

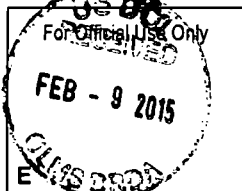
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

576086

1. File Number C- <u>569</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		<u>08</u> / <u>01</u> / <u>2014</u>		<u>08</u> / <u>15</u> / <u>2014</u>

A. Person Filing

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

Name Bradley E White
Title President
Organization Interlate Systems, Inc.
P.O. Box, Building and Room Number, if any
Street 145 S. Lincolnway
City North Aurora
State Illinois ZIP Code + 4 60542

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

Name N/A
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 [Signature] President
Title President
(if other title, see instructions)

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

On 2/2/2015 630-966-0214
Date Telephone Number

On _____
Date Telephone Number

Name of Person Filing: Bradley White	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	Double Tree of Rosemont Hilton Hotels	P.O. Box, Building and Room Number, if any	
Trade Name		Street	5460 N. River Rd.
Attention To		City	Rosemont
Title		State	Illinois
		ZIP Code + 4	

5.b. Termination Date	8/18/2014	5.c. Amount	14,000
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	14,000
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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

8. Total disbursements to officers and employees:		9. Office and Administrative Expenses	
		10. Publicity	
		11. Fees for Professional Services	
		12. Loans Made	
		13. Other Disbursements	
		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: Interlate Systems, Inc.	15.b. Trade Name, If any:
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15.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Illinois	ZIP Code + 4

15.e. Purpose
NO DISBURSEMENT WAS MADE TO ANY OFFICER OR EMPLOYEE SPECIFICALLY FROM THIS FUNDS. SALARIED PERSONS RECEIVE BI MONTHLY PAYMENTS FROM ALL RECEIPTS FROM TRANSLATING AND CONSULTING ACTIVITIES. THE INTERLATE SALARY OF BRADLEY E. WHITE FOR ALL TRANSLATING, INTERPRETING AND CONSULTING DURING THE 2014 CALENDAR YEAR WAS \$ 14,158.50

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
