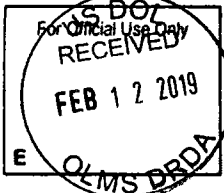


FORM LM-21

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

689127

1. File Number C-	68330	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		From:	01 / 01 / 2018		12 / 31 / 2018

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 Kenneth M Baylor	Name None
Title Principal	Title
Organization Advanced Leadership Solutions, LLC	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 5868 Snowy Egret Drive	Street
City Sarasota	City
State Florida <input checked="" type="checkbox"/> ZIP Code + 4 34238	State ZIP Code + 4

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)	18. Signed _____	Treasurer (if other title, see instructions)
Title Other (Specify) <input checked="" type="checkbox"/> Principal		Title Other (Specify) <input checked="" type="checkbox"/> None	
On 01 / 30 / 2018 941.323.8756	Date Telephone Number	On / /	Date Telephone Number

Name of Person Filing: Kenneth Baylor	File Number C-
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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).

Employer Tunnel Hill Partners, LP	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name	Street 390 N. Broadway, Suite 220
Attention To Matt Neely	City Jericho
Title Senior Vice President	State New York ZIP Code + 4 11753

5.b. Termination Date September 21, 2018 5.c. Amount 35,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 35,000

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		
Kenneth M. Baylor	35,000	12,189	47,189	9. Office and Administrative Expenses	0
				10. Publicity	0
				11. Fees for Professional Services	0
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees:				47,189	14. Total Disbursements (Sum of Items 8-13) 47,189

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: None	15.b. Trade Name, If any:
15.c. To Whom Paid Name None Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount 0 15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0