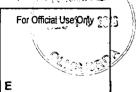
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 03-31-2019

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 personis, 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

629995

. File Number C- 495	2. Period Covered				Month/Day/Year (mmldd/yyyy)		
, , ,	By This Report From:	12/7	12015	Through:	12/	23/	20
. Person Filing Name and mailing address (include ZIP Code):							
•	4. Any other address where records necessary to verify this report are kept						
Name JoHa Hawkins	Name						
Name DoHar Hawkins Title Plesi Dent	Title	Ē					
/ Mai div	`						
Organization MANAGEMENT Penthemony Insu	Organization						
P.O. Box, Building and Room Number, if any	P.O. Box, Buildin	g and Room	Number, if a	uny			
Street 1/500 NONTHLAKE AR, SUITE 105	Street						
city CINCINNATI	City			:			
State OH ZIP Code + 4 45249	State			ZIP Cod	e+4		
Signa	itures		· · · · · · · · · · · · · · · · · · ·				
nch of the undersigned declares, under penalty of perjury and other applicable penalti formation contained in any accompanying documents) has been examined by the arrect, and complete. (See the Section on penalties in the instructions).	es of law, that all of the e signatory and is, to the	information sune best of the	ibmitted in th undersigne	is report (inc d's knowled	duding the	elief, tru	æ,
Signed President	18. Signed				_ Treas		
Title President (if other title, see instructions)	Title Trea	surer		- ,	•	er title, s ctions)	sec
12/5/2014 513 721 C6/1 Date Telephone Number	On	<u>/</u>		-			
		he	-	e Number	_		

Name of Person Filing:					File Number C- 495	•		
					•			
B. Statement of Receipts Report all receipts or services.	from employers in	connection wi	ith labor relation	ons advice or service	es regardless of the purpo	ses 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 MUARCE PIENS	u foods		·	J				
Trade Name			Street	9990 DRI	NIETON MA	1		
Attention To DAVID TIPTON Title SUP HUMAN MISSURUS			City	City Uncleared M				
Title SUP HUMA	- Mssun	LL	State					
5.b. Termination Date 12/23//	5.c. Amou	5.c. Amount \$202,075						
6. TOTAL RECEIPTS FROM ALL EMPLOYE	RS			·····				
								
				·····				
	all disbursements m mployers listed in Pa		porting organi	zation in connection	with labor relations advice	e or services rendered		
Disbursements to Officers and Employees: (a) Name	(b) Salary ((c) Expenses (d	i) Totals					
				Office and Administrative Expenses				
				10. Publicity				
				11. Fees for Professional Services				
				12. Loans Made				
				13. Other Disbur	sements			
8. Total disbursements to officers and employ	yees:			14. Total Disbursements (Sum of Items 8-13)				
		•						
						To - Lin Do-4 Do-64b		
D. Schedule of Disbursements for Report		Jse this Scher Instructions.	dute to report o	only disbursements	made for the purposes des	scribed in Part D of the		
15.a. Employer Name:				15.b. Trade Name, if any:				
15.c. To Whom Paid			15.d. Amo	15.d. Amount				
Name				15.e. Purpose				
Title								
Organization								
P.O. Box, Building and Room Number, if	anv							
	<i>,</i>							
Street								
City								
State Washington	ZIP Code + 4							

Form LM-21 (2003)

State Washington

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY