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

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Report of penalty, 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

E OLMS DES									
526628									
1 . File Number C- 674	2. Period Covered By This Report. From: Month/Day/Year (mm/dd/yyy) Through: Month/Day/Year (mm/dd/yyy) 1. Through: Month/Day/Year (mm/dd/yyy) 1. Through: Month/Day/Year (mm/dd/yyy)								
A. Person Filing									
3. Name and mailing address (include ZIP Code): Name Stacee P Bell Title VP.Administration Organization LRC-Strategies, Inc. P.O. Box; Building and Room Number, if any Street 13449 Dulles Ave City Austin State Texas ZIP Code + 4 78729	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4								
Signa	iturės								
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 forguments) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complate, (see the Section on penalties in the instructions).									
17. Signed President (if other title, see instructions) On 04 / 02 / 2013 512-249-6200 Date Telephone Number	18. Signed Treasurer (If other title, see instructions) On 04 / 02 / 2013 512-249-6200 Date Telephone Number								
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Name of Person Filin	Name of Person Filing: STACEE V. Recu										
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 Comanche Electric Coop					P.O. Box, Building and Room Number, if any						
Trade Name					Street 201 Wrights Ave						
Ŀ					Ľ	Comanche					
<u>.</u>						· Ł					
juic joints juice joints											
5.b. Termination Date 11/12/2012 5						5.c. Amou	5.c., Amount 3,000				
6 TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 7903, 48 (\$1,903,48 for matters not related to advis											
C. Statement of Di	sbi				the repo	orting organi	zation in connection	on with labor relation	ons advice or	services rendered	
		•	yers listed in	Part B.						. *	
7. Disbursements to ((a) Name	Offi	cers and Employees:	(b) Salary	(c) Expe	nses (d) 1	Totals					
Olivia		Bell	500				9. Office and A	Administrative Expe	nses	180	
Stacee		Bell	1,500				10. Publicity				
Oliver		Bell	2,000				11. Fees for Pr	ofessional Service	S:	651	
1						<u> </u>	12. Loans Made	 e			
							13. Other Disb	ursements			
8. Total disbursements to officers and employees:						14. Total Disbursements (Sum of Items 8-13)					
-			_				•				
D. Sahadula of Dia	h	rsements for Reportable	Activity	11 45	Calcadia					and in David Davids	
D. Scriedule of Dis	Du	isements for Reportable	Activity	instruction		e to report	only dispursement	s made for the purp	poses descri	oed in Part D of the	
15a. Employer Name:					15.b. Trade Name, If any:						
Comanche Electric Coop											
15.c. To Whom Paid	15 c. To Whom Paid						15.d. Amount 1,000				
Name Oliver Rell											
						15.e. Purpose To provide labor relations information to the employees of					
Title consultant				Comanche Electric Cop to persuade them to exceriose their right to							
Organization LRC Strategies, Inc.											
P.O. Box, Building and Room Number, if any											
Street 13449 Dulles Ave											
City Austin											
State Texas	-		P Code + 4								
16. TOTAL DISBUR		EMÉNTS FOR ALL REPÓI O	RTABLE ACTI	IVITY							

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B. Statement of Receipts (continued)

5.a.2 Name and Address of Employer (Including any trade name)

Mailing Address

Employer

Revolution Foods, Inc.

Trade Name

N/A

Suzanne Kling

Street

8393 Capwell Dr., Suite 200

Zip

City Oakland

Attention To: Title

Vice President Human Resources

State

California

94621

5.b.2 Termination date 12/19/12

5.c.2

Amount \$3,000

Total Receipts from all employers (with reportable activity)

\$6,000.00

5.a.3 Other receipts not related to labor relations advice or services.

Total Receipts from all other employers

\$1,903.48

Total Receipts from all Employers

\$7,903.48

D. Schedule of Disbursements

15.a. Employer name

15.b. Trade Name: N/a

Revolution Foods, Inc.

15.c. To Whom Paid

15.d Amount: \$1,000

Name

Oliver

Beli

Title

Consultant

Organization

LRC Strategies, Inc.

Street 13449 Dulles Ave

City

Austin

State

Texas

Zip 78729

15.e. Purpose:

To provide labor relations information to the employees of Revolution Foods to persuade them to exercise their right to support or not support a union.