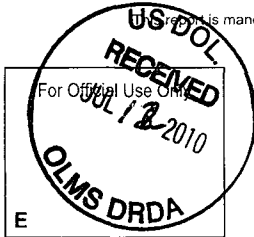


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- <u>569</u>	2. Period Covered By This Report From: <u>11/1/07</u> Through: <u>12/31/07</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Brad</u> <u>White</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Pres</u>	Name
Organization <u>Interlate</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>145 S Lincolnway</u>	P.O. Box, Building and Room Number, if any
City <u>N. Aurora</u>	Street
State <u>IL</u> ZIP Code + 4 <u>60542</u>	City
	State

### 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> President (if other title, see instructions)	18. Signed _____ Treasurer (If other title, see instructions)
Title <u>President</u>	Title <u>Treasurer</u>
On <u>7/1/10</u> Date <u>630 966 0214</u> Telephone Number	On _____ Date _____ Telephone Number

Name of Person Filing: <u>Brad White</u>	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 <u>LRJ</u>	P.O. Box, Building and Room Number, if any		
Trade Name	Street		
Attention To	City	<u>Broken Arrow</u>	
Title	State	<u>OKLAHOMA</u>	ZIP Code + 4 <u>74011</u>

5.b. Termination Date	5.c. Amount
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<u>\$4,642.32</u>
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**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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; width: 150px; display: inline-block;"></div> <div style="border: 1px solid black; width: 50px; display: inline-block;"></div> Title <div style="border: 1px solid black; width: 200px; display: inline-block;"></div> Organization <div style="border: 1px solid black; width: 250px; display: inline-block;"></div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; width: 100%; display: inline-block;"></div> City <div style="border: 1px solid black; width: 100%; display: inline-block;"></div> State <u>Washington</u> ZIP Code + 4 <div style="border: 1px solid black; width: 80px; display: inline-block;"></div>	15.d. Amount <div style="border: 1px solid black; width: 100px; display: inline-block;"></div>  15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	