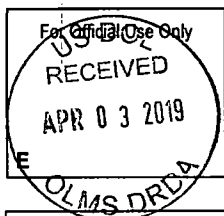


# FORM LM-21

## 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

701431

1. File Number C-00572	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01/01/2018		12/31/2018

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name: Sanderson B Adams	Name:
Title: President	Title:
Organization: Tactical Advisory Group	Organization:
P.O. Box, Building and Room Number, if any:	P.O. Box, Building and Room Number, if any:
Street: 28 W. Orchard Road	Street:
City: Fort Mitchell	City:
State: Kentucky ZIP Code + 4: 41011	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: Sanderson B Adams	President (if other title, see instructions)
Title: President	
On: 3/31/2019	Telephone Number: (859) 630-7292
Date:	Telephone Number:
18. Signed: Susan D. Crain	Treasurer (If other title, see instructions)
Title: Treasurer	
On: 3/27/2019	Telephone Number: (513) 777-6204
Date:	Telephone Number:

Name of Person Filing: Sanderson Adams	File Number C- 00572
----------------------------------------	----------------------

**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 <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text"/>
Attention To <input type="text"/> <input type="text"/>	City <input type="text"/>
Title <input type="text"/>	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

**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: <input type="text" value="RadNet Inc."/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text" value="387,461"/>
Name <input type="text" value="Carina"/> <input type="text" value="M"/> <input type="text" value="Hunt"/> Title <input type="text" value="President"/> Organization <input type="text" value="C.Hunt Management Consulting, Inc."/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="909 Champions Court"/> City <input type="text" value="Roanoke"/> State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="76262"/>	15.e. Purpose To inform employees of the realities of union representation and collective bargaining.  To persuade employees to vote "no" for union representation.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <input type="text" value="387,461"/>	

Name of Person Filing: Sanderson Adams

File Number C- 00572

**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

Trade Name

Attention To

Title

Street

City

State

ZIP Code + 4

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:

RadNet Inc.

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Labor Sin

Barreras

Title

Consultant

Organization

C.Hunt Management Consulting, Inc.

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

P. O. Box 20441

Street

City

Tampa

State

Florida

ZIP Code + 4

33622

15.d. Amount 44,348

15.e. Purpose

To inform employees of the realities of union representation and collective bargaining.

To persuade employees to vote "no" for union representation.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 44,348