

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

611980

1. File Number C- <input type="text" value="65469"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Gregg"/> <input type="text" value="Newstrand"/>	Name <input type="text"/>
Title <input type="text" value="President"/>	Title <input type="text"/>
Organization <input type="text" value="Newstrand Associates, Inc."/>	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text" value="PO Box 897"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text"/>	Street <input type="text"/>
City <input type="text" value="Union"/>	City <input type="text"/>
State <input type="text" value="Kentucky"/> ZIP Code + 4 <input type="text" value="41091"/>	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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	18. Signed _____
Title <input type="text" value="President"/>	Title <input type="text"/>
On <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2016"/> <input type="text" value="859-918-5118"/>	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Date Telephone Number	Date Telephone Number

Name of Person Filing: Gregg Newstrand	File Number C- 65469
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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 <input style="width: 350px;" type="text" value="See Attached"/> Trade Name <input style="width: 270px;" type="text"/> Attention To <input style="width: 100px;" type="text"/> <input style="width: 10px;" type="checkbox"/> <input style="width: 140px;" type="text"/> Title <input style="width: 300px;" type="text"/>		Mailing Address: P.O. Box, Building and Room Number, if any <input style="width: 300px;" type="text"/> Street <input style="width: 300px;" type="text"/> City <input style="width: 180px;" type="text"/> State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 80px;" type="text"/>	
5.b. Termination Date <input style="width: 200px;" type="text"/>		5.c. Amount <input style="width: 100px;" type="text"/>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		\$ 55,151.94	

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:			(b) Salary	(c) Expenses	(d) Totals		
(a) Name							
Gregg	<input type="checkbox"/>	Newstrand	18,550	1,480	20,030	9. Office and Administrative Expenses	0
	<input type="checkbox"/>					10. Publicity	0
	<input type="checkbox"/>					11. Fees for Professional Services	0
	<input type="checkbox"/>					12. Loans Made	0
	<input type="checkbox"/>					13. Other Disbursements	0
8. Total disbursements to officers and employees:					20,030	14. Total Disbursements (Sum of Items 8-13)	20,030

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: <input style="width: 360px;" type="text"/>	15.b. Trade Name, If any: <input style="width: 260px;" type="text"/>
15.c. To Whom Paid Name <input style="width: 100px;" type="text"/> <input style="width: 10px;" type="checkbox"/> <input style="width: 140px;" type="text"/> Title <input style="width: 300px;" type="text"/> Organization <input style="width: 330px;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 300px;" type="text"/> Street <input style="width: 300px;" type="text"/> City <input style="width: 180px;" type="text"/> State <input style="width: 100px;" type="text" value="Washington"/> ZIP Code + 4 <input style="width: 80px;" type="text"/>	15.d. Amount <input style="width: 100px;" type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 400px;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

NEWSTRAND ASSOCIATES, INC.
LM-21 (1-01-2015 to 12-31-2015)
Item B 5 Statement of Receipts
File No. C-65469

<u>CLIENT:</u>	TERMINATION <u>DATE</u>	<u>AMOUNT</u>
MERIT MECHANICAL 9630 153rd Ave. NE Redmond, WA 98052 Attn: Dave Patterson, President	7/15/2015	\$ 20,030.35

NEWSTRAND ASSOCIATES, INC.
LM-21 (1-01-2015 to 12-31-2015)
Non-Labor Relations Advice and Services Receipts
Reported in B.6 - Total Receipts From All Employers
File No. C-65469

Receipts totaling \$35,121.94 were collected from the following employers during fiscal year 2015 for services that were not for "*labor relations advice and services*" but were for other services all of which were specifically excluded including: (1) *advising the employer*; (2) *representing the employer before any court, administrative agency, or tribunal of arbitration*; and, (3) *engaging in collective bargaining on the employer's behalf with respect to wages, hours, or other conditions of employment or the negotiation of any agreement or any question arising under an agreement*.

ARAUCO - NA
Duraflake
2550 Old Salem Road NE
Albany, OR 97321

Grover Electric & Plumbing Supply
1900 NE 78th Street; Suite 101
Vancouver, WA 98665

MERIT MECHANICAL
9630 153rd Ave. NE
Redmond, WA 98052

OREGON SHAKESPEARE FESTIVAL
15 Pioneer Street
Ashland, OR 97520

PAX CORRUGATED PRODUCTS
1899 Kingsview Drive
Lebanon, OH 45036