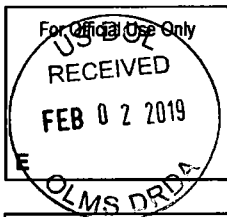


FORM LM-21

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

688263

1. File Number C- 67333	2. Period Covered By This Report From: 11/15/2017 Through: 12/07/2017
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A. Person Filing

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

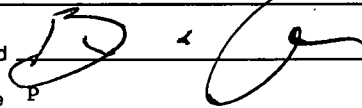
Name **Brandon** **Ahakuelo**
Title
Organization **The Global Institute for Interest Based S**
P.O. Box, Building and Room Number, if any
Street **42020 Village Center Plaza Ste 120**
City **Aldie**
State **Virginia** ZIP Code + 4 **20105**

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 
Title **P**

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-
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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.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Island Ready Mix</p> <p>Trade Name _____</p> <p>Attention To Francis Kuhn</p> <p>Title Vice President</p> </div> <div style="width: 50%;"> <p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> </div> </div>	
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.	
15.a. Employer Name: Island Ready Mix	15.b. Trade Name, If any: _____
15.c. To Whom Paid 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 Ste 120 City Aldie State Virginia ZIP Code + 4 20105	15.d. Amount 28,468.68 15.e. Purpose <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Educate employees to make an informed decision regarding exercising their right to organize and bargain collectively </div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	