U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

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)

RECEIVED APR 0 3 2019 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT APR 0 3 2019			
1 . File Number C- 00572	2. Period Covered By This Report From: 01 / 01 / 2018 Through: 12 / 31 / 2018		
A. Person Filing			
3. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:		
Name Sanderson B Adams	Name		
Title President	Title		
Organization Tactical Advisory Group Organization			
P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any			
Street 28 W. Orchard Road	Street		
City Fort Mitchell	City		
State Kentucky ZIP Code + 4 41011	State ZIP Code + 4		
Sign	atures		
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 President (if other title, see instructions)	18. Signed Susan Cram Treasurer (If other title, see instructions)		
On [3]/[3]]/[20[9] [(859) 630-7292 Telephone Number	On 3/27/2019 (513) 777-6204 Telephone Number		

Name of Person Filing: Sanderson Adams		File Number C- 00572			
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).	5.a. Name and Address of Employer (including trade name, if any). Mailing Address:				
Employer	P.U. BOX, E	Building and Room Number, if any			
Trade Name	Street				
Attention To	City				
Title	State	ZIP Code	+4		
5.b. Termination Date	5.c. Amour	at [
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			
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. Trad	e Name, If any:			
RadNet Inc.					
15.c. To Whom Paid	15.d. Amo	unt 387,461			
Name Carina M Hunt	15.e. Purp	ose			
Title President	To inf	orm employees of the realitie entation and collective barga	s of union		
Organization C. Hunt Management Consulting, Inc. To persuade employees to vote "no" for union					
P.O. Box, Building and Room Number, if any					
Street loop, ghanning G					
Street 909 Champions Court					
City Roanoke					
State Texas ZIP Code + 4 76262			<u>l</u>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 387,461					

Form LM-21 (2003)

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). Employer Trade Name Attention To Title State Street Attention To Title State State Street Attention To Title State State State ZIP Code + 4 State ZIP Code + 4 State State State Attention To Title State State State ZIP Code + 4 State State State ZIP Code + 4 State State State State ZIP Code + 4 State State State State ZIP Code + 4 State State State ZIP Code + 4 State State State ZIP Code + 4	Name of Person Filing: Sanderson Adams	File Number C- 00572			
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P.O. Box, Building and Room Number, if any Trade Name Street 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 Diabursements 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 (e) Salary (e) Expenses (d) Totals (in Name 1.1 Fees for Professional Services 1.2 Loans Made 1.2 Loans Made 1.3 Other Disbursements to officers and employees: 1.4 Total disbursements to officers and employees: 1.5 Loans Made 1.5 Loans					
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P.O. Box, Building and Room Number, if any P.O. Box 20441 Street City Tampa	representation and collective bargaining.				
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Street City Tampa	P.O. Box, Building and Room Number, if any				
City Tampa	P. O. Box 20441				
	Street				
State Florida ZIP Code + 4 33622	City Tampa				
	State Florida ZIP Code + 4 33622				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 44, 348	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 44, 348				

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