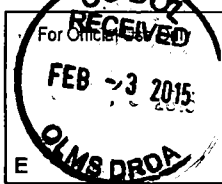


FORM LM-21

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 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

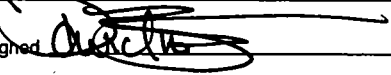
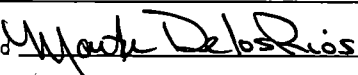
576223

1. File Number C- 0464	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2014	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name David J Burke Title CEO/Chairman of the Board Organization Labor Information Services, Inc. P.O. Box, Building and Room Number, if any PO Box 6063 Street City Malibu State California ZIP Code + 4 90264	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City 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).

17. Signed  Title Other (Specify) CEO/Chairman of the Board On 01 / 28 / 2015 800-721-4547 Date Telephone Number	President (if other title, see instructions)	18. Signed  Title Other (Specify) Office Manager On 01 / 28 / 2014 800-721-4547 Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: David Burke	File Number C- 0464
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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 See Attached	
Trade Name	Street
Attention To	City
Title	State ZIP Code + 4
5.b. Termination Date See Attached	5.c. Amount 1,066,660
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,066,660	

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	
	0	0	0	9. Office and Administrative Expenses 0
	0	0	0	10. Publicity 0
				11. Fees for Professional Services 762,198
				12. Loans Made
				13. Other Disbursements 0
8. Total disbursements to officers and employees:			0	14. Total Disbursements (Sum of Items 8-13) 762,198

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: See Attached	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 762,198	
Name See Attached	15.e. Purpose	
Title	To meet directly with employees either individually or in a group meeting to discuss issues and answer questions regarding union issues. Also to discuss their legal right to make an informed choice.	
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 762,198		