

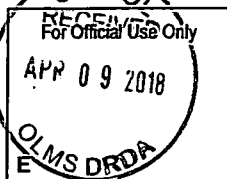
FORM LM-21

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

674507

1. File Number C: 67167	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	1/1/2017		12/31/2017

A. Person Filing

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

Name: **MICHAEL C CUNNINGHAM**
Title: **PRESIDENT / CEO**
Organization: **ADVANCED LIAISON CONSTRUCTION, LLC**
P.O. Box, Building and Room Number, if any: **P.O. Box 218**
Street: **800 BELLE TERRE PKWY, SUITE 200**
City: **ARM COAST**
State: **FL** ZIP Code + 4: **32164**

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: **Michael C. Cunningham**
Title: **President**
President (if other title, see instructions)

18. Signed: _____
Title: **Treasurer**
Treasurer (if other title, see instructions)

On: **3/28/2018** **(386) 931-2860**
Date Telephone Number

On: _____
Date Telephone Number

- 20

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Name of Person Filing:	File Number C-
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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

PLEASE SEE ATTACHED (PAGE 3)

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

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

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

					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

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: NEXUS	15.b. Trade Name, if any:
15.c. To Whom Paid Name Michael Cunningham Title Organization Advanced Labor Consulting LLC P.O. Box, Building and Room Number, if any Street 800 Belle Terre Pkwy, Ste 200-218 City Palm Coast State Florida ZIP Code + 4 32164	15.d. Amount 20,771 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.