

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

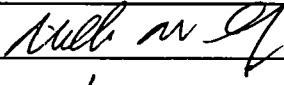
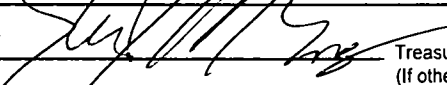
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1. File Number C 09 RE-163072 67346	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2016	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name William W Gay Title Chief Executive Officer Organization Tunnel Hill Reclamation, LLC P.O. Box, Building and Room Number, if any P.O. Box 625 Street 8822 Tunnel Hill Rd City New Lexington State Ohio ZIP Code + 4 43764	4. Any other address where records necessary to verify this report are kept: Name William W Gay Title Chief Executive Officer Organization Tunnel Hill Reclamation, LLC P.O. Box, Building and Room Number, if any Street 390 North Broadway, Ste 220 City Jericho State New York ZIP Code + 4 11753

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  Title President / CEO President (if other title, see instructions) On 01 / 30 / 2017 516-806-6232 Date Telephone Number	18. Signed  Title Other (Specify) Chief Financial Officer Treasurer (If other title, see instructions) On 01 / 30 / 2017 516-806-6232 Date Telephone Number
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67346

Name of Person Filing: William Gay	File Number C- 09-RC-163072
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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		P.O. Box, Building and Room Number, 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: Tunnel Hill Reclamation, LLC		15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount 26,520
Name		15.e. Purpose Persuader. To discuss union organizing efforts at Tunnel Hill Reclamation, and to persuade employees not to unionize.
Title		
Organization CRS Labor Relations Solutions, LLC		
P.O. Box, Building and Room Number, if any		
Street 1500 East Katella Ave		
City Orange		
State California ZIP Code + 4 92867		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 26,520		