

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 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

RECEIVED

APR 03 2020

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

727181

1. File Number C-

68745

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

7/7/2019

Through:

Month/Day/Year
(mm/dd/yyyy)

12/31/2019

A. Person Filing

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

Name MICHAEL A. MUMFORD

Title OWNER

Organization HIRE ROAD, INC.

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

770

Street WELCH ROAD

City COMM. TWP.

State MICHIGAN ZIP Code + 4 48390

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

[Signature]

Title President

President
(if other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

3/27/2020

Date

248-767-5013

Telephone Number

On

Date

Telephone Number

Name of Person Filing:

MICHAEL A. MUMFORD

File Number C-

68745

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

AGILITY HEALTH

Trade Name

Attention To

BOB

CREVISTON

Title

CHRO

Mailing Address:

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

6625

Street

W. 78TH ST. SUE # 300

City

MINNEAPOLIS

State

MN

ZIP Code + 4

55439

5.b. Termination Date

10/31/2019

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

DAN	DRING	22460.xx	746.xx	23146.xx	9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	8399.xx
					12. Loans Made	
					13. Other Disbursements	31545.00

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:

HIRE ROAD, INC.

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Title

Organization

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

770 WELCH RD

Street

City

COMM. TWP

State

MICHIGAN

ZIP Code + 4

48390

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

\$31545.xx