

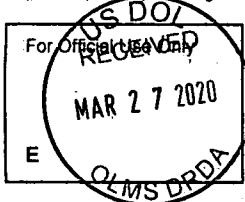
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

724760

1. File Number C- 691	2. Period Covered By This Report From: 01/01/2019	Month/Day/Year (mm/dd/yyyy)	Through: 12/31/2019	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Carina Hunt Title President Organization _____ P.O. Box, Building and Room Number, if any _____ Street 909 Champions Ct City Roanoke State Texas ZIP Code + 4 76262	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)

DocuSigned by: 17. Signed <u>Carina Hunt</u> Title President Carina Hunt On 3/23/2020 Date Telephone Number 7143104080	18. Signed _____ Title Treasurer _____ On _____ Date Telephone Number _____	Treasurer (If other title, see instructions)
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Name of Person Filing: Carina Hunt	File Number C- 691
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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): The AZ Alignment Group Association Employer _____ Trade Name _____ Attention To: _____ Title _____	Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street 6501 E Greenway Parkway #103-114 City Scottsdale State Arizona ZIP Code + 4 85254
5.b. Termination Date _____	5.c. Amount 9800
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9800	

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.
15.a. Employer Name: _____ 15.c. To Whom Paid Name _____ Title _____ Organization _____ P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	15.b. Trade Name, if any: _____ 15.d. Amount _____ 15.e. Purpose: _____	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		