

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 68654

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

02/26/2018

Through:

Month/Day/Year
(mm/dd/yyyy)

05/01/2018

A. Person Filing

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

Name Arthur Shank

Title _____

Organization _____

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

Street 125 Rawson Rd.

City Rawson

State Ohio ZIP Code + 4 45881

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

Arthur R. Shank

Title President

President
(If other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(If other title,
see
instructions)

On 05/01/2019

Date

513-967-7623

Telephone Number

On

Date

Telephone Number

Name of Person Filing: <u>Arthur Shank</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>The Kroger Co. d/b/a</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Kroger Mountain View Foods</u>		Street <u>10241 E. 51st Avenue</u>	
Attention To: _____		City <u>Denver</u>	
Title _____		State <u>Colorado</u>	ZIP Code + 4 <u>80239</u>
5.b. Termination Date <u>05/25/2018</u>		5.c. Amount <u>\$ 22,827.54</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>\$ 22,827.54</u>			

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>Arthur Shank</u>	<u>12480</u>	<u>10,347.54</u>	<u>22,827.54</u>	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: <u>22,827.54</u>				14. Total Disbursements (Sum of Items 8-13) <u>22,827.54</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.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name _____	
Title _____	
Organization _____	15.e. Purpose
P.O. Box, Building and Room Number, if any	
Street _____	
City _____	
State _____ ZIP Code + 4 _____	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
<u>0</u>

Part B

Name of Reporting Employer: <u>The Kroger Co. d/b/a Kroger-Mountain View Foods</u>	File Number
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input checked="" type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input checked="" type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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<p>9.a. <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p>	<p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <u>Independent consultant</u></p>																
<p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Arthur Shank</u></p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>125 Rawson Rd.</u></p> <p>City <u>Rawson</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>45881</u></p>	<p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization <u>N/A</u></p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>125 Rawson Rd.</u></p> <p>City <u>Rawson</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>45881</u></p>																
<p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <u>02/26/2018</u></p>	<p>10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)</p>																
<p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <table border="1" style="width: 100%;"> <tr><td><u>03/30/2018</u></td></tr> <tr><td><u>03/30/2018</u></td></tr> <tr><td><u>04/18/2018</u></td></tr> <tr><td><u>04/18/2018</u></td></tr> <tr><td><u>04/27/2018</u></td></tr> </table>	<u>03/30/2018</u>	<u>03/30/2018</u>	<u>04/18/2018</u>	<u>04/18/2018</u>	<u>04/27/2018</u>	<p>11.b. Amount of each payment or expenditure</p> <table border="1" style="width: 100%;"> <tr><td><u>7,626</u></td></tr> <tr><td><u>2,969</u></td></tr> <tr><td><u>3,091</u></td></tr> <tr><td><u>2,935</u></td></tr> <tr><td><u>3,606</u></td></tr> </table>	<u>7,626</u>	<u>2,969</u>	<u>3,091</u>	<u>2,935</u>	<u>3,606</u>	<p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <table border="1" style="width: 100%;"> <tr><td><u>Payment via check</u></td></tr> <tr><td><u>Payment via check</u></td></tr> <tr><td><u>Payment via check</u></td></tr> <tr><td><u>Payment via check</u></td></tr> <tr><td><u>Payment via check</u></td></tr> </table>	<u>Payment via check</u>	<u>Payment via check</u>	<u>Payment via check</u>	<u>Payment via check</u>	<u>Payment via check</u>
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<p>12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.</p> <p><u>Payments were made incident to an oral agreement for consulting services for purposes of informing employees of facility of and regarding their rights under federal labor law including their right to choose to, or to choose not to, organize and bargain collectively.</u></p>																	

Name of Reporting Employer: <i>The Wagner Co. d/b/a Knoor-Mountain View Foods</i>	File Number E-
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure.	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property).
05/25/2018	2,601	Payment - via check