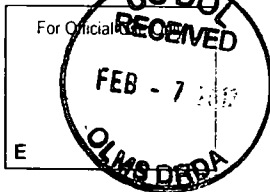


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

This report is mandatory under P.L. 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

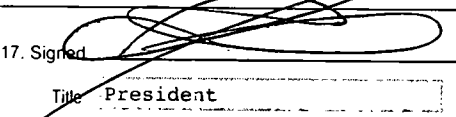
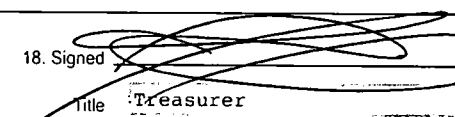
632564

1. File Number C-65802	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		From: 01 / 01 / 2016		12 / 31 / 2016

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 <input type="text"/>	Name <input type="text"/>
Title <input type="text"/>	Title <input type="text"/>
Organization International Labor Relations	Organization <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 8086 S. Yale Ave, Suite 225	Street <input type="text"/>
City Tulsa	City <input type="text"/>
State Oklahoma ZIP Code + 4 74136	State <input type="text"/> ZIP Code + 4 <input type="text"/>

Signatures

Each of the undersigned certifies, 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 	18. Signed 
Title President	Title Treasurer
On 01 / 15 / 2017	On 01 / 15 / 2017
Date	Date
Telephone Number 800-555-7509	Telephone Number 800-555-7509

Name of Person Filing:	File Number C- 65802
------------------------	----------------------

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).

Employer See Attached	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name	Street
Attention To	City
Title	State ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 310,365

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: See Attached	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	
City	
State ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 34,844	

Name of Person Filing:	File Number C- 65802
------------------------	----------------------

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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Blick</p> <p>Trade Name</p> <p>Attention To: Robert Buchsbaum</p> <p>Title CEO</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 695 US HWY 150 E</p> <p>City Galesburg</p> <p>State Illinois ZIP Code + 4 61401</p>
5.b. Termination Date 1/25/2016	5.c. Amount 25,603

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Mrs Green</p> <p>Trade Name</p> <p>Attention To: Sherry Schultz</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 Bridge Street, 2nd Floor Suite 3</p> <p>City Irving</p> <p>State New York ZIP Code + 4 10533</p>
5.b. Termination Date 1/29/2016	5.c. Amount 284,762

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

Name of Person Filing:	File Number C- 65802
------------------------	----------------------

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: Blick	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carl Newman Title Organization P.O. Box, Building and Room Number, if any Street 2048 E 133rd Ct S. City Bixby State Oklahoma ZIP Code + 4 74008	15.d. Amount 3,503 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mrs Green	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carl Newman Title Organization P.O. Box, Building and Room Number, if any Street 2048 E. 133rd Ct s. City Bixby State Oklahoma ZIP Code + 4 74008	15.d. Amount 11,515 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: MrsGreen	15.b. Trade Name, If any:
15.c. To Whom Paid Name Zak D Langren Title Organization P.O. Box, Building and Room Number, if any Street 14520 W. Mockingbird Ln City Sand Springs State Oklahoma ZIP Code + 4 74063	15.d. Amount 12,518 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

Name of Person Filing:	File Number C- 65802
------------------------	----------------------

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: Mrs Green	15.b. Trade Name, If any:
15.c. To Whom Paid Name Floyd Hightower Title Organization P.O. Box, Building and Room Number, if any P.O. Box 222 Street City Terilton State Oklahoma ZIP Code + 4 74081	15.d. Amount 3,400 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

15.a. Employer Name: Mrs Green	15.b. Trade Name, If any:
15.c. To Whom Paid Name Simon E. Jara Title AKA Simon Estevan Organization P.O. Box, Building and Room Number, if any Street 10380 Rochelle Ave City Santee State California ZIP Code + 4 92071	15.d. Amount 3,908 15.e. Purpose Engaged to communicate with employees so they could make an informed decision regarding exercising their right to organize and bargain collectively.

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