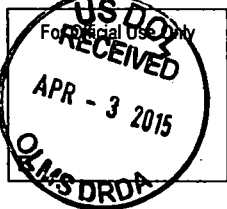


FORM LM-21

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

588768

1. File Number C- <u>752</u>	2. Period Covered By This Report From: <u>01/01/2014</u> Through: <u>12/31/2014</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Eric J Vanetti</u> Title <u>Owner</u> Organization <u>Vantage Point Alliance</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>2860 S. Honeycomb Way</u> City <u>Boise</u> State <u>Idaho</u> ZIP Code + 4 <u>83716</u>	4. Any other address where records necessary to verify this report are kept: Name <u></u> Title <u></u> Organization <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>

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>Eric Vanetti</u> Title <u>Sole Proprietor</u> On <u>03/26/2015</u> <u>704-804-1625</u> Date Telephone Number	President (if other title, see instructions)	18. Signed <u></u> Title <u>Treasurer</u> On <u></u> <u></u> Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Eric Vanetti	File Number C- 00525
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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>Ashley Furniture Industries, Inc.</u>	P.O. Box, Building and Room Number, if any <u></u>
Trade Name <u></u>	Street <u>One Ashley Way</u>
Attention To <u>Gregory</u> <input type="checkbox"/> <u>Kammer</u>	City <u>Arcadia</u>
Title <u>VP, Human Resources</u>	State <u>Wisconsin</u> ZIP Code + 4 <u>54612</u>

5.b. Termination Date 12/31/2014 5.c. Amount 17,822

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 17,822

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

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> <input type="checkbox"/> <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