

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

539114

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|------------------------------|--|
| 1. File Number C- <u>531</u> | 2. Period Covered By This Report From: <u>1/1/12</u> Through: <u>1/31/12</u> |
|------------------------------|--|

| A. Person Filing | |
|--|---|
| 3. Name and mailing address (include ZIP Code): Name <u>MICHAEL</u> <u>O. DONNELLY</u> Title <u>PRES.</u> Organization <u>PINNACLE ORG. SVC.</u> P.O. Box, Building and Room Number, if any Street <u>3103 E. HAZELWOOD</u> City <u>PHX</u> State <u>AZ</u> ZIP Code + 4 <u>85016</u> | 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 <u>[Signature]</u> Title <u>President</u> On <u>1/4/13</u> Date <u>602-790-3414</u> Telephone Number | 18. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number |
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|--|---------------------------|
| Name of Person Filing: <u>M. O'DONNELL</u> | File Number C- <u>531</u> |
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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).

Employer: MODESTO RADIOLOGY Imaging Mailing Address: SUITE 100
 Trade Name: P.O. Box, Building and Room Number, if any:
 Attention To: JANIS ☐ THAYER Street: 1524 W. HENRY AVE
 Title: U-P-IR City: MODESTO
 State: CAL ZIP Code + 4: 95350

5.b. Termination Date: 2-25-13 5.c. Amount: 14,289

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,289

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 | |
|--|---------------|--------------|------------|---|
| <u>MICHAEL</u> <input type="checkbox"/> <u>O'DONNELL</u> | <u>10,870</u> | <u>3,420</u> | | 9. Office and Administrative Expenses <u></u> |
| <u></u> <input type="checkbox"/> <u></u> | <u></u> | <u></u> | | 10. Publicity <u></u> |
| <u></u> <input type="checkbox"/> <u></u> | <u></u> | <u></u> | | 11. Fees for Professional Services <u></u> |
| <u></u> <input type="checkbox"/> <u></u> | <u></u> | <u></u> | | 12. Loans Made <u></u> |
| <u></u> <input type="checkbox"/> <u></u> | <u></u> | <u></u> | | 13. Other Disbursements <u></u> |

8. Total disbursements to officers and employees: 14,289 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.b. Trade Name, if any:

15.c. To Whom Paid

Name: ☐ 15.d. Amount:

Title: 15.e. Purpose:

Organization:

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

Street:

City:

State: Washington ZIP Code + 4:

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 14,289