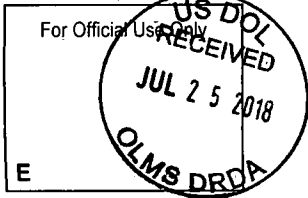


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

680707

1. File Number C- <input type="text"/> 68180	2. Period Covered By This Report From: <input type="text"/> 06 / <input type="text"/> 01 / <input type="text"/> 2017 Through: <input type="text"/> 06 / <input type="text"/> 01 / <input type="text"/> 2018
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### A. Person Filing

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

Name  Canaan  P  Palker

Title  VP Operations/Treasurer

Organization  DHLNH

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

Street  15 Cross Rd

City  Hooksett

State  New Hampshire ZIP Code + 4  03106

#### 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

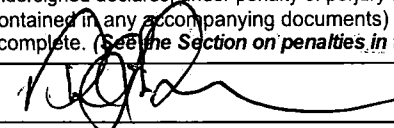
Street

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   
Title  President  
President  
(if other title, see instructions)

18. Signed   
Title  Treasurer  
Treasurer  
(if other title, see instructions)

On  07 /  12 /  2018  802-448-7223  
Date Telephone Number

On  07 /  12 /  2018  802-448-7223  
Date Telephone Number

Name of Person Filing: Canaan Palker	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 <input style="width: 90%;" type="text" value="Sparta Services"/>		P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text" value="suite 225"/>	
Trade Name <input style="width: 90%;" type="text"/>		Street <input style="width: 90%;" type="text" value="2086 s. yale ave"/>	
Attention To <input style="width: 40%;" type="text" value="James"/> <input style="width: 10%; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle; margin: 0 5px;"/> <input style="width: 40%;" type="text" value="Teague"/>		City <input style="width: 90%;" type="text" value="Tulsa"/>	
Title <input style="width: 90%;" type="text" value="President"/>		State <input style="width: 90%;" type="text" value="Oklahoma"/>	ZIP Code + 4 <input style="width: 90%;" type="text" value="74136"/>

5.b. Termination Date <input style="width: 90%;" type="text" value="07/01/2017"/>	5.c. Amount <input style="width: 90%;" type="text" value="25,000"/>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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	
<input style="width: 90%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	9. Office and Administrative Expenses <input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	10. Publicity <input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	11. Fees for Professional Services <input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	12. Loans Made <input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	13. Other Disbursements <input style="width: 90%;" type="text"/>
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13) <input style="width: 90%;" type="text"/>

**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: <input style="width: 90%;" type="text"/>	15.b. Trade Name, If any: <input style="width: 90%;" type="text"/>
15.c. To Whom Paid	15.d. Amount <input style="width: 90%;" type="text"/>
Name <input style="width: 40%;" type="text"/> <input style="width: 10%; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle; margin: 0 5px;"/> <input style="width: 40%;" type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
Title <input style="width: 90%;" type="text"/>	
Organization <input style="width: 90%;" type="text"/>	
P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/>	
Street <input style="width: 90%;" type="text"/>	
City <input style="width: 90%;" type="text"/>	
State <input style="width: 90%;" type="text" value="Washington"/>	ZIP Code + 4 <input style="width: 90%;" type="text"/>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY