

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

638662

1. File Number C- 66018	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 1 / 1 / 2016 Through: Month/Day/Year (mm/dd/yyyy) 1 / 31 / 2016
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A. Person Filing

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

Name Charles R Stephenson
Title Member
Organization CRS Labor Relations Solutions, LLC.
P.O. Box, Building and Room Number, if any Suite M
Street 1500 E. Katella Ave.
City Orange
State California ZIP Code + 4 92867

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 Charles R Stephenson

President
(if other title, see
instructions)

Title Other (Specify) member

18. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On 3 / 1 / 2016 (951) 951-1032
Date Telephone Number

On _____
Date Telephone Number

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 Penske Automotive Trade Name <input style="width: 150px;" type="text"/> Attention To Bernard Wolf Title <input style="width: 150px;" type="text"/>	Mailing Address: P.O. Box, Building and Room Number, if any <input style="width: 150px;" type="text"/> Street 715 East Chauncey Lane City Phoenix State Arizona ZIP Code + 4 85054-6143
5.b. Termination Date 7/20/2016 5.c. Amount \$31,500.00	
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			
<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	9. Office and Administrative Expenses	<input style="width: 100px;" type="text"/>	
<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	10. Publicity	<input style="width: 100px;" type="text"/>	
<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	11. Fees for Professional Services	<input style="width: 100px;" type="text"/>	
<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	12. Loans Made	<input style="width: 100px;" type="text"/>	
<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	13. Other Disbursements	<input style="width: 100px;" type="text"/>	
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: <input style="width: 150px;" type="text"/>	15.b. Trade Name, if any: <input style="width: 150px;" type="text"/>	
15.c. To Whom Paid Name Charles R Stephenson Title <input style="width: 150px;" type="text"/> Organization <input style="width: 150px;" type="text"/> P.O. Box, Building and Room Number, if any Suite M Street 1500E. Katella Ave. City Orange State California ZIP Code + 4 92867	15.d. Amount <input style="width: 100px;" type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		