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

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

is 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. For Sura Medicing Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA) READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT JUN 1 2 2012 498640 Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 037 (mm/dd/yyyy) ( mm/dd/yyyy ) By This Report Through: 01 / 2008 31 / 2008 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Fred B Grubb Title Title Partner Organization Grubb Quist & Associates, LLC. Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Street |12 South Main Street Street Waterbury City City ZIP Code + 4 05676 Vermont State ZIP Code + 4 State Signatures Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions). 17. Signed President 18. Signed Treasurer (If other title, see (if other title, see Managing Partner Treasurer instructions) Title instructions)

Date

Telephone Number

07

Date

On

2012

802-279-8816

Telephone Number

<u> </u>							
Name of Person Filing: Fred Grubb	File Number C-	File Number C-					
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.							
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:						
Employer Soaring Eagle Casino	P.O. Box, Building and Room Number, if any						
Trade Name	Street Sparing Fagle Boulevard						
	parting bayte boutevalue						
Attention To	City Mount Pleasant						
Title State Michigan ZIP Code + 4							
5.b. Termination Date 5.c. Amount 148,008							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 177, 220							
C. Statement of Disbursements Report all disbursements made by the report	orting organization in connection with labor relations advice or service						
to the employers listed in Part B.	and organization in connection with labor relations advice of service	35 rendered					
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	otals						
	Office and Administrative Expenses						
	10. Publicity						
	11. Fees for Professional Services						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. Loans Made						
[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	13. Other Disbursements						
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)						
		*****					
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.							
15.a. Employer Name:	15.b. Trade Name, If any:						
15.c. To Whom Paid	15.d. Amount						
Name	· · · · · · · · · · · · · · · · · · ·						
Title	15.e. Purpose						
	Contract of the Superior Contract						
Organization							
44.7							
P.O. Box, Building and Room Number, if any							
Street	The state of the s						
City	Market (A.).	i					
State Washington ZIP Code + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Name of Person Fili	ing: Fred Grubb	File Number C-								
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:										
[7		P.O. Box, Bldg., Room No., if any Address Unknown								
Employer Avo	corr, inc.		Address Unk	nown	gy y y gang ng mang mang a mang ang mang mang					
Trade Name	The state of the s	Street	agad diployees, angli is selip gi yapangip say selikasin disabahan seminandi is dayan daya selikasin daya selikasin yang selikasin diployees di badaha dibasa selikasin selikasin dibasa selikasi se	and the second s	pupperson and published and the state of the					
Attention To:		City			,					
Title		State			ZIP Code + 4					
5.b. Termination Date 5.c. Amount 9, 788										
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Bldg., Room No., if any										
Employer Wer	nner Bread									
Trade Name		Street	33 Rajon Ro	ad	and programmed and the transfer and transfer and program of the program of the control of the co					
Attention To:		City	Bayport							
Title	And the second s		New York		ZIP Code + 4					
					harman '					
5.b. Termination Da		5.c. Amou	ınt 4,924							
5.a. Name and Add	ress of Employer (including trade name, if any).	B 0 B	Mailing Addres							
rI	dman's Food Markets, Inc.		x, Blda., Room N	o., ir anv						
Trade Name	and the first of the second of	Street 2	2631 Liberty	v Lane						
Attention To:		=	Janesville		****					
Title		L			ZIP Code + 4 53545					
Title		Otate [v	Wişçonsin		1 Jan					
5.b. Termination Da	te	5.c. Amou	ınt 14,500							
5.a. Name and Addi	ess of Employer (including trade name, if any).		Mailing Address							
		P.O. Box	x, Bldg., Room N	o., if any						
Employer										
Trade Name	The second secon	Street			-1					
Attention To:		City								
Title		State			ZIP Code + 4					
5.b. Termination Da	ate	5.c. Amou	unt	5.b. Termination Date 5.c. Amount						
5.a. Name and Addr										
	ress of Employer (including trade name, if any).		Mailing Address							
ļ		P.O. Box	k, Bldg., Room No							
Employer										
Employer	and the same of passes and the same confidence of the same confidenc	Street	k, Bldg., Room No							
Employer Trade Name Attention To:		Street City	k, Bldg., Room No							
Employer	A STATE OF THE PROPERTY OF THE	Street	k, Bldg., Room No		ZIP Code + 4					
Employer Trade Name Attention To:		Street City	K Bldg Room N		ZIP Code + 4					
Employer  Trade Name  Attention To:  Title  5.b. Termination Da		Street City State 5.c. Amou	unt Mailing Address	o. if any	ZIP Code + 4					
Employer  Trade Name  Attention To:  Title  5.b. Termination Da	te	Street City State 5.c. Amou	unt Mailing Address	o. if any	ZIP Code + 4					
Employer Trade Name Attention To: Title  5.b. Termination Da	teess of Employer (including trade name, if any).	Street City State 5.c. Amou	unt Mailing Address	o. if any	ZIP Code + 4					
Employer  Trade Name  Attention To:  Title  5.b. Termination Da  5.a. Name and Addr	teess of Employer (including trade name, if any).	Street City State State P.O. Box	unt Mailing Address	o. if any	ZIP Code + 4					
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