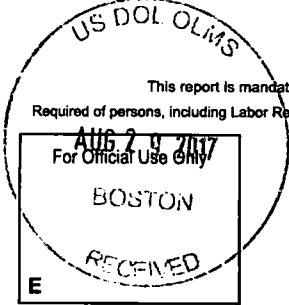


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019



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

657273

1. File Number C- <input type="text"/> 753	2. Period Covered By This Report From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2016 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> JAMES <input type="text"/> MISERCOLA	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> PRESIDENT	Name <input type="text"/> / <input type="text"/>
Organization <input type="text"/> LABOR EDUCATORS LLC	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 325 WALNUT ST.	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> BRIDGEWATER	Street <input type="text"/>
State <input type="text"/> MA. ZIP Code + 4 <input type="text"/> 02324	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 <input type="text"/> J. M.	President (if other title, see instructions)
Title <input type="text"/> President	
On <input type="text"/> 8/17/2016 <input type="text"/> 7742712765	
Date	Telephone Number
18. Signed <input type="text"/> J. M.	Treasurer (if other title, see instructions)
Title <input type="text"/> Treasurer	
On <input type="text"/> 8/17/2016 <input type="text"/> 7742712765	
Date	Telephone Number

Name of Person Filing: <u>JAMES MISERCOLA</u>	File Number C- <u>753</u>
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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).		Mailing Address: P.O. Box, Building and Room Number, if any	
Employer	<u>Saint Josephs Health Systems</u>		
Trade Name		Street	<u>3345 Michelson Drive Suite 100</u>
Attention To	<u>Stephanie O'Dell</u>	City	<u>IRVINE</u>
Title	<u>Vice President</u>	State	<u>CA</u> ZIP Code + 4 <u>92612</u>
5.b. Termination Date <u>9, 30, 2014</u>		5.c. Amount <u>90,610</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>173,210⁰⁰</u>			

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

Name of Person Filing: <u>JAMES MISERCOLA</u>	File Number C- <u>753</u>
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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).		Mailing Address:	
Employer	<u>LABOR RELATIONS INSTITUTE</u>	P.O. Box, Building and Room Number, if any	
Trade Name	<u>L.R.I.C.S.</u>	Street	<u>7850 S. ELM PLACE, STE. E</u>
Attention To	<u>ERIC FUNSTON</u>	City	<u>BROKEN ARROW</u>
Title	<u>VICE PRESIDENT</u>	State	<u>OK</u> ZIP Code + 4 <u>74011</u>
5.b. Termination Date <u>JULY 30, 2016</u>		5.c. Amount <u>82,600</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>173,210.00</u>			

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