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: 08-31-2016

Month/Day/Year

(mm/dd/yyyy)

585365

2. Period Covered

By This Report

Month/Day/Year (mπ/dd/yyyy)

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)

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1 . File Number C- 364

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

	From: 01 / 01 / 2014 Through: 12 / 31 / 2014
A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Mark Garrity	Name N/A
Title President	Title
Organization Balance Incorporated	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 1022 Nevada Highway, Suite 422	Street
City Boulder City	City
State Nevada ZIP Code + 4 89005	State ZIP Code + 4
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the esignatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 3/19/15 702-293-3576 Telephone Number	Orf 3 / 9 / 5 702-293-3576  Date Telephone Number

Name of Person Filing: M	Mark Garrity					File Number C- 364	
	ts Report all receipts from r services.	employers in	connection	with labor relatio	ns advice or servi	ces regardless of the purpos	ses of the advice
5.a. Name and Address of E	Employer (including trade na	me, if any).			Mailing Address:	Number if any	
Employer See At	tachment B			P.U. BOX, I	Building and Room	Number, if any	
				Street			
				City			
Attention To				, ,			
Title				_ State _		ZIP Code	+ 4
5.b. Termination Date				5.c. Amour	nt 38,000		
6. TOTAL RECEIPTS FR	ROM ALL EMPLOYERS	38,000					
	<u>.</u>			<del>-</del>	<u> </u>		
	<del> </del>						
C. Statement of Disburs		sbursements r yers listed in F		reporting organia	ration in connection	n with labor relations advice	e or services rendered
7. Disbursements to Office	rs and Employees:						
(a) Name		(b) Salary	(c) Expense:				1
	See Attachment C	0	2,00	0 2,000	9. Office and A	dministrative Expenses	44,899
					10. Publicity		0
					11. Fees for Pr	ofessional Services	870
					12. Loans Made	·	0
				]	13. Other Disbu	ırsements	
8. Total disbursements to	o officers and employees:			2,000	14. Total Disbur	sements (Sum of Items 8-13)	47,769
D. Sahadula of Dishum	sements for Reportable	A ctivity	l lee this Cal	nodulo to roport o	alv diabumamante	made for the surposes de	coribed in Part D of the
D. Scriedule of Disburs	sements for Reportable		instructions		niy disbursement	made for the purposes de	Scribed in Part D of the
15.a. Employer Name:	· · · · · · · · · · · · · · · · · · ·			15.b. Trac	le Name, If any:		
				7   [			
45 7 40 5 11		<u> </u>		15 d Ama			
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							
	710	B Codo ± 4 F					
State Washington		P Code + 4	<del></del>				
16. TOTAL DISBURSEN	MENTS FOR ALL REPOF	RTABLE ACTI	VITY				

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Balance Incorporated 1022 Nevada Highway, Suite 422 Boulder City, NV 89005

Attachment "B"

01/01/2014 to 12/31/2014

## **Statement of Receipts**

This report covers compensation for all advice and services provided to management including all labor relations advice and services as well as proactive and corrective follow-up programs provided to the listed client(s).

This report does not include receipts and disbursements on account of labor relations services and advice rendered by the undersigned to employers for whom the undersigned has not performed persuader activities.

See DONOVAN vs ROSE LAW FIRM, 768 F.2D 964 (8th Cir. 1985)

Client Name:	Address:	Amount:
MANDALAY BAY RESORT AND CASINO	3950 Las Vegas Boulevard South Las Vegas, NV 89119	38,000
TOTAL		\$ 38,000



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01/01/2014 to 12/31/2014

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## Attachment "C"

## Disbursements to Officers and Employees:

Name	Salary	Expenses	Totals
M. Garrity			0.00
E. Munoz			2000.00
TOTAL		_	2000.00

