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

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# 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. 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

727186

1	. File Number <b>C</b> - 00525	By This Report		( mm/dd/yyyy )				( mm/dd/yyyy )				
		From:	1	/	1	/ 2019		Through:	12 /	31	/ 2	019
i			•									
,	A. Person Filing	·										
3	Name and mailing address (include ZIP Code):	4. Any other address	s who	ere i	reco	ords	necessa	ry to verify t	his repo	rt are	kept:	
	Name	Name										
	Title .	Title										
İ	Organization LRI Consulting Services, Inc.	Organization										
:	P.O. Box, Building and Room Number, if any	P.O. Box, Building	g and	d Ro	oom	Nu	ımber, if a	ny				
	Street 7850 South Elm Place, Suite E	Street										
City Broken Arrow		City										
	State OK ZIP Code + 4 74011	State						ZIP Code	9 + 4			
	Signa	atures										
ii	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 aection on pegalities in the instructions).											
1	7. Signed President (if other title, see instructions)	18. Signed	sure	<i>r</i>	U	_		* · · · · · · · · · · · · · · · · · · ·	•	urer er title ctions)		•
(	3 / 30 / 2020 918-455-9995	On 3 / 30	/ 2	020	)	9	918-455	-9995				
	Date Telephone Number	Date	te		-	-	Telephone	e Number				

Name of Person Filing: LRI Consulting Services, Inc.	File Number <b>C</b> - 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:				
Employer Not Required under  Trade Name LM-21 Special  Attention To  Title Enforce ment Policy	P.O. Box, Building and Room Number, if any				
Trade Name LM-21 Special	Street				
Attention To	City				
Title Entorce ment 1011 cg	State / ZIP Code + 4				
5.b. Termination Date	5.c. Amount				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$3,691,564.42					
C. Statement of Disbursements Report all disbursements made by the re	eporting organization in connection with labor relations advice or services rendered				
to the employers listed in Part <b>b</b> . 7. Disbursements to Officers and Employees:	\				
(a) Name (b) Salary (c) Expenses (c)	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 Sche instructions.	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				
Name	15.e. Purpose				
Title					
Organization					
	· ·				
P.O. Box, Building and Room Number, if any					
Street					
City					
State ZIP Code + 4	-				
6. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY \$2,	213,504.79				

## United States Department of Labor

Office of Labor-Management Standards

## Office of Labor-Management Standards (OLMS)

### Form LM-21 Special Enforcement Policy

#### Special enforcement policy for certain Form LM-21 requirements

Filers of Form LM-20 who must also file a Form LM-21 will not be required to complete two parts of the LM-21. Specifically, OLMS will not take enforcement action based upon a failure to complete the following Parts of Form LM-21:

- Part B (Statement of Receipts), which ordinarily requires the filer to report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services, and/or
- Part C (Statement of Disbursements), which ordinarily requires the filer to report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

Form LM-21 must be signed by the president and treasurer of the consultant to certify the accuracy and completeness of the information provided. So long as this special enforcement policy is in place, a Form LM-21 that omits the information requested by Parts B and C will be deemed complete.

In addition, Section 206 of the LMRDA requires all individuals who must file reports such as Form LM-21 to maintain applicable records such as "vouchers, worksheets, receipts, and applicable resolutions" for a period of at least five years after such reports have been filed.

29 U.S.C. § 436. While this special enforcement policy is in effect, consultants need not maintain records solely relating to Part B and Part

This special enforcement policy is effective immediately. It will remain in effect until further notice, which will be provided no less than 90 days prior to any change.

Posted: 4-13-16 (Updated: 7-18-18)

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

Engaged to communicate to employees regarding exercising their rights to organize and bargain

15.a. Employer Name: Advanced Disposal			15.b. Trade Name, if any:
15.c. To Whom Paid			15.d. Amount 8,823
Name	Scott	Michel	15.e. Purpose

collectively.

Individual

P.O. Box, Building and Room Number, if any

Street 819 Herman Road

Organization Scott Michel

City Horsham

State PA

Title

ZIP Code + 4 19044

15.a. Employer Name:			15.b. Trade Name, if any:
Arama L	rk Healthcare Supp	ort Services LLC	
15.c. To Whom Paid			15.d. Amount 9, 402
Name	David	Sapenoff	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizatio	Organization Sapenoff Consulting		collectively.
P.O. Box, 8	Building and Room Number,	if any	
Street 89	29 West 161st St		
City Ov	erland Park		
State Ka	nsas	ZIP Code + 4 66085	5

15.b. Trade Name, if any:
15.d. Amount 11,277
15.e. Purpose
Engaged to communicate to employees regarding exercising their rights to organize and bargain
collectively.

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

AvalonBay Communities, Inc.

15.c. To Whom Paid

Name

Gerald

O'Brien

Title

Individual

Organization Gerald O'Brien

P.O. Box, Building and Room Number, if any

Street 23 Summit Heights

City North Oaks

15.a. Employer Name:

State Texas

State MN

ZIP Code + 4 55127

ZIP Code + 4 79912

15.b. Trade Name, if any:

15.d. Amount 22,721

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain

collectively.

15.b. Trade Name, if any:

Black Horse Carriers, Inc 15.c. To Whom Paid 15.d. Amount 14,748 Name Amed Santana 15.e. Purpose Title President Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization Santana International Inc collectively. P.O. Box, Building and Room, Number, if any Street 7049 Westwind Dr., Suite 6001 City El Paso

15.a. Employer Name:	15.b. Trade Name, if any:
Bravo Environmental N.W. Inc.	·
15.c. To Whom Paid	15.d. Amount 1, 474
Name Patrick O'Mara	15.e. Purpose
Title President	
Organization OMara & Associates ELC	
P.O. Box, Building and Room Number, if any	
Street PO Box 2624	
City Novato	
State CA ZIP Code + 4 94948	

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: CAE Oxford Aviation Academy 15.c. To Whom Paid 15.d. Amount 17, 915 Patrick Name O'Mara 15.e. Purpose Title President Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization OMara & Associates LLC collectively. P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato

ZIP Code + 4 94948

15.a. Employer Name: CAE Oxford Aviation Academy		15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 19,154
Name Eric	Vanetti	15.e. Purpose
Title Owner		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization		collectively.
P.O. Box, Building and Room N	lumber, if any	
Street 9278 S Harl Ave		
City Tempe		
State AZ	ZIP Code + 4 8	5284

15.a. Employer Name:			15.b. Trade Name, if any:
CAE Simuflite, Inc.			
15.c. To Whom Paid			15.d. Amount 16, 811
Name	Eric	Vanetti	15'e. Purpose
Title	Owner		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizatio	on		collectively.
P.O. Box, E	Building and Room Numbe	er, if any	
Street 92	78 S Harl Ave		
City Te	empe		r I
State AZ	:	ZIP Code + 4 85284	
i			1

State CA

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

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: Can Corporation of America, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 11, 770
Name Byron 'Clay	15.e. Purpose
Title President  Organization BJC and Associates Inc	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10108 Fehlberg Court	
City St John	
State IN ZIP Code + 4 4	16379

15.a. Employer Name: Can Corporation	n of America, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 12, 856
Name Carlos	Flores	15.e. Purpose
Title Preside	ent	Engaged to communicate to employees regarding
Organization Flores	Labor Relations Inc	exercising their rights to organize and bargain collectively.
P.O. Box, Building and R	oom Number, if any	
Street 30000 Aveni	da Cima Del Sol	·
City Temecula		
State CA	ZIP Code + 4	92591

15.a. Employer Name:			15.b. Trade Name, if any:
Cascades Containerboard Packaging			
15.c. To Whom Paid			15.d. Amount 28, 943
Name	Scott	Michel	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding
Organization	Scott Michel		exercising their rights to organize and bargain collectively.
P.O. Box, Bu	ilding and Room Number, if an	у	·
Street 819	Herman Road		
City Hor	sham		
State PA		ZIP Code + 4 19.044	
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Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

instructions;			
15.a. Employer Name: CBRE Global Workplace Solutions	15.b. Trade Name, if any:		
15.c. To Whom Paid	15.d. Amount 3,254		
Name David Sapenoff Title Individual Organization Sapenoff Consulting	15.e. Purpose  Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.		
P.O. Box, Building and Room Number, if any			
Street 8929 West 161st St			

ZIP Code + 4 66085

15.a. Employ	er Name:			15.b. Trade Name, if any:
CBRE	Managed Services Inc			
15.c. To Who	m Paid			15:d. Amount 4, 014
Name	Jeff	Usher		15.e. Purpose
Title	President			Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizatio	Organization Reed Consulting, LLC			collectively.
P.O. Box, E	Building and Room Number, if any			
PO	Box 1792			
Street				
City Ma	tthews			
State No	rth Carolina	ZIP Code + 4	28106	

15.a. Employer	Name:		15.b. Trade Name, if any:
CEMEX			
15.c. To Whom		Pena	15.d. Amount 159, 092
Name		rena	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding
Organization	Johan Pena		exercising their rights to organize and bargain collectively.
P.O. Box, Bu	ilding and Room Number, if any	1	
Street 141	73 SW 158th Court		
City Mian	mi		
State Floa	rida	<b>ZIP Code + 4</b> 33196	

City

State Kansas

Overland Park

P.O. Box, Building and Room Number, if any

State NJ

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:
CEMEX

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Michael Rosado

Title President

Organization M Rosado Management Consultants LLC

15.b. Trade Name, if any:

15.b. Trade Name, if any:

15.c. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Street 5 Quail Court
City Englewood

ZIP Code + 4 07024

15.a. Employer Name CEMEX		15.b. Trade Name, if any:	
CEPIEX	- W		
15.c. To Whom Paid		15.d. Amount 93, 377	
Name Car	los Flores	15.e. Purpose	
	sident	Engaged to communicate to employees regarding exercising their rights to organize and bargain	
Organization Flo	res Labor Relations Inc	collectively.	
P.O. Box, Building	and Room Number, if any		
Street 30000 A	venida Cima Del Sol		
City Temecula			
State CA	<b>ZIP</b> Code + 4 92591		

15.a. Employe CEMEX	er Name:		15.b. Trade Name, if any:
15.c. To Whor	n Paid	·	15.d. Amount 26, 904
Name	Patrick	O'Mara	15.e. Purpose
Title	President		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	n OMara & Associates	s LLC	collectively,
P.O. Box, B	uilding and Room Number, if a	any	
Street PO	Box 2624		
City No	vato ·		
State CA		ZIP Code + 4 94948	

Name of Person Filing:	LRI Consulting Services, Inc.	File Number C- 00525
L		<u> </u>

D. Schedule of Disbursen	nents 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: CEMEX		15.b. Trade Name, if any:
15.c. To Whom Paid	<del>V</del>	15.d. Amount 83, 604
Name Gustav	o Flores	15.e. Purpose
Title Presid  Organization GNE Co	ent nsulting Services Inc	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and F	Room Number, if any	
Street 10950 Arrov	√ Rte #871	
City Rancho Cuca	amonga	
State CA	ZIP Code + 4 9	1729

	15.b. Trade Name, if any:
	15.d. Amount 147, 849
d Santana	15.e. Purpose
	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
	Correctively.
•	
twind Dr., Suite 6001	ı
ZIP Code + 4	79912
	sident tana International Inc and Room Number, if any stwind Dr., Suite 6001

15.a. Employer Name:		15.b. Trade Name, if any:
CEMEX		
15.c. To Whom Paid		15.d. Amount 20, 976
Name Eric	Vanetti	15.e. Purpose
Title Owne	r	Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization		collectively.
P.O. Box, Building an	nd Room Number, if any	
Street 9278 S Ha	arl Ave	
City Tempe		
State A2	ZIP Code + 4 85284	

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: CenterPoint Energy Service Company, LLC 15.d. Amount 5,880 15.c. To Whom Paid Patrick O'Mara Name 15.e. Purpose Title President Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization OMara & Associates LLC collectively. P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato ZIP Code + 4 94948 State CA

15.a. Employer Name:			15.b. Trade Name, if any:
Color	ado Mech Insulation &	Firestopping	
15.c. To Whoi	m Paid		15.d. Amount 17,292
Name	Johan	Pena .	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizatio	n Johan Pena		collectively.
P.O. Box, 8	uilding and Room,Number, if an	у	
Street 14	173 SW 158th Court		·
City Mia	ami		
State Flo	orida	ZIP Code + 4 33196	
ĺ			

15.a. Employer	Name:			15.b. Trade Name, if any:
Dart C	ontainer			
15.c. To Whom	Paid			15.d. Amount 4, 058
Name	David '	Sapenoff		15.e. Purpose
Title	Individual			Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	Organization Sapenoff Consulting			collectively.
P.O. Box, Bu	ilding and Room Number, if any	,		
Street 892	9 West 161st St			
City Overland Park				
State Kan	sas	ZIP Code + 4	66085	

Form LM-21 (2003)

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

D. Schedule of Disbursements for Reportable Activity  Use this Schedinstructions.		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: Diamond Pet Foods		15.b. Trade Name, if any:
15.c. To Who	om Paid	15.d. Amount 9, 461
Name	Byron Clay	15.e. Purpose
Title	President	Engaged to communicate to employees regarding
Organization BJC and Associates Inc		exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any		
Street 10108 Fehlberg Court		
City St	John	

15.a. Employer Name:  Dollar General Corporation				15.b. Trade Name, if any:
15.c. To Whom	15.c. To Whom Paid		:	15.d. Amount 6, 399
Name	Gerald	O'Brien		15.e. Purpose
Title	Individual		,	Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	Gerald O'Brien			collectively.
P.O. Box, Bu	uilding and Room Number, if a	ny		
Street 23	Summit Heights			
City North Oaks				
State MN	·	ZIP Code + 4	55127	

15.a. Employer Name:			15.b. Trade Name, if any:
Dolla	r General Corporation	ı	
15.c. To Whor	15.c. To Whom Paid		15.d. Amount 10,596
Name	Scott	Michel	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	n Scott Michel		collectively.
P.O. Box, B	uilding and Room Number, if an	y	
Street 819	9 Herman Road		
City Horsham			
State PA		ZIP Code + 4 19044	

State IN

Name of Person Filing:	IRI Consulting Services, Inc.	File Number C- 00525
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D. Schedule of Disbursements for Reportable Activity  Use this Scheinstructions.		Use this Schedule to report only disbursements made for the purposes described in Part'D of the instructions.
15.a Employer Name: Dollar General Corporation		15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 8, 021
Name Eric	Vanetti	15.e. Purpose
Title Owne	r	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building ar	nd Room Number, if any	
Street 9278 S H	arl Ave	
City Tempe		

15.a. Employer Name: EnerSys Energy Products Inc			15.b. Trade Name, if anÿ:
15.c. To Whom Paid			15.d. Amount 10,128
Name	Scott	Michel	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	Scott Michel		collectively.
P.O. Box, Bu	ilding and Room Number, if any		
Street 819 Herman Road			
City Horsham			
State PA		ZIP Code + 4 19044	

15.a. Employer Name:			15.b. Trade Name, if any:	
Ener	EnerSys Energy Products Inc			
15.c. To Whom Paid			15.d. Amount 10, 075	
Name	Eric	Vanetti		15.e. Purpose
Title	Owner			Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizati	Organization		:	collectively.
P.O. Box,	P.O. Box, Building and Room Number, if any			
Street 9278 S Harl Ave				
City T	empe			
State A	Z	ZIP Code +, 4	85284	

Form LM-21 (2003)

State AZ

D. Schedule of Disbu	ursements 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 Executive	e: Security Services Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 7, 651
Name Gus	tavo Flores	15.e. Purpose
Title Pre	sident	Engaged to communicate to employees regarding
Organization GNE Consulting Services Inc		exercising their rights to organize and bargain collectively.

15.a. Employer Name: Exela Enterprise Solutions, Inc.			15.b. Trade Name, if any:	
15.c. To Whom I	15.c. To Whom Paid		15.d. Amount 5, 083	
Name	Scott	Michel	15.e. Purpose	
Title	Individual		Engaged to communicate to employees regarding	
Organization	Scott Michel		exercising their rights to organize and bargain collectively.	
P.O. Box, Buil	ding and Room Number, if any	,		
Street 819	Herman Road			
City Hors	ham			
State PA		ZIP Code + 4 19044		

15.a. Employer	Name:	15.b. Trade Name, if any:
Ferrar	a Candy Company	
15.c. To Whom	Paid	15.d. Amount 2, 910
Name	William Herrera	15.e. Purpose
Title	Individual	Engaged to communicate to employees regarding
Organization	People Solutions Consulting Group	exercising their rights to organize and bargain collectively.
P.O. Box, Bu	lding and Room.Number, if any	
Street 942	Reston Grove Lane	
City Hou	ston	
State TX ZIP Code + 4 77095		

Form LM-21 (2003)

P.O. Box, Building and Room Number, if any

Street 10950 Arrow Rte #871 City Rancho Cucamonga

State CA

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions

15.a. Employer Name: Freedman Seating Company	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 20,060
Name Amed Santana  Title President  Organization Santana International Inc	15.e. Purpose  Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 7049 Westwind Dr., Suite 6001	

ZIP Gode + 4 79912

15.a. Employer Name: Freedman Seating Company			15.b. Trade Name, if any:
15.c. To Who	15.c. To Whom Paid		15.d. Amount 20, 244
Name	David	Sapenoff	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizatio	Organization Sapenoff Consulting		collectively.
P.O. Box, I	Building and Room Num	ber, if any	
Street 89	29 West 161st S	t	
City Overland Park			
State Ka	nsas	ZIP Code + 4 66085	

15.a. Employer Name:			15.b. Trade Name, if any:
Gemstone Foods, LLC			
15.c. To Whom	15.c. To Whom Paid		15.d. Amount 6, 718
Name	Byron	Clay	15.e. Purposé
Title	President	Engaged to communicate to employees regardi exercising their rights to organize and bar	
Organization	BJC and Associates	Inc	collectively.
P.O. Box, Building and Room Number, if any			
Street 10108 Fehlberg Court			
City St	John		
State IN		ZIP Code + 4 46379	

City

El Paso

State Texas

Name of Person Filing:	LRI Consulting Services,	Inc.	File Number C- 00525
	<del></del>	<del></del>	

D. Schedule		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.		
15:a. Employer Name: Gemstone Foods, LLC		15.b. Trade Name, if any:		
15.c. To Who	om Paid	15.d. Amount 8,762		
Name	William Herrera	15.e. Purpose		
Title	Individual	Engaged to communicate to employees regarding		
Organization People Solutions Consulting Group		exercising their rights to organize and bargain collectively.		
P.O. Box, E	Building and Room Number, if any	·		
Street 9427 Reston Grove Lane				
City Houston				

15.a. Employer Name:	15.b. Trade Name, if any:
Goodwill Center for Work and Training	
15.c. To Whom Paid	15.d. Amount 46, 180
Name William Herrera	15.e. Purpose
Title Individual	Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization People Solutions Consulting Group	collectively.
P.O. Box, Building and Room Number, if any	
Street 9427 Reston Grove Lane	
City Houston	
State TX ZIP Code + 4 77095	

15.a. Employer Name:			15.b. Trade Name, if any:
Goodwill Center for Work and Training			
15.c. To Whom Paid			15.d. Amount 20, 936
Name	Byron	Clay	15.e. Purpose
Title	e President		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	BJC and Associates I	nc	collectively.
P.O. Box, Building and Room Number, if any			
Street 10108 Fehlberg Court			
City St John			
State IN ZIP Code + 4 46379		ZIP Code + 4 46379	·
			1

State TX

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.

mandenons.				
15.a. Employer Name: Goodwill Center for Work and Training	15.b. Trade Name, if any:			
5.c. To Whom Paid	15.d. Amount 76, 462			
Name Patrick O'Mara	15.e. Purpose			
Title President	Engaged to communicate to employees regarding			
Organization OMara & Associates LLC	exercising their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any				
Street PO Box 2624				
City Novato				
State CA ZIP Code + 4 94948				

15.a. Employer Name:  Hendrickson Auxiliary Axle Systems				15.b. Trade Name, if any:
15.c. To Whom	Paid			15.d. Amount 10, 316
Name	Patrick	O'Mara		15.e. Purpose
Title	President			Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	OMara & Associates	LLC		collectively.
P:O. Box, Bu	P:O. Box, Building and Room Number, if any			
Street PO Box 2624				·
City Novato				
State CA		ZIP Code + 4	94948	

15.a. Employer Name:			15.b. Trade Name; if any:
IMS Productions			
15.c. To Whom	15.c. To Whom Paid		15.d. Amount 19, 257
Name	Patrick	O'Mara	15.e. Purpose
Title	President		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	OMara & Associates	5 LLC	collectively.
P.O. Box, Bu	uilding and Room Number, if a	any	
Street PO Box 2624			
City Novato			
State CA		<b>ZIP Code + 4</b> 94948	

D. Schedule of Disbursements for Reportable Activity Us	se this Schedule to report only disbursements made for the purposes described in Part D of the structions.	
15.a. Employer Name: Klausner Lumber One	15.b. Trade Name, if any:	
15.c. To Whom Paid	15.d. Amount 9,779	
Name Joseph Brock  Title President  Organization East Coast Labor Relations LLC	15.e. Purpose  Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any  Street 515 S Gull Lake Drive  City Richland		

15:a. Employer Name: Krapf Group	- Birnie Bus Services Inc	15.b. Trade Name, if any:	
15.c. To Whom Paid		15.d. Amount 47, 913	
Name Will	iam Herrera	15.e. Purpose	
Title Indi	vidual .	Engaged to communicate to employees regarding exercising their rights to organize and bargain	
Organization People Solutions Consulting Group		collectively.	
P.O. Box, Building a	nd Room Number, if any		
Street 9427 Res	ton Grove Lane		
City Houston			
State TX	ZIP Code + 4 77095		

15.a. Employ Krapi	ver Name: f Group - Birnie Bus	Services Inc	15.b. Trade Name, if any:	
15.c. To Who	om Paid		15.d. Amount 45,.174	
Name	Johan	Pena.	15.e. Purpose	
Title	Individual		Engaged to communicate to employees regarding	
Organizatio	on Johan Pena		exercising their rights to organize and bargain collectively.	
P.O. Box,	Building and Room Number, if	any		
Street 14173 SW 158th Court				
City Mi	lami		ŀ	
State F3	lorida .	ZIP Code + 4 33196	·	
l			1	

Form LM-21 (2003)

State MI

File Number C- 00525 Name of Person Filing: LRI Consulting Services, Inc. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.b. Trade Name, if any: Krapf Group - Birnie Bus Services Inc 15.c. To Whom Paid 15.d. Amount 6, 119 Flores Name 15.e. Purpose Title Individual Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization A&S Consulting Services collectively.

15.a. Employer Name:	15.b. Trade Name, if any:
Lenco Armored Vehicles, Inc.	
15.c. To Whom Paid	15.d. Amount 15, 472
Name Gustavo Flores	15.e. Purpose
Title President	Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization GNE Consulting Services Inc	collectively.
P.O. Box, Building and Room Number, if any	
Street 10950 Arrow Rte #871	
City Rancho Cucamonga	
State CA ZIP Code + 4 91	729

ZIP Code + 4 92563

15.a. Employer Name:  MagReTech			15.b. Trade.Name, if any:
15.c. To Who			15.d. Amount 19, 461
Name	David	Sapenoff	15.e. Purpose
	Title Individual Organization Sapenoff Consulting		Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any		пу	
Street 8929 West 161st St			
City Ov	erland Park		
State Ka	nsas	ZIP Code + 4 66085	

P.O. Box, Building and Room Number, if any

Street 35151 Silverleaf Lane

Murrieta State California

City

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: Mauser Packaging Solutions	15.b. Trade Name, if any:
5.c. To Whom Paid	15.d. Amount 4, 811
Name Patrick O'Mara	15.e. Purpose
Title President	Engaged to communicate to employees regarding
Organization OMara & Associates LLC	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street PO Box 2624	
City Novato	
State CA ZIP Code + 4 94948	

15.a. Employer Name:		15.b. Trade Name, if any:	
Mauser Packaging Solutions			
15.c. To Whom Paid	i	15.d. Amount 39,576	
Name Am	ed Santana	15.e. Purpose	
	esident	Engaged to communicate to employees regarding exercising their rights to organize and bargain	
Organization Santana International Inc		collectively.	
P.O. Box, Building	and Room Number, if any		
Street 7049 Westwind Dr., Suite 6001			
City El Paso			
State Texas	<b>ZIP</b> Code + 4 79912		

15.a. Employer Na	ime:		15,b. Trade Name, if any:
Meyer Ut:	ility Structures (Arcosa)		
15.c. To Whom Pa	ıid		15.d. Amount 3, 381
Name K	atie Lev		15.e. Purpose
Title P	resident		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization L	ev Labor LLC		collectively.
P.O. Box, Buildii	ng and Room Number, if any		
Street 21 Plo	easant Street		·
City Hudson	n		,
State MA	ZIP Cod	le + 4 01749	

Form LM-21 (2003)

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:

Mountain View Care & Rehab Ctr

15.c. To Whom Paid

Name

Scott

Michel

Title

Individual

Organization Scott Michel

P.O. Box, Building and Room Number, if any

Street 819 Herman Road

City Horsham

State PA

City

State IN

St John

ZIP Code + 4 19044

ZIP Code + 4 46379

15.b. Trade Name, if any:

15.d. Amount 5,001

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain

collectively.

15.a. Employer Name: ONE Gas, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount. 7, 939
Name Byron Clay	15.e. Purpose
Title President	Engaged to communicate to employees regarding
Organization BJC and Associates Inc	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10108 Fehlberg Court	

15.a. Employer Name:			15.b. Trade Name, if any:	
ONE	ONE Gas, Inc.			
15.c. To Wh	om Paid			15.d. Amount 10,874
Name	Eric	Vanetti		15.e. Purpose
Title Organizati	Owner			Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any				
Street 9	278 S Harl Ave			
City T	empe .		1	
State A	z	<b>ZIP Code + 4</b> 85	284	

Name of Person Filing:	LRI Consulting Services, Inc.	File Number C- 00525
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D. Schedule of Disbursements for Reportable Activity Use this Schedinstructions,		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employ	er Name: tunity House, Inc.	15.b. Trade Name, if any:
15.c. To Who	om Paid	15.d. Amount 123, 656
Name	Amed Santana	15.e. Purpose
Title Organizatio	President on Santana International Inc	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any		
Street 7049 Westwind Dr., Suite 6001		
City El Paso		

15.a Employer Name: Performance Food Group Inc		15.b. Trade Name, if any:	
15.c. To Whom Paid		15.d. Amount 32,110	
Name Patrick	O'Mara	15.e. Purpose	
Title Preside	nt	Engaged to communicate to employees regarding	
Organization OMara &	Associates LLC	exercising their rights to organize and bargain collectively.	
P.O. Box, Building and Ro	oom Number, if any		
Street PO Box 2624			
City Novato			
State CA	ZIP Code + 4 94948	,	

15.a. Employer Name:		··	15.b. Trade Name, if any:
Perfor	rmance Food Group Inc		
15.c. To Whom	n Paid		15.d.:Amount 36,215
Name	Johan .	Pena	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	Johan Pena		collectively.
P.O. Box, B	uilding and Room Number, if any	1	
Street 14173 SW 158th Court			
City Mia	ami		
State Flo	orida	ZIP Code + 4 33196	

Form LM-21 (2003)

State Texas

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

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: PetVet Care Centers Inc			15.b. Trade Name, if any:
15.c. To Whom Paid			15.d. Amount 32, 306
Name	Eric	Vanetti	15.e. Purpose
Title	Owner		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization			collectively.
P.O. Box, I	Building and Room Nu	mber, if any	
Street 9278 S Harl Ave			
City Te	empe		
State AZ	2	ZIP Code + 4 852	84

15.a. Employer Name:				15.b. Trade Name, if any:
Polese	Poleset Inc			
15,c. To Whon	15.c. To Whom Paid			15.d. Amount 10, 956
Name	Scott	Michel		15.e. Purpose
Title	Individual			Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	Scott Michel			collectively.
P.O. Box, Bi	P.O. Box, Building and Room Number, if any			
Street 819	Herman Road			
City Horsham				
State PA	•	ZIP Code + 4	19044	

15.a. Employer Name:			15.b. Trade Name, if any:
Pontch	artrain Mechanical	Co., Inc.	
15.c. To Whom	15.c. To Whom Paid		15:dAmount 6, 239
Name	Patrick	O'Mara	15.e. Purpose
Title	President		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	OMara & Associates	LLC	collectively.
P.O. Box, Bu	uilding and Room Number, if a	ny	
Street PO	Box 2624		
City Nov	rato		
State CA		ZIP·Code + 4 94948	

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.

metagriorio.			
15.a Employer Name: Portillo's Hot Dogs, LLC	15.b. Trade Name, if any:		
15.c. To Whom Paid  Name Gustavo Flores	15.d. Amount 58,899 15.e. Purpose		
Title President  Organization GNE Consulting Services Inc	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.		
P.O. Box, Building and Room Number, if any			
Street 10950 Arrow Rte #871			
City Rancho Cucamonga			
State CA ZIP Code + 4 91729			

15.a. Employer Name:			15.b. Trade Name, if any:
Portillo's Hot Dogs, LLC			
15.ç. To Who	15.c. To Whom Paid		15.d. Amount 51, 983
Name	Abe	Flores	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding
Organizatio	Organization A&S Consulting Services		exercising their rights to organize and bargain collectively.
P.O. Box, E	Building and Room Nu	mber, if any	
Street 35	151 Silverleaf	Lane	
City Murrieta			•
State Ca	lifornia	<b>ZIP Code + 4</b> 925	63

15.a. Employer Name:			15.b. Trade Name, if any:	
PowerP	ak Civil & Safety LI	rC.		
15.c. To Whom	n Paid		15.d, Amount 5, 066	
Name	Patrick	O'Mara	15.e.,Purpose	
Title	President		Engaged to communicate to employees regarding exercising their rights to organize and bargain	
Organization	OMara & Associates	LLC	collectively.	
P.O. Box, Bu	uilding and Room Number, if ar	ny		
Street PO	Box 2624		,	
City Novato				
State CA		ZIP Code + 4 94948		
<u> </u>				

Name of Pers	on Filing: LRI Con	sulting Services, Inc.	File Number C- 00525
D. Schedule	of Disbursements for F		se this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employ	ver Name: Lab, Inc.		15:b. Trade Name, if any:
15.c, To Whom Paid			15.d. Amount 7,461
Name	Patrick	O'Mara	15.e. Purpose
Title President  Organization OMara & Associates LLC		iates LLC	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any			

15.a. Employer Name: Raymundo's Food Group				15.b. Trade Name, if any:	
15.c. To Whom Paid			15.d. Amount 9, 334		
Name	Abé	Flores		15.e. Purpose	
Title	Title Individual			Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
Organization	Organization A&S Consulting Services				
P.O. Box, Bu	P.O. Box, Building and Room Number, if any				
Street 35151 Silverleaf Lane					
City Murrieta					
State Cal.	ifornia	ZIP Code + 4	925.63		

15.a. Employer	Name:	15.b. Trade Name, if any:
Raymun	do's Food Group	
15.c. To Whom	Paid	15.d. Amount 23,148
Name	Gustavo Flores	15:e. Purpose
Title	President	Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization	GNE Consulting Services Inc	collectively.
P.O. Box, Bu	ilding and Room Number, if any	
Street 109	50 Arrow Rte #871	
City Ran	cho Cucamonga	
State CA	ZIP Code + 4	91729

Street PO Box 2624

City Novato
State CA

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.

INSTRUCTIONS.			
15.a. Employer Name: Rhode Island LFC	Genco, LLC	15.b. Trade Name, if any:	
15.c. To Whom Paid	<del></del>	15.d. Amount 13,811	
Name David	Sapenoff	15.e. Purpose	
Title Individua	al	Engaged to communicate to employees regarding	
Organization Sapenoff Consulting		exercising their rights to organize and bargain collectively.	
P.O. Box, Building and Roo	m Number, if any		
Street 8929 West 161	st St		
City Overland Park			
State Kansas	ZIP Code + 4 66085	·	

15.a. Employer Name:			15.b. Trade Name, if any:
RJ Distributing Company			
15.c. To Who	15.c. To Whom Paid		15.d. Amount 6, 640
Name	David	Sapenoff	15.e. Purpose
Title	Individual		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizatio	Organization Sapenoff Consulting		collectively.
P.O. Box, E	Building and Room Numb	er, if any	
Street 89	29 West 161st St		
City Ov	erland Park		
State Ka	nsas	ZIP Code + 4 66085	

15.a. Employer Name: RMA Worldwide Chauffeured Transporation	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 6, 618
Name Scott Michel	15.e. Purpose
Title Individual	Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization Scott Michel	collectively.
P.O. Box, Building and Room Number, if any	
Street 819 Herman Road	
City Horsham	
State PA ZIP Code + 4	19044

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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:

Ross Stores, Inc.

15.c. To Whom Paid

Name

Carina

Hunt

Title

President

Organization C Hunt Management Consulting Inc

P.O. Box, Building and Room Number, if any

Street 909 Champions Court

City Roanoke

State Texas

State TX

ZIP Code + 4 76262

ZIP Code + 4 79912

15.b. Trade Name, if any:

15.d. Amount 4,740

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain

collectively.

15.a. Employer Name: 15.b. Trade Name, if any: Sabre Industries 15.d. Amount 9,935 15.c. To Whom Paid Amed Santana Name 15.e. Purpose Title President Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization Santana International Inc collectively. P.O. Box, Building and Room Number, if any Street 7049 Westwind Dr., Suite 6001 City El Paso

15.a. Employ	yer Name:		15.b. Trade Name, if any:
Sabre Industries			
15.c. To Whom Paid			15.d. Amount 8., 64.7
Name	Eric	Vanetti	15.e. Purpose
Title	Owner		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizati	on		collectively.
P.O. Box,	Building and Room Number, if an	у	
Street 92	278 S Harl Ave		
City Te	empe		
State A	Z	ZIP Code + 4 85284	

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Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions

Schaeffler Group USA, Inc.	Instructions.				
Name Daniel Block  Title President  Organization Labor Management Associates LLC  P.O. Box, Building and Room Number, if any  Street 6506 Mount Batten Ct  City Prospect	15.a. Employer Name: Schaeffler Group USA, Inc.	15.b. Trade Name, if any:			
Title President Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.  P.O. Box, Building and Room Number, if any  Street 6506 Mount Batten Ct  City Prospect	,	l			
Organization Labor Management Associates LLC collectively.  P.O. Box, Building and Room Number, if any  Street 6506 Mount Batten Ct  City Prospect		15:e. Purpose  Engaged to communicate to employees regarding			
Street 6506 Mount Batten Ct City Prospect	Organization Labor Management Associ				
City Prospect	P.O. Box, Building and Room Number, if any				
	Street 6506 Mount Batten Ct				
State Kentucky ZIP Code + 4 40059	City Prospect				
	State Kentucky ZIP	Code + 4 40059			

15.a. Employer Name:			15.b. Trade Name, if any:
ST Genetics			
15.c. To Whom	15.c. To Whom Paid		15.d. Amount 20, 903
Name	Patrick	O'Mara	15.e. Purpose
Title	President		Engaged to communicate to employees regarding
Organization	OMara & Associates	ĽĽC	exercising their rights to organize and bargain collectively.
P.O. Box, Bu	P.O. Box, Building and Room Number, if any		
Street PO Box 2624			
City Nov	ato		
State CA		ZIP Code + 4 94948	

15.a. Employer Name: .			15.b. Trade Name, if any:
Sunbelt Rentals Inc			
15.c. To Whom Paid			15.d. Amount 1, 693
Name	Byron	Clay	15.e. Purpose
Title	President		Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizatio	n BJC and Associates	Inc	collectively.
P.O. Box, E	Building and Room Number, if ar	пу	
Street 10108 Fehlberg Court			
City St	John		
State IN		ZIP Code + 4 46379	

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:

Sunbelt Rentals Inc

15.c. To Whom Paid

Name

Michael

Ciabattoni

Title

Principal

Organization MSC Labor Relations and Legislative

P.O. Box, Building and Room Number, if any

Street 27 Catherine Court

City Bear

State Delaware

ZIP Code + 4 19701

15.b. Trade Name, if any:

15.d. Amount 253, 076

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain

collectively.

15.a. Employer Name: 15.b. Trade Name, if any: Sysco Hampton Roads 15.c. To Whom Paid 15.d. Amount 16,746 Patrick O'Mara Name 15.e. Purpose Title President Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization OMara & Associates LLC collectively. P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948

15.a. Employer Name:	:	15.b. Trade Name, if any:
Sysco Hampt	ton Roads	
15.c. To Whom Paid		15.d. Amount 23-, 759
Name Davi		15.e. Purpose
Title Indi	ividual	Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization Sapenoff Consulting		collectively.
P.O. Box, Building and Room Number, if any		
Street 8929 West 161st St		
City Overland Park		
State Kansas	ZIP Code + 4 66085	

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Vail Resorts, Inc.

15.c. To Whom Paid

Name

Jeff

Usher

Title

President

Organization Reed Consulting, LLC

P.O. Box, Building and Room Number, if any

PO Box 1792

Street

City Matthews

State North Carolina

ZIP Code + 4 28106

15.b. Trade Name, if any:

15.d. Amount 35, 436

15.e. Purpose

Engaged to offer advice to Employer along with communicating to Employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Van Gogh, Inc.				15.b. Trade Name, if any:	
15.c. To Whom Paid		15.d. Amount 23,476	i		
Name	Abé	Flores		15.e. Purpose	
Title	Individual			Engaged to communicate to employees regarding	
Organization A&S Consulting Services		exercising their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any					
Street 35151 Silverleaf Lane					
City Murrieta					
State Cali	formia	ZIP Code + 4	92563		

15.a. Employer Name: Van Gogh, Inc.		15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 24, 934
Name Gustavo F	lores	15.e. Purpose
Title President		Engaged to communicate to employees regarding
Organization GNE Consulting Services Inc		exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any		
Street 10950 Arrow Rte #871		
City Rancho Cucamonga		
State CA	ZIP Code:+ 4 91729	

D. Schedule of Disbursements for Reportable Activity  Use this Sche instructions.		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: Williams-Sonoma, Inc		15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 1,543
Name Evelyn	Fragoso	15.e. Purpose
Title President		Engaged to communicate to employees regarding
Organization Quality Labor Solutions Inc		exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number	er, if any	
Street 4859 West Slauson Ave, #191		
City Los Angeles		
State CA	ZIP Code + 4 9	0056

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