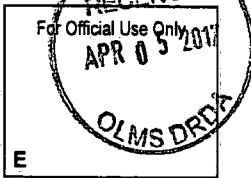


# FORM LM-21

## 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

645604

1. File Number C: <input type="text"/> 671	2. Period Covered By This Report From: <input type="text"/> 01 / 01 / 2016 Through: <input type="text"/> 12 / 31 / 2016
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Douglas <input type="text"/> P <input type="text"/> Seaton	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> Senior Counsel	Name <input type="text"/>
Organization <input type="text"/> Seaton, Peters & Revnew P.A.	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/> Suite 500	Organization <input type="text"/>
Street <input type="text"/> 7300 Metro Blvd.	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Minneapolis	Street <input type="text"/>
State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55439	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"/> Gregory L. Peters President (if other title, see instructions) Title <input type="text"/> Managing Partner On <input type="text"/> 03 / 24 / 2017 <input type="text"/> 952-896-1700 Date Telephone Number	18. Signed <input type="text"/> Thomas Revnew Treasurer (If other title, see instructions) Title <input type="text"/> Other (Specify <input type="text"/> Partner On <input type="text"/> 03 / 24 / 2017 <input type="text"/> 952-896-1700 Date Telephone Number
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Name of Person Filing: Gregory Peters	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).		Mailing Address:	
Employer	Finishing Touch Plus, Inc.	P.O. Box, Building and Room Number, if any	P.O. Box 226
Trade Name		Street	1810 Crestview Drive - Suite 6B
Attention To	William Dougherty	City	Hudson
Title	CEO	State	Wisconsin
		ZIP Code + 4	54106
5.b. Termination Date		5.c. Amount	
09/15/2016		6,695	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,695			

**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	
Douglas P Seaton	0	0	0	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:			0	14. Total Disbursements (Sum of Items 8-13)
				0

**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	15.e. Purpose
Street	
City	
State Washington	
ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	