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

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, r Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended, (LMRDA) Official Use Snly01 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT Ε Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C-(mm/dd/yyyy) (mm/dd/vyvy) By This Report From: 01 / 01 / 2016 Through: 12 / 31 / 2016 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 Douglas Piseaton Title Senior Counsel Title Organization Seaton, Peters & Revnew P.A Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Suite 500 Street 7300 Metro Blvd. Street Minneapolis City State Minnesota ZIP Code + 4 55439 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). L. Peters Thomas Revnewfreasurer 17. Signed President 18. Signed (if other title, see (If other title, see Managing Partner Other (Specify instructions) Title instructions) Partner.

03 / 24

2017

Date

952-896-1700

Telephone Number

On

24 /

Date

2017

952-896-1700

Telephone Number

Name of Person Filing: Gregory Peters					File Number C-		
B. Statement of Receipts Report all receipts from	employers i	n connec	tion with	labor relatio	ns advice or servi	ces regardless of the purpos	es of the advice
or services.							50 0. 110 00 100
5.a. Name and Address of Employer (including trade name, if any).				Mailing Address: P.O. Box, Building and Room Number, if any			
Employer Finishing Touch Plus,	Inc.					Number, if any	
Trade Name				(1915)	Carps a beginning the property of the property		
Attention To William Dougherty				-,	Hudson		
Title CBO2					Wisconsin ZIP Code + 4 54106		
5.b. Termination Date 09/15/2016				5.c. Amount 6,695			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	Chapter of an electrical content of the content of	berger?			LCC CONTRACTOR OF THE PROPERTY	Surper server	
							
C. Statement of Disbursements Report all dis	bursements	made by	the repo	orting organiz	ation in connection	on with labor relations advice	or services rendered
to the employ	ers listed in	Part B.		-			
Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Exper	nses (d) T	Totals			
Douglas P Seaton	0		Ö	0	9. Office and A	Administrative Expenses	THE PARTY OF THE P
Control Contro			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10. Publicity		20000000000 The April Control of the April o
			Selection and		11. Fees for Pr	ofessional Services	
		437	6.4		12. Loans Made	,	
The state of the s		Section 1			13. Other Disb	ırsements	
8. Total disbursements to officers and employees:				0	14. Total Disbur	sements (Sum of Items 8-13)	0
D. Schedule of Disbursements for Reportable A	Activity	Lice this	Schodul	lo to conort o	the diabona and	s made for the purposes desc	aribad in Bart Daftha
		instructio		e to report of	ily dispursement	made for the purposes desc	inded in Part D of the
15.a. Employer Name:				15.b. Trade Name, If any:			
25 ASS AS	lich i Så				A Company in		
15.c. To Whom Paid				15.d. Amo	Fellowski bringer state		÷4 Man
15.c. To Whom Paid			And Sank	15.d. Amo	unt Control		
15.c. To Whom Paid Name	on many springer for freedom springer to see the second	ME 272		T	int see		
15.c. To Whom Paid Name Title	on many springer for freehold springer to see the see the			15.d. Amo	int see		
15.c. To Whom Paid Name	on many springer for freehold springer to see the see the	ME 272		15.d. Amo	int See		
15.c. To Whom Paid Name Title Organization	on many springer for freehold springer to see the see the	ME 272		15.d. Amo	int See		
15.c. To Whom Paid Name Title	on many springer for freehold springer to see the see the	ME 272		15.d. Amo	int See		
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any		ME 272		15.d. Amo	int See		
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street		ME 272		15.d. Amo	int See		
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City		ME 272		15.d. Amo	int See		

Form LM-21 (2003)