

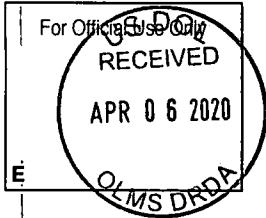
FORM LM-21

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 C- 00525	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1 / 1 / 2019	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2019
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State OK ZIP Code + 4 74011

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

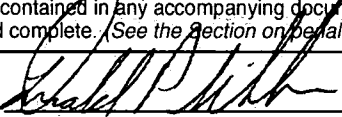
Street

City

State ZIP Code + 4

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
(if other title, see instructions)

Title CEO

On 3 / 30 / 2020 918-455-9995
Date Telephone Number

18. Signed  Treasurer
(If other title, see instructions)

Title Treasurer

On 3 / 30 / 2020 918-455-9995
Date Telephone Number

Name of Person Filing: LRI Consulting Services, Inc.

File Number C- 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

Trade Name

Attention To

Title

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

Street

City

State

ZIP Code + 4

Not Required under
LM-21 Special
Enforcement Policy

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 reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(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

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. 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 C.

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)

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

15.a. Employer Name: Advanced Disposal	15.b. Trade Name, if any:
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 ZIP Code +4 19044	15.d. Amount 8,823 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Aramark Healthcare Support Services LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name David Sapenoff Title Individual Organization Sapenoff Consulting P.O. Box, Building and Room Number, if any Street 8929 West 161st St City Overland Park State Kansas ZIP Code +4 66085	15.d. Amount 9,402 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Arcosa, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name David Sapenoff Title Individual Organization Sapenoff Consulting P.O. Box, Building and Room Number, if any Street 8929 West 161st St City Overland Park State Kansas ZIP Code +4 66085	15.d. Amount 11,277 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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: AvalonBay Communities, Inc.	15.b. Trade Name, if any:
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 State MN ZIP Code + 4 55127	15.d. Amount 22,721 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Black Horse Carriers, Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Amed Santana Title President Organization Santana International Inc P.O. Box, Building and Room Number, if any Street 7049 Westwind Dr., Suite 6001 City El Paso State Texas ZIP Code + 4 79912	15.d. Amount 14,748 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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

15.a. Employer Name: CAE Oxford Aviation Academy	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code +4 94948	15.d. Amount 17,915 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CAE Oxford Aviation Academy	15.b. Trade Name, if any:
15.c. To Whom Paid Name Eric Vanetti Title Owner Organization P.O. Box, Building and Room Number, if any Street 9278 S Harl Ave City Tempe State AZ ZIP Code +4 85284	15.d. Amount 19,154 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CAE Simuflite, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Eric Vanetti Title Owner Organization P.O. Box, Building and Room Number, if any Street 9278 S Harl Ave City Tempe State AZ ZIP Code +4 85284	15.d. Amount 16,811 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 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 Name Byron Clay Title President Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379	15.d. Amount 11,770 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

15.a. Employer Name: Cascades Containerboard Packaging	15.b. Trade Name, if any:
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 ZIP Code + 4 19044	15.d. Amount 28,943 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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15.a. Employer Name: CBRE Global Workplace Solutions	15.b. Trade Name, if any:
15.c. To Whom Paid Name David Sapenoff Title Individual Organization Sapenoff Consulting P.O. Box, Building and Room Number, if any Street 8929 West 161st St City Overland Park State Kansas ZIP Code + 4 66085	15.d. Amount 3,254 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CBRE Managed Services Inc	15.b. Trade Name, if any:
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.d. Amount 4,014 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CEMEX	15.b. Trade Name, if any:
15.c. To Whom Paid Name Johan Pena Title Individual Organization Johan Pena P.O. Box, Building and Room Number, if any Street 14173 SW 158th Court City Miami State Florida ZIP Code + 4 33196	15.d. Amount 159,092 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 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 P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024	15.d. Amount 93,649 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CEMEX	15.b. Trade Name, if any:
15.c. To Whom Paid Name Carlos Flores Title President Organization Flores Labor Relations Inc P.O. Box, Building and Room Number, if any Street 30000 Avenida Cima Del Sol City Temecula State CA ZIP Code + 4 92591	15.d. Amount 93,377 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CEMEX	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 26,904 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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: CEMEX	15.b. Trade Name, if any:
15.c. To Whom Paid Name Gustavo Flores Title President Organization GNE Consulting Services Inc P.O. Box, Building and Room Number, if any Street 10950 Arrow Rte #871 City Rancho Cucamonga State CA ZIP Code + 4 91729	15.d. Amount 83,604 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CEMEX	15.b. Trade Name, if any:
15.c. To Whom Paid Name Amed Santana Title President Organization Santana International Inc P.O. Box, Building and Room Number, if any Street 7049 Westwind Dr., Suite 6001 City El Paso State Texas ZIP Code + 4 79912	15.d. Amount 147,849 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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 Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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15.a. Employer Name: CenterPoint Energy Service Company, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 5,880 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Colorado Mech Insulation & Firestopping	15.b. Trade Name, if any:
15.c. To Whom Paid Name Johan Pena Title Individual Organization Johan Pena P.O. Box, Building and Room Number, if any Street 14173 SW 158th Court City Miami State Florida ZIP Code + 4 33196	15.d. Amount 17,292 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Dart Container	15.b. Trade Name, if any:
15.c. To Whom Paid Name David Sapenoff Title Individual Organization Sapenoff Consulting P.O. Box, Building and Room Number, if any Street 8929 West 161st St City Overland Park State Kansas ZIP Code + 4 66085	15.d. Amount 4,058 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 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 Whom Paid Name Byron Clay Title President Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379	15.d. Amount 9,461 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Dollar General Corporation	15.b. Trade Name, if any:
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 State MN ZIP Code + 4 55127	15.d. Amount 6,399 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Dollar General Corporation	15.b. Trade Name, if any:
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 ZIP Code + 4 19044	15.d. Amount 10,596 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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15.a. Employer Name: Dollar General Corporation	15.b. Trade Name, if any:
15.c. To Whom Paid Name Eric Vanetti Title Owner Organization P.O. Box, Building and Room Number, if any Street 9278 S Harl Ave City Tempe State AZ ZIP Code + 4 85284	15.d. Amount 8,021 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: EnerSys Energy Products Inc	15.b. Trade Name, if any:
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 ZIP Code + 4 19044	15.d. Amount 10,128 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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: Executive Security Services Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Gustavo Flores Title President Organization GNE Consulting Services Inc P.O. Box, Building and Room Number, if any Street 10950 Arrow Rte #871 City Rancho Cucamonga State CA ZIP Code + 4 91729	15.d. Amount 7,651 15.e. Purpose Engaged to communicate to employees regarding 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 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 ZIP Code + 4 19044	15.d. Amount 5,083 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Ferrara Candy Company	15.b. Trade Name, if any:
15.c. To Whom Paid Name William Herrera Title Individual Organization People Solutions Consulting Group P.O. Box, Building and Room Number, if any Street 9427 Reston Grove Lane City Houston State TX ZIP Code + 4 77095	15.d. Amount 2,910 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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15.a. Employer Name: Freedman Seating Company	15.b. Trade Name, if any:
15.c. To Whom Paid Name Amed Santana Title President Organization Santana International Inc P.O. Box, Building and Room Number, if any Street 7049 Westwind Dr., Suite 6001 City El Paso State Texas ZIP Code + 4 79912	15.d. Amount 20,060 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Freedman Seating Company	15.b. Trade Name, if any:
15.c. To Whom Paid Name David Sapenoff Title Individual Organization Sapenoff Consulting P.O. Box, Building and Room Number, if any Street 8929 West 161st St City Overland Park State Kansas ZIP Code + 4 66085	15.d. Amount 20,244 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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: Gemstone Foods, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name William Herrera Title Individual Organization People Solutions Consulting Group P.O. Box, Building and Room Number, if any Street 9427 Reston Grove Lane City Houston State TX ZIP Code + 4 77095	15.d. Amount 8,762 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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

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

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

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

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

15.a. Employer Name: Klausner Lumber One	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title President Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 515 S Gull Lake Drive City Richland State MI ZIP Code + 4 49083	15.d. Amount 9,779 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

15.a. Employer Name: Krapf Group - Birnie Bus Services Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Johan Pena Title Individual Organization Johan Pena P.O. Box, Building and Room Number, if any Street 14173 SW 158th Court City Miami State Florida ZIP Code + 4 33196	15.d. Amount 45,174 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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15.a. Employer Name: Krapf Group - Birnie Bus Services Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Abe Flores Title Individual Organization A&S Consulting Services P.O. Box, Building and Room Number, if any Street 35151 Silverleaf Lane City Murrieta State California ZIP Code + 4 92563	15.d. Amount 6,119 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Lenco Armored Vehicles, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Gustavo Flores Title President Organization GNE Consulting Services Inc P.O. Box, Building and Room Number, if any Street 10950 Arrow Rte #871 City Rancho Cucamonga State CA ZIP Code + 4 91729	15.d. Amount 15,472 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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

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

15.a. Employer Name: Meyer Utility Structures (Arcosa)	15.b. Trade Name, if any:
15.c. To Whom Paid Name Katie Lev Title President Organization Lev Labor LLC P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State MA ZIP Code + 4 01749	15.d. Amount 3,381 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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15.a. Employer Name: Mountain View Care & Rehab Ctr	15.b. Trade Name, if any:
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 ZIP Code + 4 19044	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 Name Byron Clay Title President Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379	15.d. Amount 7,939 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 Name Eric Vanetti Title Owner Organization P.O. Box, Building and Room Number, if any Street 9278 S Harl Ave City Tempe State AZ ZIP Code + 4 85284	15.d. Amount 10,874 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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: Opportunity House, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Amed Santana Title President Organization Santana International Inc P.O. Box, Building and Room Number, if any Street 7049 Westwind Dr., Suite 6001 City El Paso State Texas ZIP Code + 4 79912	15.d. Amount 123,656 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

15.a. Employer Name: Performance Food Group Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Johan Pena Title Individual Organization Johan Pena P.O. Box, Building and Room Number, if any Street 14173 SW 158th Court City Miami State Florida ZIP Code + 4 33196	15.d. Amount 36,215 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 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 Name Eric Vanetti Title Owner Organization P.O. Box, Building and Room Number, if any Street 9278 S Harl Ave City Tempe State AZ ZIP Code + 4 85284	15.d. Amount 32,306 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Poleset Inc	15.b. Trade Name, if any:
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 ZIP Code + 4 19044	15.d. Amount 10,956 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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

15.a. Employer Name: Portillo's Hot Dogs, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Abe Flores Title Individual Organization A&S Consulting Services P.O. Box, Building and Room Number, if any Street 35151 Silverleaf Lane City Murrieta State California ZIP Code + 4 92563	15.d. Amount 51,983 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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: QED Lab, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 7,461 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Raymundo's Food Group	15.b. Trade Name, if any:
15.c. To Whom Paid Name Abe Flores Title Individual Organization A&S Consulting Services P.O. Box, Building and Room Number, if any Street 35151 Silverleaf Lane City Murrieta State California ZIP Code + 4 92563	15.d. Amount 9,334 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Raymundo's Food Group	15.b. Trade Name, if any:
15.c. To Whom Paid Name Gustavo Flores Title President Organization GNE Consulting Services Inc P.O. Box, Building and Room Number, if any Street 10950 Arrow Rte #871 City Rancho Cucamonga State CA ZIP Code + 4 91729	15.d. Amount 23,148 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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: Rhode Island LFG Genco, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name David Sapenoff Title Individual Organization Sapenoff Consulting P.O. Box, Building and Room Number, if any Street 8929 West 161st St City Overland Park State Kansas ZIP Code + 4 66085	15.d. Amount 13,811 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: RJ Distributing Company	15.b. Trade Name, if any:
15.c. To Whom Paid Name David Sapenoff Title Individual Organization Sapenoff Consulting P.O. Box, Building and Room Number, if any Street 8929 West 161st St City Overland Park State Kansas ZIP Code + 4 66085	15.d. Amount 6,640 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: RMA Worldwide Chauffeured Transportation	15.b. Trade Name, if any:
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 ZIP Code + 4 19044	15.d. Amount 6,618 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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.b. Trade Name, if any:
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 TX ZIP Code + 4 76262	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: Sabre Industries	15.b. Trade Name, if any:
15.c. To Whom Paid Name Amed Santana Title President Organization Santana International Inc P.O. Box, Building and Room Number, if any Street 7049 Westwind Dr., Suite 6001 City El Paso State Texas ZIP Code + 4 79912	15.d. Amount 9,935 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Sabre Industries	15.b. Trade Name, if any:
15.c. To Whom Paid Name Eric Vanetti Title Owner Organization P.O. Box, Building and Room Number, if any Street 9278 S Harl Ave City Tempe State AZ ZIP Code + 4 85284	15.d. Amount 8,647 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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: Schaeffler Group USA, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid 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 State Kentucky ZIP Code + 4 40059	15.d. Amount 13,573 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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

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 Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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15.a. Employer Name: Sunbelt Rentals Inc	15.b. Trade Name, if any:
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.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: Sysco Hampton Roads	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 16,746 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

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: Vail Resorts, Inc.	15.b. Trade Name, if any:
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.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 Name Abe Flores Title Individual Organization A&S Consulting Services P.O. Box, Building and Room Number, if any Street 35151 Silverleaf Lane City Murrieta State California ZIP Code + 4 92563	15.d. Amount 23,476 15.e. Purpose Engaged to communicate 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 Name Gustavo Flores Title President Organization GNE Consulting Services Inc P.O. Box, Building and Room Number, if any Street 10950 Arrow Rte #871 City Rancho Cucamonga State CA ZIP Code + 4 91729	15.d. Amount 24,934 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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: Williams-Sonoma, Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Evelyn Fragoso Title President Organization Quality Labor Solutions Inc P.O. Box, Building and Room Number, if any Street 4859 West Slauson Ave, #191 City Los Angeles State CA ZIP Code + 4 90056	15.d. Amount 1,543 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.