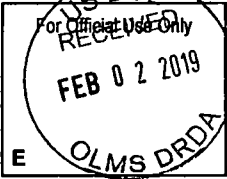


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

688266

1. File Number C- <input type="text" value="67333"/>	2. Period Covered By This Report From: <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2018"/> Through: <input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2018"/>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

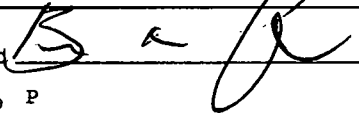
Name
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
State ZIP Code + 4

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  Title P President (if other title, see instructions)	18. Signed _____ Title T Treasurer (If other title, see instructions)
On <input type="text" value="/"/> / <input type="text" value="/"/> Date Telephone Number _____	On <input type="text" value="/"/> / <input type="text" value="/"/> Date Telephone Number _____

Name of Person Filing:	File Number C-
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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 Hallcon Trade Name _____ Attention To Rich Cliffe Title Vice President	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street 14325 West 95th Street City Lenexa State Kansas ZIP Code + 4 66215
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: Hallcon	15.b. Trade Name, if any: 	
15.c. To Whom Paid Name Brandon Ahakuelo Title _____ Organization The Global Institute for Interest Based S P.O. Box, Building and Room Number, if any _____ Street 42020 Village Center Plaza Ste 120 City Aldie State Virginia ZIP Code + 4 20105	15.d. Amount 4971.74 15.e. Purpose <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Educate employees to make an informed decision regarding exercising their right to organize and bargain collectively </div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		