U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. or Relätions 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

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1. File Number C	2. Period Covered By This Report Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy)
67190	From: 01/01/2016 Through: 12/31/2016
A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Kirsten Moore	Name
Title Consultant	Title
Organization	Organization
	P.O. Box, Building and Room Number, if any
P.O. Box, Building and Room Number, if any	P.O. Box, building and Room Number, it any
Street 139 Drexel Road	Street
City Ardmore	City
State Pennsylvania ZIP Code + 4 19003	State ZIP Code + 4
Constitution of The Association (Association and Association	
9 99 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	atilias:
Sign	atures
Each of the undersigned declares, under penalty of periury and other applicable penalty	ties of law, that all of the information submitted in this report (including the
***************************************	ties of law, that all of the information submitted in this report (including the
Each of the undersigned declares, under penalty of perjury and other applicable penaltinformation contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ties of law, that all of the information submitted in this report (including the ne signatory and is, to the best of the undersigned's knowledge and belief, true,
Each of the undersigned declares, under penalty of perjury and other applicable penaltinformation contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions). 17. Signed President (if other title, see	ties of law, that all of the information submitted in this report (including the ne signatory and is, to the best of the undersigned's knowledge and belief, true, 18. Signed Treasurer (If other title, see
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Name of Person Filing: Kirsten Moore	File Number C-
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Labor Relations Institute, Inc	
Trade Name LRI	Street 7850 S. Elm Place
Attention To Phillip Wilson	City Broken Arrow
Title President	State Oklahoma ZIP Code + 4 74013
5.b. Termination Date	5.c. Amount 2 , 184
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 71,729	
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered
7. Disbursements to Officers and Employees:	Faala
(a) Name (b) Salary (c) Expenses (d) T	
	9. Office and Administrative Expenses 10. Publicity
	11. Fees for Professional Services 12. Loans Made
	13. Other Disbursements
O Trail district to a filtrary and a multiples	14. Total Disbursements (Sum of Items 8-13)
8. Tötäl disbursements to officers and employees:	14. Total Disbursements (Sum or items 6-13)
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	The state of the s
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	Line Add A April 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Form LM-21 (2003)

Name of Person Filing: Kirsten Moore	File Number C-
B. Statement of Receipts Report all receipts from employers in connection values or services.	vith labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bldg., Room No., if any
Employer BJC & Associates	On 1 100 00 F 11 - 00 10 10 10 10 10 10 10 10 10 10 10 10
Trade Name	Street 10108 Felberg Court
Attention To: Byron Clay	City St John
Title President	State Oklahoma ZIP Code + 4 46373-4301
5.b. Termination Date 4/30/2016	5.c. Amount 15,,810
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any
Employer Greer Consulting	
Trade Name	Street 6311 Ronald Regan Drive
Attention To: Jason Greer	City Lake St Louis
Title President	State Oklahoma ZIP Code + 4 63367
7/11/0036	5.c. Amount 24', 509
5.b. Termination Date 7/11/2016	Transaction and Administration and Commission and C
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any
Employer Reliant Labor Consultants	- O. BOX, BING., NOOTH NO. II ANY
Trade Name	Street 10108 Fehlberg Court
Attention To: Joe Brock	City St John
Title President	State Oklahoma ZIP Code + 4 46373
President	Oklationa
5.b. Termination Date 9/17/2016	5.c. Amount 13,726
5.b. Termination Date 9/17/2016 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).	Support discount in contract against an exchange of process and accommod and accommod and accommod acc
Superior and experience of the control of the contr	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any). Employer East Coast Labor Relations	Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer East Coast Labor Relations Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street 151 Forge Road
5.a. Name and Address of Employer (including trade name, if any). Employer East Coast Labor Relations Trade Name Attention To: Joe Brock Title President	Mailing Address: P.O. Box, Bldg., Room No., if any Street 151 Forge Road City Delran State New Jersey ZIP Code + 4 08075
5.a. Name and Address of Employer (including trade name, if any). Employer East Coast Labor Relations Trade Name Attention To: Joe Title President 5.b. Termination Date 6/30/16	Mailing Address: P.O. Box, Bldg., Room No., if any Street 151 Forge Road City Delran State New Jersey ZIP Code + 4 08075 5.c. Amount 15,500
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