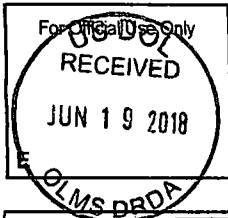


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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

6797

1. File Number C- <input type="text"/> 752	2. Period Covered By This Report From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2017 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Eric <input type="text"/> J <input type="text"/> Vanetti	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/>	Name <input type="text"/> <input type="text"/>
Organization <input type="text"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 9278 S Harl Avenue	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Tempe	Street <input type="text"/>
State <input type="text"/> Arizona ZIP Code + 4 <input type="text"/> 85284	City <input type="text"/>
	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	President (if other title, see instructions)
Title <input type="text"/> Sole Proprietor	
On <input type="text"/> 06 / <input type="text"/> 09 / <input type="text"/> 2018 <input type="text"/> 704-804-1625	18. Signed <input type="text"/>
Date Telephone Number	Treasurer (if other title, see instructions)
	Title <input type="text"/> Treasurer
	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
	Date Telephone Number

Name of Person Filing: Eric J. Vanetti	File Number C- 752
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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 Pioneer Metal Finishing	P.O. Box, Building and Room Number, if any		
Trade Name		Street	480 Pilgrim Way, Suite 1400
Attention To Shelly	Block	City	Green Bay
Title HR Director		State	Wisconsin
		ZIP Code + 4	54304

5.b. Termination Date 10/19/2017	5.c. Amount \$1,867
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS **\$29,045**

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Eric J. Vanetti	File Number C- 752
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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	Southwest Electric Company	P.O. Box, Building and Room Number, if any	
Trade Name		Street	6503 SE 74th St.
Attention To	Marliss <input type="checkbox"/> Rowell	City	Oklahoma City
Title	HR Director	State	Oklahoma ZIP Code + 4 73135

5.b. Termination Date **10/20/2017** 5.c. Amount **\$27,178**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **\$ 29,045**

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

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: <input type="text"/>	15.b. Trade Name, if any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State Washington ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY