

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

589714

1. File Number C- 65771

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01 / 01 / 2014

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2014

A. Person Filing

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

Name Stephen D Wardrop

Title President

Organization Wardrop Labor Consulting, LLC

P.O. Box, Building and Room Number, if any

Street 3473 Johnson Ferry Road

City Roswell

State Georgia ZIP Code + 4 30075-5267

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 Stephen D. Wardrop President
Title Sole Proprietor (if other title, see instructions)

On 04 / 01 / 2015 770-641-0031
Date Telephone Number

18. Signed _____ Treasurer
Title Treasurer (If other title, see instructions)

On / /
Date Telephone Number

Name of Person Filing:

Stephen Wardrop

File Number C-

65771

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.O. Box, Building and Room Number, if any

Employer please see attached

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

15.e. Purpose

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

April 1, 2015

U.S. Department of Labor
Office of Labor-Management Standards
Room N-5616

To Whom It May Concern:

All my engagements for 2014 were contracted through L.R.I. Consulting Services.

All monies received were paid to me through L.R.I. Consulting Services

 

Stephen D. Wardrop
President - Sole Proprietor
Wardrop Labor Consulting, LLC
3473 Johnson Ferry Road
Roswell, GA 30075
swardrop@lrionline.com
(770) 641-0031

Name of Person Filing: LRI Consulting Services, Inc.

File Number C- 00525

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: Vallourec Star LP	15.b. Trade Name, if any:
15.c. To Whom Paid Name Stephen Wardrop Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 47,437 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.