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Name of Person Filing: Kirk Cummings	File Number C- 65668
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Central Transport  Trade Name  Attention To Dean Kuska  Title VP of Labor Relations	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street 12225 Stephens Rd. City Warren State Michigan <input checked="" type="checkbox"/> ZIP Code + 4 48089
<b>5.b. Termination Date</b> 5/6/15	<b>5.c. Amount</b> \$ 60,038
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> \$ 60,038	

<b>C. Statement of Disbursements</b> 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>7. Disbursements to Officers and Employees:</b>					
(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	
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>	

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b>   <b>15.c. To Whom Paid</b> Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State Washington ZIP Code + 4	<b>15.b. Trade Name, If any:</b>   <b>15.d. Amount</b> <b>15.e. Purpose</b>	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		

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