

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

675377

1. File Number C- 00658	2. Period Covered By This Report From: 01/01/2017 Through: 12/31/2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Jason Greer
Title	Chief Executive Officer
Organization	Greer Consulting, Inc.
P.O. Box, Building and Room Number, if any	
Street	4301 Hawkins Ridge Drive
City	St. Louis
State	Missouri
ZIP Code + 4	63129
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	President (if other title, see instructions)
Title	Other (Specify) Chief Executive Officer
On 04/08/2018	314-397-4218
Date	Telephone Number
18. Signed	Treasurer (If other title, see instructions)
Title	Treasurer
On	
Date	Telephone Number

Name of Person Filing: Jason Greer

File Number C- 00658

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:

P.O. Box, Building and Room Number, if any

Employer Reliant Labor Consultants, LLC

Trade Name

Street 10108 Fehlberg Court

Attention To Bryon

Clay

City St. John

Title

State Indiana

ZIP Code + 4 46373

5.b. Termination Date November 2017

5.c. Amount 75726

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 75726

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:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY