Name of Person Filing: SanDerson	B. ADA	mS		File Number C-	572	
	 					
B. Statement of Receipts Report all receipts for services.	rom employers in con	inection w	ith 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).			lailing Address:		
Employer B. Super Valu	4		P.O. Box, B	uilding and Room Number, if any SuperValu PO	BAVG97	
Trade Name	•		Street	supervalue 10	DON 110	
Attention To Bill	Seehat	20	City /	1 inneapol is		
Attention To Bill Title Vice Preside	nt labor Re	lat 101	State	<u>, </u>	Code + 4 55 440	
5.b. Termination Date /2/31/2	014		5.c. Amoun	74,314.57		
6. TOTAL RECEIPTS FROM ALL EMPLOYER	s #7	4,31	4.57		· · · · · · · · · · · · · · · · · · ·	
	,	7				
	ployers listed in Part			ntion in connection with labor relations	advice or services rendered	
SAUDERSON B ADOMS	20,000		20,000	9. Office and Administrative Expense	ıs .	
				10. Publicity		
				11. Fees for Professional Services		
				12. Loans Made		
				13. Other Disbursements		
8. Total disbursements to officers and employe	es:	#	20,000	14. Total Disbursements (Sum of Items	8-13) \$20,806	
	<u> </u>					
D. Schedule of Disbursements for Reportab		this Sche uctions.	dule to report on	ly disbursements made for the purpos	es described in Part D of the	
15.a. Employer Name: BJC (Assoc			15.b. Trade	15.b. Trade Name, If any:		
15.c. To Whom Paid			15.d. Amou	15.d. Amount #41,314.57		
Name BYRON CLAY Title				15.e. Purpose		
Organization BJC & Associates			1ers	Persuade employees to		
		•	exe	ercise their ru	ght to	
P.O. Box, Building and Room Number, if any			che	choose or not to be		
Street 1018 Fehlberg Ct			rep	Persuade employees to exercise their right to choose or not to be represented by a union.		
			1 V			

Street 1018 Fehlberg Cf
City St. John
State Told IN O ZIP Code

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

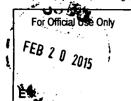
U.S. Department of Labor Office of Labor Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

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

Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

5119505

1 . File Number C- 0372	By This Report (mm/dd/yyyy) (mm/dd/yyyy)			
	From: 0/ /01 /26/4 Through: /2 /3/ /20/4			
A. Person Filing				
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:			
Name SANDERSON B ADAMS	Name			
Title President	Title			
Organization Tactical ADVISORY Group	Organization			
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any			
Street 28 W. Orchard Rd	Street			
city Ft Mitchell	City			
State ZIP Code + 4 4/011	State ZIP Code + 4			
Signa	itures			
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,			
17. Signe Janderson Blue Udand President	18. Signed Susanh Crain Treasurer			
Title President (if other title, see instructions)	Title Treasurer (If other title, see instructions)			
On 1/25/2015 959-341-0053 Date Telephone Number	On 1/26/15 (5/3) 771-6204 Telephone Number			