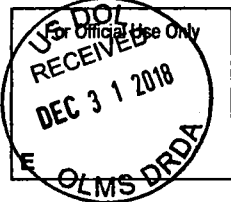


FORM LM-21

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

686674

1. File Number C- <input type="text"/>	2. Period Covered By This Report From: <input type="text"/>	Month/Day/Year (mm/dd/yyyy)	Through: <input type="text"/>	Month/Day/Year (mm/dd/yyyy)
67796	01/01/2018	12/31/2018		

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/>	<input type="text"/>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/>	ZIP Code + 4 <input type="text"/>
4. Any other address where records necessary to verify this report are kept:	
Name <input type="text"/>	<input type="text"/>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
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	President (if other title, see instructions)	18. Signed <input type="text"/>	Treasurer (If other title, see instructions)
Title <input type="text"/>		Title <input type="text"/>	
On <input type="text"/>	<input type="text"/>	On <input type="text"/>	<input type="text"/>
Date	Telephone Number	Date	Telephone Number

Name of Person Filing:

File Number C-

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 **Maine Coast Memorial Hospital**

P.O. Box, Building and Room Number, if any

Trade Name

Street

50 Union Street

Attention To

Noah☐ **Lundy**

City

Ellsworth

Title

Human Resources

State

Maine

ZIP Code + 4

046055.b. Termination Date **1/30/2018**5.c. Amount **58774.65**

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	75
					10. Publicity	
					11. Fees for Professional Services	1,066
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)	1,141

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:

Frank Barbera

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Frank☐ **Barbera**

Title

Organization

P.O. Box, Building and Room Number, if any

Street **3308 Ariba Street**City **Las Vegas**State **Nevada**ZIP Code + 4 **89129**15.d. Amount **15339.32**

15.e. Purpose

Education with employees regarding union cards, election process, union contracts, labor laws, et. Answered employee questions.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY **34,233**

Name of Person Filing:

File Number C-

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:

Nanci Meek

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Nanci

Meek

Title

Organization

P.O. Box, Building and Room Number, if any

Street 3308 Ariba Street

City Las Vegas

State Nevada

ZIP Code + 4 89129

15.d. Amount 18,894

15.e. Purpose

Education with employees regarding union cards, election process, union contracts, labor laws, etc. Answered employee questions.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

ZIP Code + 4

15.d. Amount

15.e. Purpose

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

ZIP Code + 4

15.d. Amount

15.e. Purpose