In.	File Number C -00525	
B. Statement of Receipts Report all receipts from or services.	n employers in conr	nection with	labor relati	ons advice or se	rvices regardless of the purposes of the	advice
5.a. Name and Address of Employer (including trade na	me, if any).		P.O. Box,	Mailing Address Building and Roo	: om Number, if any	
Employer Saginaw Chippewa Tribe						
Trade Name Soaring Eagle Casino			Street 7	7500 Soaring	g Eagle Blvd	
Attention To			City M	Mt. Pleasant	=	
Title			State	Mi	ZIP Code + 4 4885	8
5.b. Termination Date 12/21/07			5.c. Amou	int 706,500		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
			4			
C. Statement of Disbursements Report all distorthe employ	sbursements made yers listed in Part B	by the repo	orting organi	zation in connect	tion with labor relations advice or service	s rend
7. Disbursements to Officers and Employees: (a) Name	(b) Salary (c) Ex	penses (d) 1	Totals			
				9. Office and	Administrative Expenses	
				10. Publicity		
			,	11. Fees for F	Professional Services	
				12. Loans Mad	de	
				13. Other Dist	oursements	
3. Total disbursements to officers and employees:				14. Total Disbu	rsements (Sum of Items 8-13)	
			o to report o	alu diahuraaman	ts made for the purposes described in P	
2. Schodule of Dichurcoments for Reportable A				miv arsoursemen	is made tor the burboses described in F	וט ט זוג
D. Schedule of Disbursements for Reportable A	instruc		е то героп о	any diodardonion		
	•		· · · · · · · · · · · · · · · · · · ·	le Name, If any:		
	•		· · · · · · · · · · · · · · · · · · ·			
15.a. Employer Name:	•		15.b. Trac			
15.a. Employer Name: 15.c. To Whom Paid	instruc		15.b. Trac	le Name, If any:		
15.a. Employer Name: 15.c. To Whom Paid Name Joseph Broc	instruc		15.b. Trac 15.d. Amo 15.e. Purp	de Name, If any: unt 48,000 ose		cding
15.a. Employer Name: 15.c. To Whom Paid Name Joseph Broc! Title Independent Consultant	instruc k		15.b. Trace 15.d. Amo 15.e. Purp Employe exerci	de Name, If any: unt 48,000 ose ed to give sing their	speeches to employees rega rights to organize and bar	rding
15.a. Employer Name: 15.c. To Whom Paid Name Joseph Broc	instruc k		15.b. Trace 15.d. Amo 15.e. Purp Employe exerci	de Name, If any: unt 48,000 ose ed to give	speeches to employees rega	rding
15.a. Employer Name: 15.c. To Whom Paid Name Joseph Broc! Title Independent Consultant	instruc k		15.b. Trace 15.d. Amo 15.e. Purp Employe exerci	de Name, If any: unt 48,000 ose ed to give sing their	speeches to employees rega	rding
15.a. Employer Name: 15.c. To Whom Paid Name Joseph Brock Title Independent Consultant Organization East Coast Labor Relation	instruc k		15.b. Trace 15.d. Amo 15.e. Purp Employe exerci	de Name, If any: unt 48,000 ose ed to give sing their	speeches to employees rega	rding
15.a. Employer Name: 15.c. To Whom Paid Name Joseph Broc! Title Independent Consultant Organization East Coast Labor Relation P.O. Box, Building and Room Number, if any	instruc k		15.b. Trace 15.d. Amo 15.e. Purp Employe exerci	de Name, If any: unt 48,000 ose ed to give sing their	speeches to employees rega	rdinç

11 1							
Name of Person Filing: LLI Consultes	i de	urces	Inc File	Number C- 005	25		
	<u>J</u>						
B. Statement of Receipts Report all receipts from employers in or services.	connection wit	h labor relatior	ns advice or services	regardless of the purpos	es 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 Saginaw Chippewa Tribe		P.O. BOX, E	bullaing and Hoom Nui	noer, ir any			
		Street 75	500 Soaring Eag	rlo Plud			
Trade Name Soaring Eagle Casino				gie bivu			
Attention To			. Pleasant				
Title		State	MI	ZIP Code +	₄ 48858		
5.b. Termination Date 12/21/07		5.c. Amoun	t 706,500				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
							
C. Statement of Disbursements Report all disbursements m	ade by the rep	orting organiz	ation in connection wi	th labor relations advice	or services rendered		
to the employers listed in Pa	ιπ В.						
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c)	c) Expenses (d)	Totals					
			9. Office and Admir	nistrative Expenses			
			10. Publicity				
			11. Fees for Profess	sional Services			
			12. Loans Made				
			13. Other Disburser	nents			
8. Total disbursements to officers and employees:			14. Total Disburseme	nts (Sum of Items 8-13)			
CONTI	NUAT	102					
D. Schedule of Disbursements for Reportable Activity			ly disbursements mad	de for the purposes desc	ribed in Part D of the		
15.a. Employer Name:		15.b. Trade	Name, If any:				
15.c. To Whom Paid		15.d. Amou	nt 54,000				
Name Gerald O'Brien		15.e. Purpo	se				
Title Independent Consultant		Employe	d to give spee	ches to employee	s regarding		
		exercis		ts to organize a	ind bargain		
Organization			<u></u>				
P.O. Box, Building and Room Number, if any							
Street 23 Summit Heights		:					
City North Oaks							
State Washington MN ZIP Code + 4 55	127						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVI	ΓY						

Name of Person Filing: LLI Cousulting Sec	inces Inc. File Number C- 00525				
B. Statement of Receipts Report all receipts from employers in connection with or services.	i 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:				
Faralana a a a a a a a a a a a a a a a a a	P.O. Box, Building and Room Number, if any				
Employer Saginaw Chippewa Tribe					
Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd				
Attention To	City Mt. Pleasant				
Title	State ZIP Code + 4 48858				
5.b. Termination Date 12/21/07	5.c. Amount 706,500				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
C. Statement of Disbursements Report all disbursements made by the rep-	orting organization in connection with labor relations advice or services rendered				
to the employers listed in Part B.	Traing Organization in Commodition with habor rolations as need to consider the constraint				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals				
(a) Name (b) Calcily (b) Expenses (c)	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)				
ADNITIN	UATION				
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of th				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 51,750 64,500				
Name Peter Quist	45 a Diverse				
Title Grubb Quist & Associates, LLC	15.e. Purpose Employed to give speeches to employees regarding				
-	exercising their rights to organize and bargain collectively.				
Organization	001100017011				
P.O. Box, Building and Room Number, if any					
P.O. Box, Building and Nooth Number, it arry					
Street 12 South Main Street					
City Waterbury					
State - Washington ZIP Code + 4 05676					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	1				
TO, TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	پ				

Rume of Person Filing: LL Causality Javana Services and receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. S. A Name and Address of Employer (including Irade name, if any) Employer Saginax Chippena Tribe Trade Name Soaring Ragle Casino Attention To Oily Xt. Pleasant Title State All ZIPCode + 4 48958 S.b. Termination Date 12/21/07 S.c. Amount 706,500 C. Statement of Diebursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. Oily Xt. Pleasant ZIPCode + 4 48958 S.b. Termination Date 12/21/07 S.c. Amount 706,500 C. Statement of Diebursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. Oily Xt. Pleasant ZIPCode + 4 48958 S.b. Termination Date 12/21/07 S.c. Amount 706,500 C. Statement of Diebursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. Oily Xt. Pleasant All I Schart Diebursements advice or services rendered to the employers listed in Part B. Oily Name 10. Oilios and Administrative Expenses 11. Peets for Professional Services 12. Loans Made 13. Diebursements to officers and employees: 14. Total Diebursements (Sum of Items 8-13) CONTINUATION D. Schedule of Diebursements for Reportable Activity Use his Schedule to report only diebursements made for the purposes described in Part D of the instructions. 15. Employer Name: 15. Employer Name: 15. D. Trade Name, If any: Sitest 10108 Pehiberg Ct. City St. John ZIP Code + 4 46373 II. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		
S.a. Name and Address of Employer (Including trade name, If any). Employer Saginary Chippewa Tribe Tride Name Soaring Eagle Casino Attention To City Mt. Pleasant Title State fill ZIP Code + 4 48858 S.b. Termination Date 12/21/07 S.c. Amount 706,500 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. (b) Salary (c) Expenses (d) Totals (a) Name (b) Salary (c) Expenses (d) Totals (b) Salary (d) Expenses (d) Totals (b) Salary (d) Expenses (d) Totals (c) Expenses (d) Totals (d) Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements (Sum of items 8-13) CONTINUE ALL DN D. Schedule of Disbursements for Reportable Activity Use his Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15.b. Trade Name, If any: 15.c. Trade Name, If any: Street Totals disbursements for engalogues. Inc. Crganization Clay Title BJC and Associates, Inc. Crganization ZIP Code + 4 46373	Name of Person Filing: LLI Consulting Seurce	File Number C- 50 5 2 5
Employer Saginary Chippewa Tribe Trade Name Soaring Eagle Casino Attention To Title State /ft ZIP Code + 4 48858 S.b. Termination Date 12/21/07 S.c. Amount 706,500 C. Statement of Diabursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employers listed in Part B. 7. Discursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals D. Schedule of Diabursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. Title BJC and Associates, Inc. Organization P.O. Box, Building and Room Number, if any Street 10108 Fehiberg Ct. City St. John Slate weshington // ZIP Code + 4 46373		labor relations advice or services regardless of the purposes of the advice
Attention To Title State State M		
Attention To Title State State M	Trade Name Soaring Eagle Casino	Street 7500 Soaring Eagle Blvd
Title Stale At 2 P Code + 4 48858 Stale At 3 Code + 4 48858 Stale At 4 Code + 4 48858 Stale At 5 Code + 4 48858 Stale At 4 C		• •
5.b. Termination Date 12/21/07 5.c. Amount 706,500 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 isted in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 13. Other Disbursements 14. Total Disbursements 15. Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part O of the Instructions. 15. Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part O of the Instructions. 15. Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part O of the Instructions. 15. Disbursements for Reportable Activity 15	Altertion 10	
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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 14. Total Disbursements (Sum of Items 8-13) CONTINUATION 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 Byron Clay Title ByC and Associates, Inc. Organization P.O. Box, Building and Room Number, if any Street 10108 Pehlberg Ct. City St. John State Washington ZIP Code + 4 46373	5.b. Termination Date 12/21/07	5.c. Amount 706,500
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12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. Schedule of Disbursements for Reportable Activity 15. Employer Name: 15. Trade Name, If any: 15. Amount 49,500 15. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively. 15. Street 10108 Fehlberg Ct. City St. John State ***Hashington** 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 14. Total Disbursements (Sum of Items 8-13) 15. Drade Name, If any: 15. Drade Name, If any: 15. Amount 49,500 15. Purpose Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.		10. Publicity
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8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)		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: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Byron Clay Title BJC and Associates, Inc. Organization P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct. City St. John State Washington // ZIP Code + 4 46373		13. Other Disbursements
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15.c. To Whom Paid Name Byron Clay Title BJC and Associates, Inc. Organization P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct. City St. John State Washington / ZIP Code + 4 46373		e to report only disbursements made for the purposes described in Part D of th
Name Byron Clay Title BJC and Associates, Inc. Organization P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct. City St. John State Washington // ZIP Code + 4 46373	15.a. Employer Name:	15.b. Trade Name, If any:
Title BJC and Associates, Inc. Organization P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct. City St. John State Washington ZIP Code + 4 46373	15.c. To Whom Paid	15.d. Amount -49,500 55, 500
Title BJC and Associates, Inc. Organization Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively. P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct. City St. John State Washington // ZIP Code + 4 46373	Name Byron Clay	15 a Purposa
Organization P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct. City St. John State Washington // ZIP Code + 4 46373	Title BJC and Associates, Inc.	Employed to give speeches to employees regarding
P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct. City St. John State Washington // ZIP Code + 4 46373		
Street 10108 Fehlberg Ct. City St. John State Washington // ZIP Code + 4 46373	Organization	
City St. John State Washington / ZIP Code + 4 46373	P.O. Box, Building and Room Number, if any	
State Washington // ZIP Code + 4 46373	Street 10108 Fehlberg Ct.	
	City St. John	
	State Washington / ZIP Code + 4 46373	
	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: LL C07	wilte	nà Se	urces	In	File Number C-	25		
B. Statement of Receipts Report all receipts from	n employers	in connection v	with labor relat	ions advice or se	rvices regardless of the purpo	ses of the advice		
or services. 5.a. Name and Address of Employer (including trade na	uma if any)		, , , , , , , , , , , , , , , , , , , ,	Mailing Address	,			
5.a. Name and Address of Employer (including frade na	ime, ii any).		P.O. Box	_	om Number, if any			
Employer Saginaw Chippewa Tribe								
Trade Name Soaring Eagle Casino			Street	7500 Soarin	g Eagle Blvd			
Attention To			City	Mt. Pleasan	t			
Title			State	MI	ZIP Code	+ 4 48858		
5.b. Termination Date 12/21/07			5.c. Amoi	unt 706,500				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			<u> </u>	* * * * * * * * * * * * * * * * * * * *		·····		
			eporting organ	ization in connec	tion with labor relations advice	or services render		
to the emplo 7. Disbursements to Officers and Employees:	yers listed if	irand.						
(a) Name	(b) Salary	(c) Expenses (d) Totals					
				9. Office and	Administrative Expenses			
				10. Publicity				
				11. Fees for F	Professional Services			
				12. Loans Ma				
	-	<u> </u>		13. Other Dis	-			
8. Total disbursements to officers and employees:				14. Total Disbu	ursements (Sum of Items 8-13)			
		CONTI	NUAT	10N				
D. Schedule of Disbursements for Reportable	Activity			<u>, </u>	its made for the purposes des	cribed in Part D of t		
15.a. Employer Name:		midd delions.	15.b. Tra	de Name, If any:				
15.c. To Whom Paid			15.d. Amo	15.d. Amount 60,000				
Name Terry Cuba			15.e. Pur	oose		, ,,		
Title Grubb Quist & Associat	es, LLC		Employ	Employed to give speeches to employees regarding exercising their rights to organize and bargain				
Organization				tively.	rights to organize	and bargain		
-								
P.O. Box, Building and Room Number, if any								
P.O. Box, Building and Room Number, if any Street 12 South Main Street								

Name of Person Filing: Let Consulti.	ing Dew	ica -	Inc)	File Number C-	00523	<u> </u>
B. Statement of Receipts Report all receipts from employ or services.	yers in connection	with labor relation	ons advice or se	rvices regardless of	the purposes of the	e advice
5.a. Name and Address of Employer (including trade name, if an	у).		Mailing Address Building and Ro	s: om Number, if any	-	
Employer Saginaw Chippewa Tribe						
Trade Name Soaring Eagle Casino		Street 7	500 Soarin	g Eagle Blvd		
Attention To		City M	Mt. Pleasan	t		
Title		State	MI		ZIP Code + 4 48	858
5.b. Termination Date 12/21/07	<u> </u>	5.c. Amou	int 706,500			
6 TOTAL RECEIPTS FROM ALL EMPLOYERS	· · · · · · · · · · · · · · · · · · ·					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all disbursem	ents made by the	reporting organi	zation in connec	ction with labor relati	ons advice or serv	ices rend
to the employers liste	ed in Part B.					
7. Disbursements to Officers and Employees: (a) Name (b) Salar	ry (c) Expenses	(d) Totals				
		T	9. Office and	d Administrative Exp	enses	
			10. Publicity			
			11. Fees for	Professional Service	es	
	***************************************		12. Loans Ma	ade		
			13. Other Dis	sbursements		
8. Total disbursements to officers and employees:			14. Total Disb	ursements (Sum of Ite	ems 8-13)	
C	ONTINO	WATIL) N			
D. Schedule of Disbursements for Reportable Activity	Use this Schoinstructions.	edule to report of	only disburseme	nts made for the pur	poses described in	n Part D o
15.a. Employer Name:		15.b. Trac	de Name, If any	:		
15.c. To Whom Paid		15.d. Amo	ount 33,000			
Debases Cmith						
Name			15.e. Purpose Employed to give speeches to employees regarding			
Title Independent Consultant		exerci	sing their	rights to or	ganize and b	argain
Organization		collec	tively.			
P.O. Box, Building and Room Number, if any						
Street 10620 Southern Highlands Parkway	γ, 110	į.				
Street 10620 Southern Highlands Parkway City Las Vegas	y, 110	;				

()						
Name of Person Filing:	norelting	Sei	vica	Ju	File Number C-	20525
B. Statement of Receipts Report all receipts fro or services.	m employers in conr	nection with	labor rei	ations advice or ser	vices regardless o	of the purposes of the advice
5.a. Name and Address of Employer (including trade n			P.O. Bo	Mailing Address ox, Building and Roo		
Employer Saginaw Chippewa Tribe						
Trade Name Soaring Eagle Casino	•		Street	7500 Soaring	g Eagle Blvd	
Attention To			City	Mt. Pleasant	;	
Title			State	WI		ZIP Code + 4 48858
5.b. Termination Date 12/21/07			5.c. Am	ount 706,500		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					7	
	sbursements made byers listed in Part B		orting orga	anization in connect	ion with labor relat	tions advice or services rendere
7. Disbursements to Officers and Employees: (a) Name	(b) Salary (c) Ex	penses (d) T	otals			
				9. Office and	Administrative Exp	enses
			···	10. Publicity		
· · · · · · · · · · · · · · · · · · ·				11. Fees for P	rofessional Servic	es
				12. Loans Mad		
O Tatal dishusaneesta ta affica a and analysis				13. Other Dist		
8. Total disbursements to officers and employees:				14. Total Disbu	rsements (Sum of It	ems 8-13)
	_ CON	TINU	AT	ION		
D. Schedule of Disbursements for Reportable	Activity Use th		e to repor	t only disbursement	s made for the pur	rposes described in Part D of the
15.a. Employer Name:			15.b. Tr	ade Name, If any:		
15.c. To Whom Paid			15.d. An	nount 13,500		
Name Frank Barb	pera		15.e. Pu	I/DOSA	-	
Title Independent Consultant			Emplo	yed to give s	speeches to	employees regarding
Organization Frank Barbera & Associ	ates			ising their motively.	rights to ore	ganize and bargain
P.O. Box, Building and Room Number, if any		i				
Street 3308 Ariba Street						
City Las Vegas						
State Washington NV ZIF	Code + 4 89129			·		
16. TOTAL DISBURSEMENTS FOR ALL REPORT	TABLE ACTIVITY					·

on Strag				•				
Name of Person Filing:	Consulting	Sen	nco	In	File Number C-	525		
B. Statement of Receipts Report all receipts or services.	eipts from employers i	n connection w	ith labor relation	ons advice or ser	vices regardless of the purpor	ses of the advice		
5.a. Name and Address of Employer (including	g trade name, if any).		P.O. Box	Mailing Address:	: om Number, if any			
Employer Saginaw Chippewa	Tribe		F.O. BOX,	building and Hoo	mi Number, ii any			
Trade Name Soaring Eagle C	asino		Street 7	500 Soaring	g Eagle Blvd			
Attention To			City M	it. Pleasant	:			
Title			State	MI	ZIP Code	+4 48858		
5.b. Termination Date 12/21/07			5.c. Amou	nt 706,500		L. Sundania		
6. TOTAL RECEIPTS FROM ALL EMPLO	DYERS							
					,			
	ort all disbursements e employers listed in		porting organi	zation in connect	ion with labor relations advice	or services rendered		
7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses (c	l) Totals					
				9. Office and	Administrative Expenses			
				10. Publicity				
				<u> </u>	rofessional Services			
				12. Loans Mad				
O Table disharm and an afficiency and are			 	13. Other Disk				
Total disbursements to officers and em	2				rsements (Sum of Items 8-13)			
	Co	ONTIN	KATI	DN				
D. Schedule of Disbursements for Repo	ortable Activity	Use this Scheo instructions.	lule to report o	only disbursemen	ts made for the purposes des	cribed in Part D of the		
15.a. Employer Name:			15.b. Trac	le Name, If any:				
15.c. To Whom Paid	·		15.d. Amo	unt 19500				
Name Jason	Greer		15.e. Purp					
Title Independent Consu	ıltant		Employ	Employed to give speeches to employees regarding				
Organization Greer Consulting,	Inc.			sing their tively.	rights to organize	and bargain		
P.O. Box, Building and Room Number	, if any							
Street 33 Mallory Bend Ct								
City Lake St. Louis								
State Washingto n MO	ZIP Code + 4 6	3367						
16. TOTAL DISBURSEMENTS FOR ALL	REPORTABLE ACTI	VITY		· · · · · · · · · · · · · · · · · · ·				