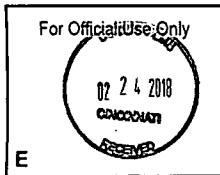


# FORM LM-21

## 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

663951

1. File Number C- 00572	2. Period Covered By This Report From: 01/01/2016 Through: 12/31/2016	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name Sanderson B Adams Title President Organization Tactical Advisory Group P.O. Box, Building and Room Number, if any Street 28 W. Orchard Road City Fort Mitchell State Kentucky ZIP Code + 4 41011	4. Any other address where records necessary to verify this report are kept: Name Susan R Crain Title Secretary/Treasurer Organization Tactical Advisory Group P.O. Box, Building and Room Number, if any Street 7182 Champions Lane City West Chester State Ohio ZIP Code + 4 45069

### 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 <u>Sanderson B. Adams</u> Title President On 2/23/2018 Telephone Number (859) 630-7292	18. Signed <u>Susan B. Crain</u> Title Treasurer On 2/23/2018 Telephone Number (513) 777-6204
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Name of Person Filing: Sanderson Adams

File Number C- 00572

**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 Pottstown Memorial Hospital

Trade Name

Street

1600 E. High Street

Attention To

Rich

Newell

City

Pottstown

Title

State

Pennsylvania

ZIP Code + 4

19464

5.b. Termination Date

9-30-2016

5.c. Amount

82,945

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 82,945

**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	57,517
					12. Loans Made	0
					13. Other Disbursements	
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)	57,517

**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:

Pottstown Memorial Medical Center

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Carina

M

Hunt

Title

C. Hunt Management Consulting, Inc.

Organization

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

Street

909 Champions Court

City

Roanoke

State

Texas

ZIP Code + 4

76242

15.d. Amount

57,517

15.e. Purpose

To inform employees of the realities of union representation and collective bargaining.

To persuade employees to vote "no" for union representation in the election.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 57,517