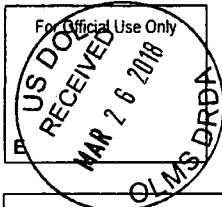


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 03-31-2019

This report is mandatory under P.L. 88-257, 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

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|                         |  |  |          |  |
|-------------------------|--|--|----------|--|
| 1. File Number C- 00658 | 2. Period Covered<br>By This Report<br>From: | Month/Day/Year<br>(mm/dd/yyyy)<br>01 / 01 / 2017 | Through: | Month/Day/Year<br>(mm/dd/yyyy)<br>12 / 31 / 2017 |
|-------------------------|--|--|----------|--|

|   |   |
|---|---|
| <b>A. Person Filing</b>   |   |
| 3. Name and mailing address (include ZIP Code):<br><br>Name Jason Greer<br><br>Title Chief Executive Officer<br><br>Organization Greer Consulting, Inc.<br><br>P.O. Box, Building and Room Number, if any<br><br>Street 4301 Hawkins Ridge Drive<br><br>City St. Louis<br><br>State Missouri ZIP Code + 4 63129 | 4. Any other address where records necessary to verify this report are kept:<br><br>Name<br><br>Title<br><br>Organization<br><br>P.O. Box, Building and Room Number, if any<br><br>Street<br><br>City<br><br>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 <u>[Signature]</u><br>Title Other (Specify)<br>Chief Executive Officer<br>On <u>02 / 20 / 2018</u> <u>314-397-4218</u><br>Date Telephone Number | President<br>(if other title, see<br>instructions) | 18. Signed _____<br>Title Treasurer<br>On <u>/ /</u> _____<br>Date Telephone Number | Treasurer<br>(If other title, see<br>instructions) |
|--|--|---|--|

|                                    |                      |
|------------------------------------|----------------------|
| 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:                           |                      |
| Employer Reliant Labor Consultants, LLC                           |  | P.O. Box, Building and Room Number, if any |                      |
| 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 34,500                         |                      |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 34,500                       |  |  |                      |

**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  | 15.e. Purpose             |
| Title   |                           |
| Organization  |                           |
| P.O. Box, Building and Room Number, if any          |                           |
| Street  |                           |
| City  |                           |
| State Washington                                    |                           |
| ZIP Code + 4  |                           |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY |                           |