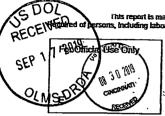
U.S. Department of Labor Office of Labor-Management Standards -Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021



This report is mandatory unidar P.L. 68-257; as amended, Falbure to comply may result in criminal prosecution, tines, or chid penalties as provided by 29 U.S.C. 439 or 440.

Ins., including labor relations consultants and other individuals and organizations, under Section 203(b) of the Labor-Management Reporting and Disclassors Act of 1959, as amended (LMRDA).

2. Period Covered Month/Day/Year (mm/dd/yyy) 1. File Number C- 1,865 4 Month/Day/Year By This Report (mm/dd/yyy) From: 62/26/ 2018 Through: 05/25/2018 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Arthur Shank Name Title Organization _ Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Street 125 Rawson Rd. Rauson City_ State Ohio ZIP Code + 4 4588/ 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 nenalties in the instructions) 17. Signed President 18. Signed _ Treasurer (If other title, see Title President (If other title. Title Treasurer instructions) see instructions) . Telephone Number Date

Name of Person Filing: Arthur Shank				File Number C-			
B. Statement of Receipts Report all receipts from or services.	n employers i	n connection v	with labor rela	tions advice or services regardless of the purpo	ses of the advice		
5.a. Name and Address of Employer (including trade	e name if am	Λ		Aailing Address:			
				_			
Trade Name Kroger Moustain View Foods			P.O. Box, Bldg., Room No., if any				
Attention To:			Street 10241 E 51 St AVENUE City Denver State Colorado ZIP Code + 4 20239				
5.b. Termination Date 05 /25/2018	•		5.c. Amount	8 22,827.54			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		, 827.5	i i				
	40 0202	, 802/3.5	7				
C. Statement of Disbursements Report all disbu	rsements ma	de by the repo	orling organiza	ation in connection with labor relations advice o	r services rendered		
to the employer 7. Disbursements to Officers and Employees:	s listed in Pa	t B.					
(a) Name	(b) Salary	(c) Expenses	(d) Totals				
Arthur Shank	12480	10,347.54	22,827.54	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:			22,827.54	14. Total Disbursements (Sum of Items 8 – 13)	22,827.54		
D. Schedule of Disbursements for Reportable Act	lvity Use	this Schedule	to report only	/ disbursements made for the purposes descrit	and in Part D of the		
		ructions.					
15.a. Employer Name:			15.b. Trade Name, if any:				
15.c. To Whom Paid			15.d. Amount				
Name	. ,						
Title		<u> </u>					
Organization			5.e. Purpose				
P.O. Box, Building and Room Number, if any				·	ĺ		
ver bonding and reconstruction, unany	•						
							
Street		—]			ļ		
City					1		
State ZIP Code + 4	· · · · · · · · · · · · · · · · · · ·				1		
16. TOTAL DISBURSEMENTS FOR ALL REPORTAB	LE ACTIVITY		.*	-			
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Name of Reporting Employer: The Kroger Co. 1/6/4 Kroger-Mountain View Foods File Number										
Check Item Number (from Page 2) to which this Part B applies	ПЕМ 8.а	ITEM 8,b	ITEM 8.c [r	IŢEM'8.d ☑	ITEM ⁽⁸ .e ⊠	ITEM 8.f				
9.a. 🔁 Agreement 🔃 Payment	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Independent consultant									
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.		9.d. Name and address of firm or labor organization with whom employed or affiliated.								
Name Arthur	nk		Organization N/A							
P.O. Box, Building and Room Number, if any			P.O. Box, Building and Room Number, if any Street Loss Payeon Rd							
Street 125 Rawson Rd City Rawson State Onio	ZIP Code + 4	15881	City Rawson	wson Rd	ZIP Code +4	45881				
English As Court Manual Court of the Court o		10.b. The promise, agreement, or arrangement was: Orat Written* Both (*Written agreements entered into during the fiscal year must be attached.)								
11.a, Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure		11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)							
03/30/2018 03/30/2018 04/18/2018 04/18/2018 04/27/2018		7,626 25,969 3,691 2,935 3,606	Payment vi Payment vi Payment vi Payment vi Payment vi	a check / // a check / // // a check						
	L		12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. Rayments: were, made: includents: to an oral, agreement; for consulting services for purposes or informing.							
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Name of Reporting Employer: The Wager Co. 1/5/4 Know- Maritain View Foods

File Number E-

1.a. Date of each payment or Dexpenditure (mm/dd/yyyy). 11.b. Amount of each payment Corresponditure.		11.c. Kind of each payment or expenditure (Specify whether: payment or loan, and whether in cash or property).				
05/25/2018	2,601	Payment via check				
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