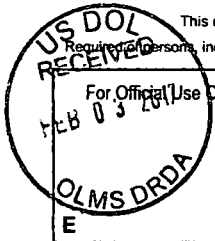


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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 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

632302

1. File Number C- <input type="text"/> 66715	2. Period Covered By This Report From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2016 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2016
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Thomas <input type="text"/> J <input type="text"/> Herlevi	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> President	Name <input type="text"/> <input type="text"/> <input type="text"/>
Organization <input type="text"/> H.R. On Call, Inc.	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 11321 St. Andrews Way	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Concord	Street <input type="text"/>
State <input type="text"/> Ohio <input type="text"/> ZIP Code + 4 <input type="text"/> 44077	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 <input type="text"/> Thomas J. Herlevi Title <input type="text"/> President On <input type="text"/> 01 / <input type="text"/> 25 / <input type="text"/> 2017 <input type="text"/> 440.352.4865 Date Telephone Number	18. Signed <input type="text"/> Julia Herlevi Title <input type="text"/> Treasurer On <input type="text"/> 01 / <input type="text"/> 25 / <input type="text"/> 2017 <input type="text"/> 440.352.4865 Date Telephone Number
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Name of Person Filing: Thomas Herlevi

File Number C- 66715

**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:

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

Employer Nuverra Environmental Solutions

Trade Name

Street

14624 N. Scottsdale Rd.

Attention To

Dan

Pon

City

Scottsdale

Title

Vice President of Human Resources

State

Arizona



ZIP Code + 4

85254

5.b. Termination Date 01/04/16

5.c. Amount 17,026

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 17,026

**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

Thomas	J	Herlevi	5,787	490	6,277	9. Office and Administrative Expenses	3,895
Julia		Herlevi	5,787		5,787	10. Publicity	
						11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	1,067
8. Total disbursements to officers and employees:					12,064	14. Total Disbursements (Sum of Items 8-13)	17,026

**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

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

Street

City

State

Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY