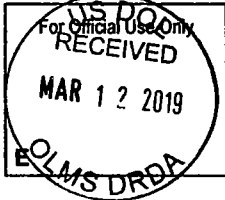


FORM LM-21

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

692045

1. File Number C-	66577	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	From:	01 / 01 / 2018	Through:	Month/Day/Year (mm/dd/yyyy)	12 / 31 / 2018
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A. Person Filing

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

Name Michael Swinton
Title President
Organization Presidio Executive Consultants, LLC
P.O. Box, Building and Room Number, if any
Street 404 Presidio Court
City Southlake
State Texas ZIP Code + 4 76092-6042

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>[Signature]</u> Title President On <u>3/4/19</u> Date <u>917-488-0913</u> Telephone Number	President (if other title, see instructions)	18. Signed _____ Title Treasurer On <u>/ /</u> Date _____ Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Michael Swinton	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 Nestle Waters North America Inc. Trade Name Attention To Jaclyn K Leung Title Managing Counsel, Employment Law	Mailing Address: P.O. Box, Building and Room Number, if any Building 2 Street 900 Long Ridge Road City Stamford State Connecticut ZIP Code + 4 06902-1138
5.b. Termination Date January 10, 2018	5.c. Amount 1,652
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,652	

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		
Michael Swinton		1,652	1,652	9. Office and Administrative Expenses	
				10. Publicity	
	0	0	0	11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			1,652	14. Total Disbursements (Sum of Items 8-13)	1,652

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		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		