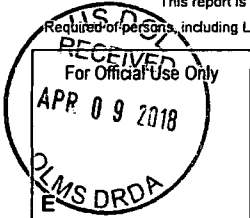


FORM LM-21

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

674508

1. File Number C- 67729	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2017	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Matthew J Antonek Title President Organization Employer Advisory Group, LLC P.O. Box, Building and Room Number, if any PO Box 86628 Street City St. Petersburg State Florida ZIP Code + 4 33738	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 <u>Matthew J Antonek</u> Title President On <u>3 / 30 / 2018</u> <u>727 888 1581</u> Date Telephone Number	18. Signed _____ Title Treasurer On <u> / / </u> _____ Date Telephone Number
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Name of Person Filing: Matthew Antonek	File Number C- 67729
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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). Employer ITW Automotive, Inc. Trade Name Attention To Martha Remski Title General Manager and Operations Dir	Mailing Address: P.O. Box, Building and Room Number, if any Engineered Fastners and Components Street 25925 Telegraph Rd, Suite 330 City Southfield State Michigan ZIP Code + 4 48033
5.b. Termination Date 5/30/2017	5.c. Amount 88,069
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 88,069	

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: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.b. Trade Name, If any: 15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		