

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 submitting 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

616144

1. File Number C- <input type="text" value="66572"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Steven"/> <input type="checkbox"/> <input type="text" value="Vincent"/>	Name <input type="text"/> <input type="checkbox"/> <input type="text"/>
Title <input type="text"/>	Title <input type="text"/>
Organization <input type="text" value="n/a"/>	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text" value="120 Sprague Drive"/>	Street <input type="text"/>
City <input type="text" value="Star Valley"/>	City <input type="text"/>
State <input type="text" value="Arizona"/> ZIP Code + 4 <input type="text" value="85541-3884"/>	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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>Star Vincent</u> President (if other title, see instructions) Title <input type="text" value="Other (Specify)"/> <input type="text" value="Former Employee/sole proprietor"/> On <input type="text" value="3"/> / <input type="text" value="24"/> / <input type="text" value="2016"/> (928) 472-7138 Date Telephone Number	18. Signed _____ Treasurer (If other title, see instructions) Title <input type="text" value="Treasurer"/> On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: Steven Vincent	File Number C- 66572
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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).		Mailing Address:	
Employer	Nestle Waters North America Inc.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	900 Long Ridge Road
Attention To	Charles [] Broll	City	Stamford
Title	Executive VP, General Counsel	State	Connecticut
		ZIP Code + 4	06902-1128
5.b. Termination Date		5.c. Amount	
labor consult 4/30/2015		1,139	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,139			

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				
Steven [] Vincent		1,139	1,139	9. Office and Administrative Expenses			
		0	0	10. Publicity			
				11. Fees for Professional Services			
				12. Loans Made			
				13. Other Disbursements		0	
8. Total disbursements to officers and employees:				1,139	14. Total Disbursements (Sum of Items 8-13)		1,139

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 0	
Name [] []			
Title []			
Organization []			
P.O. Box, Building and Room Number, if any []		15.e. Purpose	
Street []			
City []			
State [] ZIP Code + 4 []			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0			