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: 08-31-2016

1m-21 W	× QA							
Require of Dersons, including abor Relations Consultants	<ol> <li>as amended, Failure to comply may research Other Individuals and Organizations, United States</li> </ol>	sult in criminal prosecution, fine der section 203(b) of the Labor-	es, or civil penalti Management Rel	es as provide ations and Di	ed by 29 U.S.C. sclosure Act of 1	. 439 or 440. 1959, as amended, (Li	MRDA)	
To Official Use Only APR 9 2011	D THE INSTRUCTIONS CAREF	ULLY BEFORE PREPA	RING THIS	REPORT	]			
E CLMS DROY	554066							
1 . File Number C-	001000	2. Period Covered	Month/Da (mm/dd/y	y/Year ww.)	1	Month/Day/Y (mm/dd/yyyy		
66018		By This Report From:	1/1	/ 13	Through:	100 /10 /	2015	
- Office of the second	<u>-</u>					•	,	
A. Person Filing	<u> </u>	<u> </u>						
3. Name and mailing address (include ZIP Co	de):	4. Any other address	4. Any other address where records necessary to verify this report are kept:					
Name Charles R	Stephenson	Name	Name					
Title	Title	Title						
Organization CRS Labor Relations	Organization	Organization						
P.O. Box, Building and Room Number, if a	P.O. Box. Building and Room Number, if any							
( .o. box, boilding and (toom tallion), it	··•		-	·	-			
Street 1500 E. Katella Ave. S	uite M	Street						
City Orange		City						
State California	State ZIP Code + 4							
	<u>_</u>	natures						
Each of the undersigned declares, under penaltinformation contained in any accompanying discorrect, and complete. (See the Section on p	ocuments) has been examined by	alties of law, that all of the the signatory and is, to the	information sune best of the	ubmitted in undersign	this report (ir led's knowled	nctuding the dge and belief, tr	ue,	
17, Signed	President	18. Signed				Treasurer		
Title Other (Specify) (if other title, see instructions)		Title				(If other title, Instructions)	see	
On 3 / 30 / 2013 (951)371	-6606 	On/	<u>/</u>			_		
Date Telephone	Number	Da	te	Telepho	one Number			
	Sign/Print	Submit to OL	MS					
		Coc	le Teste	r	Rese	Spawn	List	

Fite Number C-			
ction with labor relations advice or services regardless of the purposes of the advice			
Mailing Address: P.O. Box, Building and Room Number, if any			
Street 7850 South Elm Place-Suite E			
City Broken Arrow			
State Oklahoma ZIP Code + 4 74011			
5.c. Amount 52, 181.12			

C. Statement of Disburse	ments Report a to the en	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 (a) Name	and Employees:	(b) Salary (c)	Expenses (d) Tola	is				
Charles R St	ephenson	40,500	11,681	Office and Administrative Expenses				
				10. Publicity				
	<del></del>			11. Fees for Professional Services				
				12. Loans Made				
				13. Other Disbursements				
8. Total disbursements to o	officers and employ	ees:		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	15.e. Purpose
Title	j
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	4
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	стіліту

Form LM-21 (2003)