

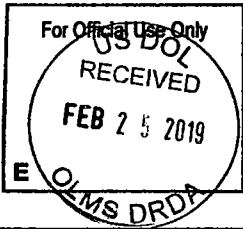
FORM LM-21

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

690126

1. File Number C- <input type="text" value="675"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2018"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
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A. Person Filing

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

Name

Title

Organization

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

Street

City

State ZIP Code + 4

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

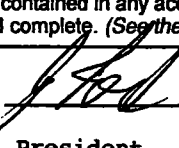
Street

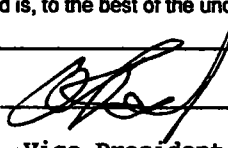
City

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)

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

On //
Date Telephone Number

On //
Date Telephone Number

Name of Person Filing: <u>Jason Rodriguez</u>	File Number C- <u>675</u>
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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	<u>Owens & Minor Distribution Inc.</u>	P.O. Box, Building and Room Number, if any	<u></u>
Trade Name	<u>Owens & Minor</u>	Street	<u>9120 Lockwood Boulevard</u>
Attention To	<u>Heath</u> <input type="checkbox"/> <u>H</u> <u>Galloway</u>	City	<u>Mechanicsville</u>
Title	<u>Associate General Council</u>	State	<u>Virginia</u> ZIP Code + 4 <u>23116-2015</u>

5.b. Termination Date	<u>5/4/18</u>	5.c. Amount	<u>\$136,000</u>
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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		
<u>Jason</u> <u>Rodriguez</u>	<u>\$125.0</u>	<u>24600</u>		9. Office and Administrative Expenses	<u>33,897.33</u>
<u>Ana</u> <u>L</u> <u>Rodriguez</u>	<u>\$75.00</u>			10. Publicity	<u>\$25,000</u>
				11. Fees for Professional Services	<u>\$12,000</u>
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				<u>\$224,600</u>	14. Total Disbursements (Sum of Items 8-13) <u>\$70,897.33</u>

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.

<p>15.a. Employer Name:</p> <p>15.c. To Whom Paid</p> <p>Name</p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street</p> <p>City</p> <p>State <u>Washington</u> ZIP Code + 4</p>	<p>15.b. Trade Name, if any:</p> <p>15.d. Amount</p> <p>15.e. Purpose</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY