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

rt is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fittes, or civil penalties as provided by 29 U.S.C. 439 or 440. 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 55406 Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C-(mm/dd/yyyy) (mm/dd/yyyy) By This Report From: 12/31/2013 /01/2013 Through: 440019 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name R Stephenson Charles Title Title Organization CRS Labor Relations Solutions Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Street Street 1500 E. Katella Avenue - Suite M City City Orange ZIP Code + 4 92867 State ZIP Code + 4 State Oklahoma **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 President 18. Signed Treasurer (If other title, see (if other title, see Other (Specify) Title instructions) instructions) Member 03/28/2014 951-371-6606 On Telephone Number Telephone Number Date

Name of Person Filing: Charles Stephenson						File Number C-				
B Statement of I	Sece	ints Report all receipts fro	om employers in	connecti	on wit	th labor relation	s àdvice or servic	es regardless of the purpos	ses of the advice	
pi aftirëmeni on	1000	or services.		<u> </u>	<u> </u>	21 1220, 10(222)				
5.a. Name and Add	ess c	f Employer (including trade i	name, if any).				ailing Address: uilding and Room	Number, if any		
Employer 1	ntè	national Labor R	elations							
Trade Name	$\overline{\Box}$					Street 80	86 South Ya	le Avenue Suite 22	25	
Attention To	Ji	n 7	league]	City Tu	lsa		<u> </u>	
Title ·	Pre	esident				State Ok	lahoma	ZIP Code	+4 74136	
5.b. Termination	 Date	12/31/2013	<u> </u>			5.c. Amount	60,191	·		
			1 1 1 1 1 1 1	Ξ		-				
6. TOTAL RECEI	PIS	FROM ALL EMPLOYERS	90,900			_	<u> </u>	<u>.</u>		
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C. Statement of	Disb	ursements Report all	disbursements r	nade by	the re	porting organiza	ation in connection	with labor relations advice	or services rendere	
-	J.U.J	to the emp	oloyers listed in F	Part B.	.,,	, , , , , , , , , , , , , , , , , , ,		,, , , , , , , , , , , , , , , , , , , ,		
	o Offi	cers and Employees:	(h) Calent	(c) Expen	ann (d) Totale	•			
(a) Name	7/=	- 50	(b) Salary				0. 0500 and 8	dustrialisticia Francaciai	T	
Charles	IR	Stephenson	40,625	19,	566	60,191		Iministrative Expenses	<u> </u>	
	ᆜ	<u></u>		<u> </u>	#		10. Publicity			
	<u>ال</u>				_			fessional Services		
		L					12. Loans Made			
				<u>L</u>			13. Other Disbu	rsements		
8. Total disburse	nent	s to officers and employee	es:			90,900	14. Total Disburs	ements (Sum of Items 8-13)	90,9	
D. Schedule of	Disb	ursements for Reportab				dule to report on	ly disbursements	made for the purposes de	scribed in Part D of t	
	•			instructio	ons.	Lati ÷		· · · · · · · · · · · · · · · · · · ·		
15.a. Employer I	lame	····				15.b. Irade	15.b. Trade Name, If any:			
ا								- :-		
15.c. To Whom F	aid					15.d. Amou	int			
Name	_					45 . Dian				
) '					_	15.e. Purpo	ose		·	
Title		<u> </u>				_				
Organization								•		
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P.O. Box, Bui	lding	and Room Number, if ar	ny			il i				
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Street										
City			•	-						
State Wash	ing	ion.	ZIP-Code + 4			¬				
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16. FOTAL DISE -	SUKS	SEMENTS FOR ALL REP	OKTABLE ACT	IVII T						

Form LM-21 (2003)

Name of Person Filing: Charles Stephenson	File Number C								
Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice of	r services regardless of the purposes of the							
5.a. Name and Address of Employer (Including trade name, if any). Mailing Address:									
P.O. Box, Bldg., Room No., if any Employer Pacific Labor Relations									
Trade Name	Street								
Attention.To: Jim Teague	City		1						
Title President	State	ZIP Code + 4							
5.b. Termination Date May, 22, 2013	5.c. Amount 30,709		==						
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre								
Employer	1.0. Box, Blag., 11001111		İ						
Trade Name	Street		1						
Attention To:	City		ĺ						
Title	State	ZIP Code + 4							
5.b. Termination Date	5.c. Amount								
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre	255:							
S.a. Name and Address of Employer (including trade name, in city).	P.O. Box, Bldg., Room								
Employer									
Trade Name	Street								
Attention To:	City								
Title	State	ZIP Code + 4							
5.b. Termination Date 5.c. Amount									
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any									
Employer									
Trade Name	Street								
Attention To:	City								
Title	State	ZIP Code + 4							
F. T. Santanian Retail	5.c. Amount								
5.b. Termination Date									
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre								
Employer	- 1								
Trade Name	Street								
Attention To:	City	,							
Title	State	ZIP Code + 4	· ·						
5.b. Termination Date									
	5.c. Amount								
5.a. Name and Address of Employer (including trade name, if any).	Malling Addr								
5.a. Name and Address of Employer (including trade name, if any).									
5.a. Name and Address of Employer (including trade name, if any). Employer	Malling Addr		-						
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	P.O. Box, Bidg., Room								
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	P.O. Box, Bidg., Room Street								
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	P.O. Box, Bidg., Room	No., if any							

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at - 21 -22	R Stephenson -	(b) Salary	(c) Expenses	d) Totals - 30,709	
Charles	K Stepnenson -		259 - [- 30,709	
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