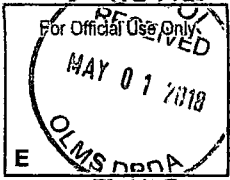


FORM LM-21

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

676357

| | |
|--------------------------|---|
| 1. File Number C-: 65324 | 2. Period Covered By This Report From: 01 / 01 / 2017 Through: 12 / 22 / 2017 |
|--------------------------|---|

| | |
|--|--|
| A. Person Filing | |
| 3. Name and mailing address (include ZIP Code): | |
| Name | William T. Herrera |
| Title | SOLE PROPRIETOR |
| Organization | PEOPLE SOLUTIONS CONSULTANTS |
| P.O. Box, Building and Room Number, if any | |
| Street | 23914 Waterhole Lane |
| City | San Antonio |
| State | Texas <input checked="" type="checkbox"/> ZIP Code + 4 78261 |
| 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) | 18. Signed _____ | Treasurer (if other title, see instructions) |
| Title Sole Proprietor <input checked="" type="checkbox"/> | | Title Treasurer | |
| On 12 / 22 / 2017 | 210-988-3845 | On / / | |
| Date | Telephone Number | Date | Telephone Number |

Name of Person Filing: William Herrera

File Number C- 65324

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

Trade Name

Attention To

Title

Street

City

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

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

| | | | | | |
|---|--|--|--|---|--|
| | | | | 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:

Oxford Venture Property LLC

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

DBA E.

Title

Organization

Godfre Hotel Chicago

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

Street

127 W. Huron

City

Chicago

State

Illinois IL

ZIP Code + 4

60654

15.d. Amount

35,225

15.e. Purpose

Engage to communicate employees regarding exercise of their rights and collective bargaining process

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY