

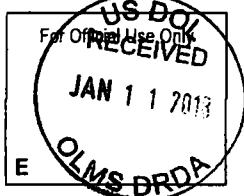
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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

659681

1. File Number C- <input type="text"/>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
67809	From:	1 / 1 / 2017		12 / 31 / 2017

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	SANDRA L TYSON
Title	SELF
Organization	
P.O. Box, Building and Room Number, if any	
Street	17623 SMITH ST
City	RIVERVIEW
State	Michigan
ZIP Code + 4	48193
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 <u>Sandra L Tyson</u>	President (if other title, see instructions)
Title <u>Other (Specify)</u>	
On <u>12 / 14 / 2017</u>	Telephone Number <u>734-306-9703</u>
Date	Telephone Number
18. Signed _____	Treasurer (If other title, see instructions)
Title <u>Treasurer</u>	
On <u> / / </u>	Telephone Number _____
Date	Telephone Number

Name of Person Filing: Sandra L Tyson	File Number C-
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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 Notting Hill of West Bloomfield	P.O. Box, Building and Room Number, if any		
Trade Name	Street 6535 Drake Rd		
Attention To Carrie <input type="checkbox"/> Beaulieu	City West Bloomfield		
Title Administrator	State Michigan	ZIP Code + 4 48322	
5.b. Termination Date 11/29/2017		5.c. Amount 6,500	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,500			

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			
SANDRA	L	TYSON	6,500	0	6,500	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:					6,500	14. Total Disbursements (Sum of Items 8-13) 6,500	

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: SANDRA L TYSON	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 6,500
Name SANDRA L TYSON	15.e. Purpose ENGAGED COMMUNICATE RIGHTS RELATIVE TO UNION ORGANIZING AND COLLECTIVE BARGAINING TO EMPLOYEES
Title CONSULTANT	
Organization SELF	
P.O. Box, Building and Room Number, if any	
Street 17623 SMITH ST	
City RIVERVIEW	
State Michigan ZIP Code + 4 48193	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 6,500	