

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 08-31-2016

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

546478

1. File Number C- 65743

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

03 / 01 / 2013

Through:

Month/Day/Year  
(mm/dd/yyyy)

12 / 31 / 2013

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name Daniel W Block

Title Independent Consultant

Organization

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

Street 14314 Elinor Ct

City Cypress

State Texas ZIP Code + 4 77429

#### 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

Title President

President  
(if other title, see  
instructions)

18. Signed

Title Treasurer

Treasurer  
(if other title, see  
instructions)

On

01 / 17 / 2014  
Date

8327254286  
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:

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

Employer Jeld-Wen, Inc.

Trade Name

Street

205 Lanes Dr

Attention To

City

Wilkesboro

Title

State

North Carolina



ZIP Code + 4

28659

5.b. Termination Date on-going

5.c. Amount 3,852

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 3,852

**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

Daniel	W	Block	2,985	867	3,852	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:					3,852	14. Total Disbursements (Sum of Items 8-13)	3,852

**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:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

15.e. Purpose

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

Street

City

State Washington



ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY