

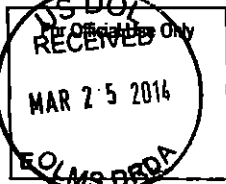
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

548470

1. File Number C- 752	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2013		12 / 31 / 2013

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept
Name Eric J Vanetti	Name
Title Owner	Title
Organization Vantage Point Alliance	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 3611 S. Gekeler Lane, M-124	Street
City Boise	City
State Idaho ZIP Code + 4 83706	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>Eric Vanetti</u>	President (if other title, see instructions)	18. Signed <u>/</u>	Treasurer (if other title, see instructions)
Title Sole Proprietor		Title Treasurer	
On 03 / 19 / 2014	704-804-1625	On / /	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Eric Vanetti	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 V&M Star / Vallourec Group		P.O. Box, Building and Room Number, if any	
Trade Name		Street	2669 Martin Luther King Jr. Blvd.
Attention To	Trina Rausher-Cooper	City	Youngstown
Title	Director, Human Resources	State	Ohio
		ZIP Code + 4	44510

5.b. Termination Date 02/20/13 5.c. Amount 6,475

6. TOTAL RECEIPTS FROM ALL EMPLOYERS ~~78,536~~ 78,536

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	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Eric Vanetti	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).

Employer: OK Industries

Trade Name:

Attention To: Paul ☐ Fox

Title:

Mailing Address:
P.O. Box, Building and Room Number, if any:

Street: 4601 North 6th Street

City: Fort Smith

State: Arkansas ZIP Code + 4: 72904

5.b. Termination Date: 12/4/13 5.c. Amount: 2,981

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: ~~7,536~~ 78,536

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	
<u></u>	<u></u>	<u></u>	<u></u>	9. Office and Administrative Expenses <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	10. Publicity <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements <u></u>
8. Total disbursements to officers and employees: <u></u>				14. Total Disbursements (Sum of Items 8-13) <u></u>

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: Washington ZIP Code + 4:

15.d. Amount:

15.e. Purpose:

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Eric Vanetti	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	NDI Driveshaft (NTN Bower Corp.)	P.O. Box, Building and Room Number, if any	
Trade Name		Street	2086 Military St. South
Attention To	Ira Levinsky	City	Hamilton
Title	Director, Human Resources	State	Alabama ZIP Code + 4 35570
5.b. Termination Date 06/19/13		5.c. Amount 23,837	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 23,837 70,536			

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	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Eric Vanetti	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).

Employer: Caterpillar Company

Trade Name:

Attention To: Ron Hasinger

Title:

Mailing Address: P.O. Box, Building and Room Number, if any

Street: 101 NE Adams Street

City: Peoria

State: Illinois ZIP Code + 4: 61629

5.b. Termination Date: 06/28/13

5.c. Amount: 6,048

6. TOTAL RECEIPTS FROM ALL EMPLOYERS ~~70,536~~ 78,536

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: Washington ZIP Code + 4:

15.d. Amount:

15.e. Purpose:

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Eric Vanetti	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). Employer NTN Bower Corporation Trade Name _____ Attention To David Kostello Title Director, Human Resources		Mailing Address: P.O. Box, Building and Room Number, if any _____ Street 2086 Military St. South City Hamilton State Alabama ZIP Code + 4 35570	
5.b. Termination Date 10/31/13		5.c. Amount 39,195	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 39,195 78,536			

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 Washington ZIP Code + 4 _____	15.d. Amount _____ 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	