

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 88-257, 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

618206

1. File Number C- <input type="text" value="66660"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2015"/> Through: <input type="text" value="12/31/2015"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Khanh"/> <input type="text" value="Tran"/> Title <input type="text" value="Consultant"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text" value="P.O. box 1501"/> Street <input type="text"/> City <input type="text" value="Lake Forest"/> State <input type="text" value="California"/> <input checked="" type="checkbox"/> ZIP Code + 4 <input type="text" value="92609"/>	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 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 Title <input type="text" value="Consultant"/> <input checked="" type="checkbox"/> On <input type="text" value="3/20/2016"/> <input type="text"/> Date Telephone Number	18. Signed _____ Title _____ <input checked="" type="checkbox"/> On <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: Khanh Tran	File Number C- 66660
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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 C. Hunt Management Consulting, Inc. Trade Name Attention To Carina Hunt Title President	Mailing Address: P.O. Box, Building and Room Number, if any 125 Street 821 E. Dove Loop Road City Grapevine State Texas <input checked="" type="checkbox"/> ZIP Code + 4 76051
5.b. Termination Date	5.c. Amount 0 94,011.00
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0 122,665.00	

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:	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount	
	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: Khanh Tran	File Number C- 66660
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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 LRI Consulting Services Trade Name Attention To Phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma <input checked="" type="checkbox"/> ZIP Code + 4 74011
5.b. Termination Date	5.c. Amount 0 28,654.00
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		
				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: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.b. Trade Name, If any: 15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		