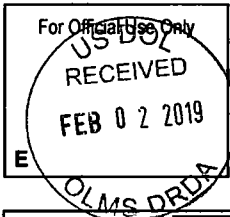


FORM LM-21

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

688265

1. File Number C- <input type="text" value="67333"/>	2. Period Covered By This Report From: <input type="text" value="08/05/2018"/> Through: <input type="text" value="08/10/2018"/>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name

Title

Organization

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

Street

City

State ZIP Code + 4

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

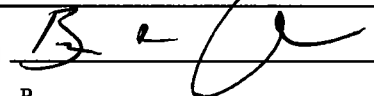
City

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 	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title P		Title T	
On <u> / / </u>	Telephone Number _____	On <u> / / </u>	Telephone Number _____
Date		Date	

Name of Person Filing:	File Number C-
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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). Employer Trade Name Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street City State 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: <div style="border: 1px solid black; padding: 2px;">Hallcon</div>	15.b. Trade Name, If any:	
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Brian</div> <div style="border: 1px solid black; padding: 2px;">Ahakuelo</div> Title Organization <div style="border: 1px solid black; padding: 2px;">The Global Institute for Interest Based S</div> P.O. Box, Building and Room Number, if any Street <div style="border: 1px solid black; padding: 2px;">42020 Village Center Plaza Ste 120</div> City <div style="border: 1px solid black; padding: 2px;">Aldie</div> State <div style="border: 1px solid black; padding: 2px;">Virginia</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">20105</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">16581.48</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;">Educate employees to make an informed decision regarding exercising their right to organize and bargain collectively</div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		