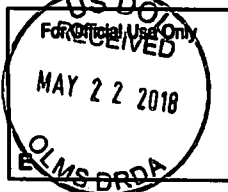


# FORM LM-21

## 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


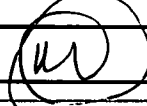
677450

1. File Number C- 364	2. Period Covered By This Report From: 01 / 01 / 2017 Through: 12 / 31 / 2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="checkbox"/> Mark <input type="checkbox"/> Garrity	Name <input type="checkbox"/> N/A <input type="checkbox"/>
Title <input type="checkbox"/> President	Title <input type="checkbox"/>
Organization <input type="checkbox"/> Balance Incorporated	Organization <input type="checkbox"/>
P.O. Box, Building and Room Number, if any <input type="checkbox"/>	P.O. Box, Building and Room Number, if any <input type="checkbox"/>
Street <input type="checkbox"/> 1022 Nevada Highway, Suite 422	Street <input type="checkbox"/>
City <input type="checkbox"/> Boulder City	City <input type="checkbox"/>
State <input type="checkbox"/> Nevada ZIP Code + 4 <input type="checkbox"/> 89005	State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>

### 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 <input type="checkbox"/> President	President (If other title, see instructions)	18. Signed  Title <input type="checkbox"/> Treasurer	Treasurer (If other title, see instructions)
On <input type="checkbox"/> 05 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2018 <input type="checkbox"/> 702-293-3576	Date Telephone Number	On <input type="checkbox"/> 05 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2018 <input type="checkbox"/> 702-293-3576	Date Telephone Number

Name of Person Filing:	File Number C- <u>364</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 <input style="width: 90%;" type="text"/>		P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/>	
Trade Name <input style="width: 90%;" type="text"/>		Street <input style="width: 90%;" type="text"/>	
Attention To <input style="width: 20%;" type="text"/> <input style="width: 5%;" type="checkbox"/> <input style="width: 65%;" type="text"/>		City <input style="width: 90%;" type="text"/>	
Title <input style="width: 90%;" type="text"/>		State <input style="width: 20%;" type="text"/>	ZIP Code + 4 <input style="width: 20%;" type="text"/>

5.b. Termination Date <input style="width: 80%;" type="text"/>	5.c. Amount <input style="width: 80%;" type="text"/>
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**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	
<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	9. Office and Administrative Expenses <input style="width: 20%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	10. Publicity <input style="width: 20%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	11. Fees for Professional Services <input style="width: 20%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	12. Loans Made <input style="width: 20%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	13. Other Disbursements <input style="width: 20%;" type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input style="width: 20%;" type="text"/>

**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: <input style="width: 90%;" type="text"/>	15.b. Trade Name, if any: <input style="width: 90%;" type="text"/>
15.c. To Whom Paid	15.d. Amount <input style="width: 80%;" type="text"/>
Name <input style="width: 20%;" type="text"/> <input style="width: 5%;" type="checkbox"/> <input style="width: 75%;" type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
Title <input style="width: 90%;" type="text"/>	
Organization <input style="width: 90%;" type="text"/>	
P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/>	
Street <input style="width: 90%;" type="text"/>	
City <input style="width: 90%;" type="text"/>	
State <input style="width: 20%;" type="text"/> Washington <input style="width: 10%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	

**16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**