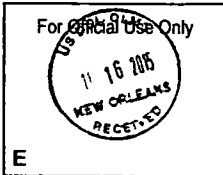


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 08-31-2016

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

628 425

AMENDED REPORT.

1. File Number C- <input type="text" value="65743"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>	Month/Day/Year (mm/dd/yyyy)	Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>	Month/Day/Year (mm/dd/yyyy)
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Daniel"/> <input type="text" value="W"/> <input type="text" value="Block"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="Independent Consultant"/>	Name <input type="text"/>
Organization <input type="text"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text" value="14314 Elinor Ct"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Cypress"/>	Street <input type="text"/>
State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="77429"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

## 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	18. Signed _____
Title <input type="text" value="Sole Proprietor"/>	Title <input type="text" value="Treasurer"/>
On <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2015"/> <input type="text" value="8327254286"/>	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Date Telephone Number	Date Telephone Number

7

Name of Person Filing: Daniel Block

File Number C- 65743

**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 See Attached

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

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount 0

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0

**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

Daniel	W	Block	91,875	52,303	144,178	9. Office and Administrative Expenses	0
						10. Publicity	0
						11. Fees for Professional Services	0
						12. Loans Made	0
			0		0	13. Other Disbursements	
8. Total disbursements to officers and employees:					144,178	14. Total Disbursements (Sum of Items 8-13)	144,178

**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

15.e. Purpose

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Daniel W. Block  
LM-21 (1/1/2013 to 12/31/2013)  
Item B (5) Statement of Receipts  
File #: C-65743

CLIENT	TERMINATION DATE	AMOUNT
Jeld-Wen Grinnell IA 911 Industrial Ave Grinnell, IA 50112 Attn: Dan Marstan, Plant Manager	On-Going	\$ 7,342.00
Jeld-Wen Chiloquin, OR 21725 Hwy 97N Chiloquin, OR 97624 Attn: Craig Turner, Plant Manager	On-Going	\$ 12,681.00
Jeld-Wen Ludlow, VT 146 Pleasant St Ludlow, VT 05149 Attn: Joel Tinney, Plant Manager	On-Going	\$ 6,005.00
Jeld-Wen Wedowee AL 51 Probilt Dr Wedowee, AL 36278 Attn: Terry Wiley, Plant Manager	On-Going	\$ 4,254.00
Jeld-Wen Wilkesboro NC 205 Lanes Dr Wilkesboro, NC 28659 Attn: Tom Brown, Plant Manager	On-Going	\$ 3,842.00
PCC Structurals, Inc. 4600 SE Harvey Drive Portland, OR 97206 Attn: Steve Buea, HR Manager	On-Going	\$ 38,651.00
Regis Corporation - Holiday Hair 200 S Best Ave Walnutport, PA 18088 Attn: Klyde Kurtz, Regional VP	On-Going	\$ 15,142.00
Dominion Resources - Millstone Power Rope Ferry Rd Waterford, CT 06385 Attn: Steve Scace, Site VP	On-Going	\$ 56,269.00