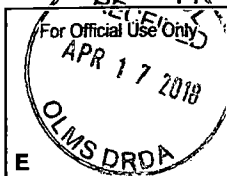


FORM LM-21

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

675 385

1. File Number C- <input type="text"/> 68054	2. Period Covered By This Report From: <input type="text"/> 1/1/2017 Through: <input type="text"/> 12/31/2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Benjamin R Johnson	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> President	Name <input type="text"/>
Organization <input type="text"/> Progressive Labor Solutions	Title <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"/> 55 Biggs St	Street <input type="text"/>
City <input type="text"/> Barre	City <input type="text"/>
State <input type="text"/> VT ZIP Code + 4 <input type="text"/> 05641	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 <input type="text"/>	President (if other title, see instructions)	18. Signed <input type="text"/>	Treasurer (if other title, see instructions)
Title <input type="text"/> President		Title <input type="text"/> Treasurer	
On <input type="text"/> 4/1/2018	Date	On <input type="text"/>	Date
<input type="text"/>	Telephone Number	<input type="text"/>	Telephone Number

Name of Person Filing: <u>Benjamin Johnson</u>	File Number C- <u>68054</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). Mailing Address:

Employer <u>Kamay L.P.</u>	P.O. Box, Building and Room Number, if any <u>500 W Long Lake Rd</u>
Trade Name <u></u>	Street <u></u>
Attention To <u></u>	City <u>JRO7</u>
Title <u></u>	State <u>MI</u> ZIP Code + 4 <u>48098 4599</u>

5.b. Termination Date 5.c. Amount 37077

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.

<p>15.a. Employer Name: <u></u></p> <p>15.c. To Whom Paid</p> <p>Name <u></u></p> <p>Title <u></u></p> <p>Organization <u></u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u>Washington</u> ZIP Code + 4 <u></u></p>	<p>15.b. Trade Name, If any: <u></u></p> <p>15.d. Amount <u></u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>Benjamin Johnson</u>	File Number C- <u>68044</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). Mailing Address:

Employer <u>GOODMAN NETWORKS, INC</u>	P.O. Box, Building and Room Number, if any <u>2801 Network BLVD</u>
Trade Name <u></u>	Street <u>Suite 300</u>
Attention To <u></u>	City <u>Frisco</u>
Title <u></u>	State <u>Texas</u> ZIP Code + 4 <u>75034</u>

5.b. Termination Date 5.c. Amount 8779

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.

<p>15.a. Employer Name: <u></u></p> <p>15.c. To Whom Paid</p> <p>Name <u></u></p> <p>Title <u></u></p> <p>Organization <u></u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u>Washington</u> ZIP Code + 4 <u></u></p>	<p>15.b. Trade Name, If any: <u></u></p> <p>15.d. Amount <u></u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>Benjamin Johnson</u>	File Number C- <u>68044</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).		Mailing Address:	
Employer <u>FUYAO GLASS AMERICA INC</u>	P.O. Box, Building and Room Number, if any		
Trade Name	Street <u>800 FUYAO Ave</u>		
Attention To <u>John Gauthier</u>	City <u>Moraine</u>		
Title	State <u>Ohio</u>	ZIP Code + 4 <u>45439</u>	

5.b. Termination Date	5.c. Amount <u>25,735</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 71,591

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>Benjamin R. Johnson</u>	<u>562.50</u>	<u>15,341</u>	<u>7,591</u>	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: <u>71,591</u>				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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, if any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> Title <div style="border: 1px solid black; width: 200px; height: 15px; display: inline-block;"></div> Organization <div style="border: 1px solid black; width: 250px; height: 15px; display: inline-block;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 200px; height: 15px; display: inline-block;"></div> Street <div style="border: 1px solid black; width: 200px; height: 15px; display: inline-block;"></div> City <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> State <u>Washington</u> ZIP Code + 4 <div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block;"></div>	15.d. Amount <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY