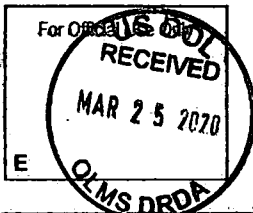


FORM LM-21 723266
RECEIPTS AND DISBURSEMENTS REPORT

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

1. File Number C- 687412	2. Period Covered By This Report From: 01/01/2019 Through: 12/31/2019
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Vicky S Rennick	4. Any other address where records necessary to verify this report are kept:
Title Consultant	Name
Organization Vicky S Rennick	Title
P.O. Box, Building and Room Number, if any	Organization
Street 5380 Old Haven Court	P.O. Box, Building and Room Number, if any
City Cumming	Street
State Georgia ZIP Code + 4 30041-3969	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 Vicky Rennick Title President On 03/15/2019 Telephone Number 770-889-1433	18. Signed _____ Title Treasurer On _____ Telephone Number _____
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Name of Person Filing: <u>Vicky Rennick</u>	File Number C- <u>68741</u>
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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 B & C left blank per OIMS memo dated 7/18/11 P.O. Box, Building and Room Number, if any

Trade Name Street

Attention To City

Title State Other 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: Golden Nugget Hotel & Casino

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Vicky S Rennick

Title Consultant

Organization Vicky S Rennick

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

Street 5380 Old Haven Court

City Cumming

State Georgia ZIP Code + 4 30041-3969

15.d. Amount 40,067

15.e. Purpose

To educate rather than persuade employees to exercise or not to exercise their right, or educate employees as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing.

B & C left blank due to OIMS memo dated 7/18/11

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY \$ 40,067