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: 08-31-2016

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, tines, or civil penalties as provided by 28 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

548470

1. File Number C- 752	2. Period Covered By This Report	Month/Day (mm/dd/yy		-	Month/Day/Year (mm/dd/yyyy)	
	From:	01 / 01	/ 2013	Through:	12 / 31	/ 2013

A. Person Filing					
3. Name and mailing address (includ	le ZIP Code):	4. Any other address where	records necessary to verify this report are kept:		
Name Eric	J Vanetti	Name			
Title Owner		Title			
Organization Vantage Point	Alliance	Organization			
P.O. Box, Building and Room Nur	nber, if any	P.O. Box, Building and Room Number, if any			
Street 3611 S. Gekeler I	ane, M-124	Street			
City Boise		City			
State Idaho	ZIP Code + 4 83706	State	ZIP Code + 4		

Signatures

infom	nation contained in any a		nas been examined by t	ties of law, that all of the informat he signatory and is, to the best of		
17. S	Signed Sole Propri	aneth	President (if other title, see instructions)	18. Signed		_ Treasurer (If other title, see instructions)
On	03 / 19 / 2014 Date	704-804-1625 Telephone Number		On / / Date	Telephone Number	

Statement of Receipts Report all receipts from employers in connection or services.	n with labor rela	ations advice or services i	egardiess of the purposes of the advic
.a. Name and Address of Employer (including trade name, if any).	P.O. Bo	Mailing Address: ox, Building and Room Nur	nber, if any
Employer V&M Star / Vallourec Group Trade Name	Street	2669 Martin Lut	her:King Jr. Blvd.
Attention To Trina, Rausher-Cooper	City	Youngstown	der Mang bit. bive.
Title Director, Human Resources	State	Ohio	ZIP Code + 4 44510
5.b. Termination Date 02/20/13	5.c. Am	ount 6,475	

C. Statement of Diabursements	Report all disbursements made by the reporting organization in connection with labor relations advice or service to the employers listed in Part B.						
7. Disbursements to Officers and Emp (a) Name	loyees:	(b) Salary	(c) Expenses (d) Totals			
					9. Office and Administrative Expenses	-	
					10. Publicity	_	
					11. Fees for Professional Services	_	
					12. Loans Made	_	
<u> </u>					13. Other Disbursements	-	
8. Total disbursements to officers a	nd employees	E.			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 instructions.				
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount			
Name ·	15.e. Purpose			
Title				
Organization				
P.O. Box, Building and Room Number, if any				
Street				
Čity				
State Washington ZIP Code + 4				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	YEMIT			

	File Number C-					
B. Statement of Receipts Report all receipts or services.	s from employers in	n connection wi	th labor relation	ns advice or servi	ces regardless of the pu	irposes of the advice
5.a. Name and Address of Employer (including tra	de name, if any).	<u> </u>		Mailing Address:		· ,, ,
Employer OK Industries			P.O. Box, I	Building and Room	Number, if any	
Trade Name			<u>_</u>			
	1		<u> </u>	601 North 6t	h Street	
Attention To Paul	Fox		City E	ort Smith		
Title			State	rkansas	ZiP C	ode + 4 72904
5.b. Termination Date 12/4/13		<u></u>	· ·	nt 2,981		
S. TOTAL RECEIPTS FROM ALL EMPLOYE	RS	-8,536				
C. Statement of Disbursements Report to the e 7. Disbursements to Officers and Employees: (a) Name	all disbursements i mployers listed in I (b) Salary	made by the repart B. (c) Expenses (d)		zation in connectio	n with labor relations a	tvice or services rendered
				9. Office and A	dministrative Expenses	T [
]{)	1		_	10. Publicity		7
				11. Fees for Pro	ofessional Services	
				12 Loans Made		
			anti e e	13. Other Disbu	sements	
				51	ements (Sum of Items 8-	(2)
8. Total disbursements to officers and emplo	yees:			14. Total Disburs	ersenis (Sum di tuans 6-	13)
8. Total disbursements to officers and emplo	yees:			14. Total Disburs	emenis (Sum or idens 6-	13)
	able Activity	Use this Sched	tule to report o			described in Part D of the
D. Schedule of Disbursements for Reports	able Activity	Use this Sched instructions.				
Total disbursements to officers and employ Schedule of Disbursements for Reports Schedule of Disbursements for Reports Schedule of Disbursements for Reports	able Activity	Use this Sched instructions.		nly disbursements		
D. Schedule of Disbursements for Reports	able Activity	Use this Schedinstructions.		nly disbursements e Name, If any:		
D. Schedule of Disbursements for Reports 15.a. Employer Name:	able Activity	Use this Sched instructions.	15.b. Trad	nly disbursements e Name, If any: unt		
D. Schedule of Disbursements for Reports 15.a. Employer Name: 15.c. To Whom Paid	able Activity	Use this Sched instructions.	15.b. Trad	nly disbursements e Name, If any: unt		
D. Schedule of Disbursements for Reports 15.a. Employer Name: 15.c. To Whom Paid Name	able Activity	Use this Sched instructions.	15.b. Trad	nly disbursements e Name, If any: unt		
D. Schedule of Disbursements for Reports 15.a. Employer Name: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if	able Activity	Use this Sched instructions.	15.b. Trad	nly disbursements e Name, If any: unt		
D. Schedule of Disbursements for Reports 15.a. Employer Name: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if	able Activity	Use this Sched instructions.	15.b. Trad	nly disbursements e Name, If any: unt		
D. Schedule of Disbursements for Reports 15.a. Employer Name: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if	able Activity	Use this Sched instructions.	15.b. Trad	nly disbursements e Name, If any: unt		

Name of Person Filing: Eric Vanetti	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 NDI Driveshaft (NTN Bower Corp.)	Tool soon areas and tools realised, it may					
Trade Name	Street 2086 Military St. South					
Attention To Ira Levinsky	City Hamilton					
Title Director, Human Resources	State Alabama ZIP Code + 4 35570					
5.b. Termination Date 06/19/13	5.c. Amount 23 , 837					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS -78,536						
<u>'</u>						
C. Statement of Disbursements Report all disbursements made by the report all disbursements made by the report all disbursements are to the employers listed in Part B.	porting organization in connection with labor relations advice or services rendered					
7. Disbursaments to Officers and Employees:						
(a) Name. (b) Salary (c) Expenses (d)	Totals					
	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 Schedi	ule to report only disbursements made for the purposes described in Part D of the					
15.a. Employer Name:	15.b. Trade Name, If any:					
15.c. To Whom Paid	15.d. Amount					
Name						
Title;	15.e. Purpose					
Organization						
Organization	- 1					
	· ·					
P.O. Box, Building and Room Number, if any						
Street						
City	_					
State Washington ZIP Code + 4						
16. TOTAL DISBURSEMENTS FOR ALL-REPORTABLE ACTIVITY						

Name of Person F	iling: Eric Va	netti						Fite Number C-	
B. Statement of F	Receipts Report	all receipts from	n employers ir	n connection	with is	abor rela	itions advice or servi	ices regardless of the purp	xoses of the advice
5.a. Name and Addi		<u> </u>	ame, if any).		_		Mailing Address:	- ·	
Employer C				- 		P.O. Ba	x, Building and Room	Number, if any	·
Trade Name	aterpillar	Company				_			
l,						Street	101 NE Adams	Street	
Attention To	Ron	EH!	asinger			City	Peoria		
Title]	State	Illinois	ZIP Cod	le + 4 61629
5.b. Termination						5.c. Am	ount 6,048		_
6. TOTAL RECEI	PTS FROM ALL	EMPLOYERS ·	7	18,536	, =			الاستامات المستام	
			- 			·-	 _		
C. Statement of I	Nichurooments	Ocean ell di				· · · · · · · · · · · · · · · · · · ·	" e ' e : 25	* - * * * * * * * * * * * * * * * * * *	
V. 918161119111 5	Madul Selinei 160	to the emplo	isbursements i oyers listed in I	made by the i Part B.	report	gud outs	nization in connection	on with labor relations edvi	ce or services rendered
7. Disbursements to (a) Name	o Officers and Emp	aloyees:	es euleur	· · · · · · · · · · · · · · · · · · ·	-				
(a) Name	#r -11		(b) Salary	(c) Expenses	(d) 10 -1				T
	<u> </u>		<u> </u>	 	╬		· · · · · · · · · · · · · · · · · · ·	Administrative Expenses	
			 	 	-		10. Publicity	<u> </u>	
	1 1		<u> </u>		<u>-</u>			ofessional Services	
	<u> </u>		<u>[</u>	<u> </u>			12: Loans Made	<u> </u>	
<u></u>		<u></u>		<u> </u>	<u>-l</u> -	٠		ursements.	- =
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)						
D. Schedule of D	isbursements fo	or Reportable	•	Use this Scho	edule	to repor	t only disbursements	s made for the purposes d	escribed in Part D of the
15.a. Employer N	ame:		<u> </u>			15.Ь. Тг	ade Name, If any		
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		211			<u>!</u>	<u> </u>			
15.c. To Whom Pa	aid 			.—— <u>—</u> ,		15.d. Ar	nount		
Name		حب السالي			Ì	15.e. Pu	irpose .		
Title						[· 	_	
Organization			· -				<u> </u>	, in the second second	
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P.O. Box, Build	ling and Room N	lumber, if any							
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Street				 -					
City					1	[]		-	
				·····	,				
State Washi			P Code + 4			<u> </u>	·	·····	
16. TOTAL DISBU	JRSEMENTS FO	R ALL REPOR	TABLE ACTI	VITY					

Name of Person Filing: Eric Vanetti	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 NTN Bower Corporation							
Trade Name	Street 2086 Military St. South						
Attention To David Kostello	City Hamilton						
Title Director, Human Resources	State Alabama ZIP Code + 4 35570						
5.b. Termination Date 10/31/13	5.c. Amount 39,195						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disbursements made by the rep	orting 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)						
14. Total Madura (anti or trans 6-13)							
D. Schedute of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the						
15.a. Employer Name:	15.b. Trade Name, if any:						
15.c. To Whom Paid	15.d. Amount						
Name							
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							