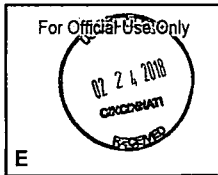


FORM LM-21

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

663952

1. File Number C- 00572	2. Period Covered By This Report From: 01/01/2017 Through: 12/31/2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Sanderson B Adams Title President Organization Tactical Advisory Group P.O. Box, Building and Room Number, if any Street 28 W. Orchard Road City Fort Mitchell State Kentucky ZIP Code + 4 41011	4. Any other address where records necessary to verify this report are kept: Name Susan R Crain Title Secretary/Treasurer Organization Tactical Advisory Group P.O. Box, Building and Room Number, if any Street 7182 Champions Lane City West Chester State Ohio ZIP Code + 4 45069

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 Title President On 2/23/2018 (859) 630-7292 Date Telephone Number	18. Signed Susan R Crain Title Treasurer On 3/18/2018 (513) 777-6204 Date Telephone Number
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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

Street 1510 Cotner Avenue

Attention To Ruth ☐ Wilson

City Los Angeles

Title Vice President Human Relations

State California ZIP Code + 4 90025

5.b. Termination Date continuing into 2018

5.c. Amount 153,918

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 153,918

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	157,589
					12. Loans Made	0
					13. Other Disbursements	
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)	157,589

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 Carina ☐ M Hunt

Title President

Organization C. Hunt Management Consulting, Inc.

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

Street 909 Champions

City Roanoke

State Texas ZIP Code + 4 76242

15.d. Amount 141,547

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 157,589

Name of Person Filing: Sanderson Adams

File Number C- 00572

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 <input type="checkbox"/> Sin Barreras Title individual proprietor Organization Labor Sin Barreras P.O. Box, Building and Room Number, if any Street P. O. Box 20441 City Tampa State Florida ZIP Code + 4 33622	15.d. Amount 16,042 15.e. Purpose To inform employees of the realities of union representation and collective bargaining. To persuade employees to vote "no" for union representation in the election.

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name <input type="checkbox"/> <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name <input type="checkbox"/> <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose