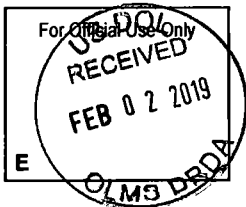


FORM LM-21

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.
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

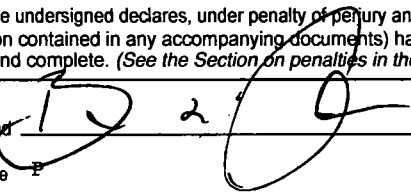
688262

1. File Number C- <input type="text" value="67333"/>	2. Period Covered By This Report From: <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2018"/> Through: <input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2018"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Brandon"/> <input type="text" value="Ahakuelo"/> Title Organization <input type="text" value="The Global Institute for Interest Based S"/> P.O. Box, Building and Room Number, if any Street <input type="text" value="42020 Village Center Plaza Ste 120"/> City <input type="text" value="Aldie"/> State <input type="text" value="Virginia"/> ZIP Code + 4 <input type="text" value="20105"/>	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 
Title P

President
(if other title, see
instructions)

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

On //
Date Telephone Number

On //
Date Telephone Number

Name of Person Filing:	File Number C-
------------------------	----------------

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.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Communication Concepts</p> <p>Trade Name _____</p> <p>Attention To Bill Allen</p> <p>Title _____</p> </div> <div style="width: 50%;"> <p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> </div> </div>	
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		
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	9. Office and Administrative Expenses	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	10. Publicity	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	11. Fees for Professional Services	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	12. Loans Made	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	13. Other Disbursements	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>

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>Communication Concepts</p>	<p>15.b. Trade Name, If any:</p> <p>_____</p>
<p>15.c. To Whom Paid</p> <p>Name Brandon Ahakuelo</p> <p>Title _____</p> <p>Organization The Global Institute for Interest Based S</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street 42020 Village Center Plaza Ste 120</p> <p>City Aldie</p> <p>State Virginia ZIP Code + 4 20105</p>	<p>15.d. Amount 4858.56</p> <p>15.e. Purpose</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Educate employees to make an informed decision regarding exercising their right to organize and bargain collectively</p> </div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	