U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
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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.

Lipperstranges, 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

705407 Month/Day/Year (mm/dd/yyyy) Month/Day/Year 2. Period Covered 1 . File Number C-(mm/dd/yyyy) By This Report From: 01/2018 131/2018 Through: A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Jerd 1/ Title Title Organization Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Street Street 05we City City State ZIP Code + 4 State **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). 21/President 17. Signed 18. Signed Treasurer (If other title, see (if other title, see instructions) instructions)

On

Telephone Number

Telephone Number