U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

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. 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

Month/Day/Year

Month/Day/Year

1. File Number C- / 5324			2. Period Covered By This Report	Month/Day/Year (mn/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)			
				By This Report From:	.01 / 01 / 2017	Through:	12 / 22 / 2017		
•		·							
A. Perso	on Filling								
3. Name	and mailing address (inc	lude ZIP Code):		4. Any other address where records necessary to verify this report are kept:					
Name	Name William .T Herrera				•				
Title	Title SOLE PROPRIETOR				Title				
Organization PEOPLE SOLUTIONS CONSULTANTS Organization							and the second of the second o		
P.O. Box, Building and Room Number, if any				P.O. Box, Building and Room Number, if any					
İ	23914 Waterhole	TE BOOK TO STATE OF THE STATE O		Street City	Company of the Compan		· · · · · · · · · · · · · · · · · · ·		
State	Texas	ZIP Code	+4 78261	State	and of the defendance was controlled to the controlled to the controlled to the controlled to the controlled to	ZIP Code	B+4		
			Signa	atures					
informatio	he undersigned declares, un on contained in any accon and complete. (See the So	mpanying documents) ha:	s been examined by the	ies of law, that all of the e signatory and is, to t	e information submitted in thi the best of the undersigned	is report (incl d's knowledg	uding the e and belief, true,		
17. Signe	ed ///		President	18. Signed	11.00		. Treasurer		
Titl	te Sole Proprieto	or s	instructions)		asurer	*	(If other title, see instructions)		
On 1	2 / 22 / 2017 ; 21		The second of th	On :	Marie Company	an and the second second	and of maketa.		
	Date T	Telephone Number		Da	te Telephone	a Number			
	•						•		

Name of Person Filing: William Herrera			File Numb	er c - 6532	24				
B. Statement of Receipts Report all receipts from e or services.	employers in connection	n with labor relation	ns advice or services regardle	ess of the purpose	s of the advice				
5.a. Name and Address of Employer (including trade name		Mailing Address:							
Employer Trade Name Attention To Title	Street City State	P.O. Box, Building and Room Number, if any Street City							
5.b. Termination Date	5.c. Amour	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 fisted in Part-8. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals									
3 3			9. Office and Administrative	e Expenses	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
		de la participa de la companya de la	10. Publicity						
and the second s	34.70		11. Fees for Professional S	Services	The state of the s				
			12. Loans Made		 				
and the second s			13. Other Disbursements						
8. Total disbursements to officers and employees:	I	14. Total Disbursements (Sum of Items 8-13)							
D. Schedule of Disbursements for Reportable Ac	ctivity Use this Sch instructions.	hadula to raport or	nly disbursements made for th	he purposes descr	ibed in Part D of the				
15.a. Employer Name:		15.b. Trade	e Name, If any:						
Oxford Venture Pr	computy LLC	2	ر المراجعة المراجعة (معرف على في فيرور والعداقة الله على المراجعة العام المراجعة المراجعة المراجعة المراجعة ا والمراجعة المراجعة (معرفة (معرفة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المرا						
15.c. To Whom Paid	700-7	15.d. Amou	15.d. Amount 3 5 , 2 25						
Name DBA E	e en la casa en les como en la composición.	d5 a Dum	45 a Dunas						
Title			15.e. Purpose						
Organization Godfre Hotel	Chicago	1.	employees regarding						
P.O. Box, Building and Room Number, if any		exercise of their rights and							
Street 127 W Huron City Chicap #	Code + 4 ** / A ** ČČ		lective barga						
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	Code + 4 60659	March Control	No. 2. Inc. in control of strains of the control	Some and the contract of the second of the s	** *** * *** *** * * * * ***				
	1522715111111								