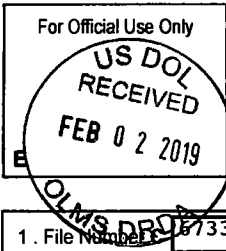


FORM LM-21

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

688261

1. File Number: 67333	2. Period Covered By This Report From: 03/05/2018 Through: 03/06/2018
-----------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: Brandon Ahakuelo Title: Organization: The Global Institute for Interest Based S P.O. Box, Building and Room Number, if any: Street: 42020 Village Center Plaza City: Aldie State: Virginia ZIP Code + 4: 20105	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: [Signature] Title: President (if other title, see instructions)	18. Signed: _____ Title: T Treasurer (If other title, see instructions)
On: / / Date: Telephone Number:	On: / / 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 Tech Systems P.O. Box, Building and Room Number, if any

Trade Name Street 6361 Walker Lane, Suite 120

Attention To Scotty Martin City Alexandria

Title President & CEO State Virginia ZIP Code + 4 22310

5.b. Termination Date 5.c. Amount

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

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.

<p>15.a. Employer Name:</p> <p><u>Tech Systems</u></p> <p>15.c. To Whom Paid</p> <p>Name <u>Brandon</u> <u>Ahakuelo</u></p> <p>Title</p> <p>Organization <u>The Global Institute for Interest Based S</u></p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <u>42020 Village Center Plaza Ste 120</u></p> <p>City <u>Adlie</u></p> <p>State <u>Virginia</u> ZIP Code + 4 <u>20105</u></p> <p>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</p>	<p>15.b. Trade Name, If any:</p> <p>15.d. Amount <u>4836.55</u></p> <p>15.e. Purpose</p> <p><u>Educate employees to make an informed decision regarding exercising their right to organize and bargain collectively</u></p>
--	---