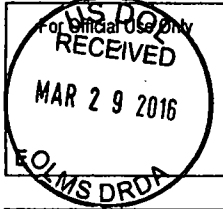


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

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

616145

1. File Number C- <input type="text" value="66577"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2015"/> Through: <input type="text" value="12/31/2015"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Michael"/> <input type="text" value="Swinton"/>	4. Any other address where records necessary to verify this report are kept
Title <input type="text" value="President"/>	Name <input type="text"/>
Organization <input type="text" value="Presidio Executive Consultants, LLC"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text" value="404 Presidio Court"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Southlake"/>	Street <input type="text"/>
State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="76092-6042"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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	18. Signed _____
Title <input type="text" value="Other (Specify)"/> <input type="text" value="President sole proprietor"/>	Treasurer (If other title, see instructions) <input type="text" value="Treasurer"/>
On <input type="text" value="3/24/2016"/> <input type="text" value="(817) 488-0813"/>	On <input type="text"/> <input type="text"/>
Date Telephone Number	Date Telephone Number

Print Report

Name of Person Filing: Michael Swinton

File Number C-

66577

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:

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

Employer Nestle Waters North America Inc.

Trade Name

Street

Attention To Charles

Broll

City

Stamford

Title

Executive VP, General Counsel

State

Connecticut

ZIP Code + 4

06902-1128

5.b. Termination Date labor consult 4/30/2015

5.c. Amount 7,188

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7,188

Additional Employer Addresses**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

Michael	Swinton	0	7,188	7,188	9. Office and Administrative Expenses	0
		0	0	0	10. Publicity	0
		0	0	0	11. Fees for Professional Services	0
		0	0	0	12. Loans Made	0
		0	0	0	13. Other Disbursements	0
8. Total disbursements to officers and employees:				7,188	14. Total Disbursements (Sum of Items 8-13)	7,188

Additional Officers & Employees**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 0

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0