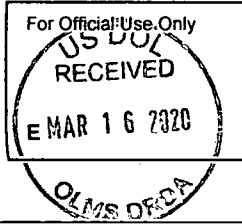


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 09-30-2021

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

720648

1. File Number C- 68697	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 /01 /2019		12 /31 /2019

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name Joanne Gitto Davis  
Title Individual  
Organization \_\_\_\_\_  
P.O. Box, Building and Room Number, if any  
Suite 140  
Street 1700 Bent Creek Blvd  
City Mechanicsburg  
State PA ZIP Code + 4 17050

#### 4. Any other address where records necessary to verify this report are kept:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
P.O. Box, Building and Room Number, if any  
\_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
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 <u>Joanne Gitto Davis</u> Title <u>President</u>	President (If other title, see instructions)	18. Signed _____ Title <u>Treasurer</u>	Treasurer (If other title, see instructions)
On <u>3-10-2020</u> Date	<u>717-877-6265</u> Telephone Number	On _____ Date	_____ Telephone Number

Name of Person Filing: Joanne Gitto Davis

File Number C- 68697

**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 \_\_\_\_\_

P.O. Box, Bldg., Room No., 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

**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  
\_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY