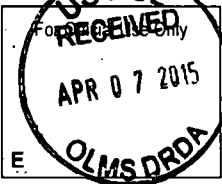


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

589547

1. File Number C- <u>674</u>	2. Period Covered By This Report From: <u>01/01/2014</u> Through: <u>12/31/2014</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Oliver</u> <u>Bell</u> Title <u>President</u> Organization <u>LRC Startegies, Inc.</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1 Sugar Creek Center Blvd, Ste 380</u> City <u>Sugar Land</u> State <u>Texas</u> ZIP Code + 4 <u>77478</u>	4. Any other address where records necessary to verify this report are kept: Name <u></u> Title <u></u> Organization <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>

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>[Signature]</u> President (if other title, see instructions) Title <u>President</u> On <u>03/31/2015</u> <u>832.623.6225</u> Date Telephone Number	18. Signed <u>[Signature]</u> Treasurer (If other title, see instructions) Title <u>Treasurer</u> On <u>03/31/2015</u> <u>832.623.6225</u> Date Telephone Number
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Name of Person Filing: Oliver Bell	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). Mailing Address:

Employer <input type="text" value="SuperMix Concrete, Inc"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="4300 SW 74th Ave"/>
Attention To <input type="text" value="Bernardo"/> <input type="checkbox"/> <input type="text" value="Dias"/>	City <input type="text" value="Miami"/>
Title <input type="text" value="President"/>	State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="33155"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 200,348

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	
Oliver <input type="checkbox"/> Bell <input type="checkbox"/>	8,648	4,394	13,042	9. Office and Administrative Expenses 8,553
Manny <input type="checkbox"/> Gonzalez <input type="checkbox"/>	33,500	4,586	38,086	10. Publicity 2,974
Carlos <input type="checkbox"/> Diaz <input type="checkbox"/>	11,750	4,114	15,864	11. Fees for Professional Services 3,708
Roderick <input type="checkbox"/> Williams <input type="checkbox"/>	9,000	2,328	11,328	12. Loans Made 80,000
Robert <input type="checkbox"/> Dipretore <input type="checkbox"/>	7,500	0	7,500	13. Other Disbursements 7,817
8. Total disbursements to officers and employees:			86,138	14. Total Disbursements (Sum of Items 8-13) 189,190

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	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="checkbox"/> <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 <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Oliver Bell		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). Mailing Address:

<p>Employer <input type="text" value="PeroxyChem"/></p> <p>Trade Name <input type="text"/></p> <p>Attention To: <input type="text" value="Joe"/> <input type="text" value="Ainsworth"/></p> <p>Title <input type="text" value="General Manager"/></p>	<p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="12000 Bay Area Blvd"/></p> <p>City <input type="text" value="pasadena"/></p> <p>State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="77507"/></p>
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5.b. Termination Date 5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

<p>Employer <input type="text" value="Panola Harris Electric Coop"/></p> <p>Trade Name <input type="text"/></p> <p>Attention To: <input type="text" value="Kathy"/> <input type="text" value="Wood"/></p> <p>Title <input type="text" value="General manager"/></p>	<p>P.O. Box, Bldg., Room No., if any <input type="text" value="PO Box 1058"/></p> <p>Street <input type="text"/></p> <p>City <input type="text" value="Marshall"/></p> <p>State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="75671-1058"/></p>
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5.b. Termination Date 5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

<p>Employer <input type="text" value="LyondellBasell"/></p> <p>Trade Name <input type="text"/></p> <p>Attention To: <input type="text" value="Jackie"/> <input type="text" value="Wolf"/></p> <p>Title <input type="text" value="SVP HR"/></p>	<p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1221 McKinney St"/></p> <p>City <input type="text" value="Houston"/></p> <p>State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="77101"/></p>
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5.b. Termination Date 5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

<p>Employer <input type="text" value="Pinova Resources"/></p> <p>Trade Name <input type="text"/></p> <p>Attention To: <input type="text" value="Kimberly"/> <input type="text" value="Sutte"/></p> <p>Title <input type="text" value="Dir HR"/></p>	<p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2810 Cook St"/></p> <p>City <input type="text" value="Brunswick"/></p> <p>State <input type="text" value="Georgia"/> ZIP Code + 4 <input type="text" value="31520"/></p>
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5.b. Termination Date 5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

<p>Employer <input type="text" value="Baker DC, LLC"/></p> <p>Trade Name <input type="text"/></p> <p>Attention To: <input type="text" value="Ken"/> <input type="text" value="Fender"/></p> <p>Title <input type="text" value="General manager"/></p>	<p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1110 Vermont Ave NW, Ste 850"/></p> <p>City <input type="text" value="Washington"/></p> <p>State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20005"/></p>
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5.b. Termination Date 5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

<p>Employer <input type="text" value="LKQ Corp"/></p> <p>Trade Name <input type="text"/></p> <p>Attention To: <input type="text" value="Robert"/> <input type="text" value="Alberico"/></p> <p>Title <input type="text" value="SVP HR"/></p>	<p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="500 W. Madison St."/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60660"/></p>
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5.b. Termination Date 5.c. Amount

7. Disbursements to Officers and Employers:

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