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

5 DO This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penetities as provided by 29 U.S.C. 439 or 440. ng Labor Relations Consultanta and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA) For Official Use Only APR - 2 2016 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT Month/Day/Year (mm/dd/yyyy) Month/Day/Year 2. Period Covered 1 File Number C- 65771 (mm/dd/yyyy) By This Report From: 01 / 2013 Through: 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 Stephen D Wardrop Title Title President Organization Wardrop Labor Consulting, LLC Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Street 3473 Johnson Ferry Road Street City Roswell City ZIP Code + 4 30075-5267 Siate State Georgia 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): President 17. Signed 18. Signed Treasurer (if other title, see (If other title, see ... Sole Proprietor Treasurer instructions) instructions) 770-641-0031 03/25 / 2014 On Date Telephone Number Telephone Number

Name of Person Fi	ling:	Stephen Wardrop						File Number C- 65771		
B 84-4							×= •:• · · ·			
B. Statement of H	(ece	pts Report all receipts from or services.	employers in	connectio	n with I	labor relation	ons advice or servi	ces regardless of the purpo	.58S (of the advice
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any										
Employer p	lea	se see attached	 <u>-</u>	·		P.O. Box,	Building and Room	Number, if any		\neg
Trade Name	Ē			$\overline{}$		Street [· · · · · · · · · · · · · · · · · · ·		_	
Attention To	一		···			City [
Title	一				٦	State [ZIP Code	3 + 4	
				-	_					
5.b. Termination [Date					5.c. Amou	nt			
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 employ	yers listed in F	an B.	e iopoi	iung organi	zason in connectic	in with labor relations advic	0 01 :	SOLVICES LEHIORISO
7. Disbursements to (a) Name	Offi	ers and Employees:	(b) Salary	(c) Expense	es (d) To	otals				
(-,							9. Office and A	Administrative Expenses	Т	
					=		10. Publicity		+	
							11. Fees for Pr	ofessional Services	T	[
	Ī						12. Loans Made)	1	
							13. Other Disba	ursements		
Total disbursements to officers and employees:							14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of D	lsbu	rsements for Reportable		Jse this S	chedule	to report	only disbursements	s made for the purposes de	scrib	ed in Part D of the
15.a. Employer N	ame		 -	nstructions	 -	15 b Tra	de Name, If any:			
15.0. Hade Name, it ally.							1			
15.c. To Whom Pa		· · · · · · · · · · · · · · · · · · ·				45 4 0		<u></u>		J
_	110					15.d. Amo	Jum [
Name [_				,	15.e. Puŋ	00S8	_		
Tille]					
Organization				- · · -						
DO Boy Build	lina :	and Room Number, if any								
F.O. BOX, BUILD	ing	ano recom number, ii any		7						
Street		·		=						
City										
State Washi	ngt	on Zif	Code +:4		<u> </u>					ı
		MENTS FOR ALL REPOR		/ITY		I. 			_	
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:Form LM-21;(2003)

March 25, 2014

U.S. Department of Labor Office of Labor-Management Standards Room N-5616

To Whom It May Concern:

All my engagements for 2013 were contracted through Labor Relations Institute Consulting Services.

All monies received were paid to me through Labor Relations Institute Consulting Services.

Stephen D. Wardrop

President - Sole Proprietor Wardrop Labor Consulting 3473 Johnson Ferry Road

Roswell, GA 30075

swardrop@lrionline.com

(770) 641-0031

Name of Person Filing: LRI Consulting Services, Inc. File Number C- 00525. 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: OK Industries OK Foods 15.d. Amount 5, 418 15.c. To Whom Paid Name 15.e. Purpose Title Engaged to communicate to employees regarding

collectively.

exercising their rights to organize and bargain

5.a: Employer Name: NTN-Bower Corpora	tion	15.b. Trade Name, if any:				
5.c. To Whom Paid		15.d. Amount 14,772				
Name Title		15.e. Purpose				
		Engaged to communicate to employees regarding				
Organization		exercising their rights to organize and bargain collectively.				
P.O. Box, Building and Room	Numbër, if aný					
Street						
-City-						
State	ZIP Code + 4					

Organization

Street City State

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

ZIP Code + 4