U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form approved
Office of Management
and Budget
No. 1245-0003 Expires 10-31-2013

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. the section 203(b) of the Labor-Management 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

File Number C- 746	2. Period Covered By This Report Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyy)
	From: 01/0 /2011 Through: 12/31/40
. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name RONALD TO THEITER	Name
Title	Title
Organization	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 1545 ARADA HOE TR.	Street
City GREEN HAY	City
State W15 0N 50N ZIP Code + 4 34313 -	State ZIP Code + 4
0159	1
	atures
ach of the undersigned declares, under penalty of perjury and other applicable penal formation contained in any accompanying documents) has been examined by the prect, and complete. (See the Section on penalties in the instructions).	ties of law, that all of the information submitted in this report (including the ne signatory and is, to the best of the undersigned's knowledge and belief, true,
7. Signed President (if other title, see	18. Signed Treasurer (If other title, see
Title President instructional	Title Treasurer (astroptions)



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 \(Attention to \text{Listed Listed	Name of Person Filing: File Number C-				
Sa. Name and Address of Employer (including trade name, if any) Employer Affail Results (MS) MSR THIFE Trade Name Attention To Title State State State CLIA HAWA T ZIP Code + 4 HAV 3 5.b. Termination Date 2 J 51 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 1 J 2 J 2	B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice				
Employer Library Land Name Attention To Trade Name Attention To Title State C. Sty State State CLIV BLUER Account Land					
Employer Library Mark Technology Street Trade Name Attention To Title State OUNT HEALTH ZIP Code + 4 HO/3 5.b. Termination Date 12/31/2011 5.c. Amount 6. TOTAL RECEIPTS FROM ALL EMPLOYERS C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with tabor relations advice or services rendered to the employers istated 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.c. ToWhom Paid Name 15.c. ToWhom Paid Name 15.c. ToWhom Paid Name 15.c. ToWhom Paid Name 15.c. Amount 15.c. Purpose	to the state of the				
Attention To Title State OLUMBAUM T ZIP Code +4 Holl 3 5.b. Termination Date 12/31/2011 5.c. Amount Holl ASG 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 45. ASG 9 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 10. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.b. Trade Name, If any: Street City Street City Street City Suitable Holl Asg 1. State OLUMBAUM T ZIP Code +4 Holl 3. State	Employer LABRE RELATIONS INSTITUTE.	The second secon	See a source and Artifesta visit Miles and Selections		
5.b. Termination Date Total Receipts FROM ALL EMPLOYERS		Street 1850 Sauth Fum Posters			
5.b. Termination Date Total Receipts FROM ALL EMPLOYERS	Attention To	City BLOWEN ARROW			
5.b. Termination Date Total Receipts FROM ALL EMPLOYERS	Title	State OKLA HOW + 71P Code + 4 74013			
C. Statement of Disbursements 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 his Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15.e. Purpose Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	Title Code 14 President				
C. Statement of Disbursements 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 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. Employer Name: 15. To Whom Paid Name P.O. Box, Building and Room Number, if any Street City State Washington 2IP Code + 4	5.b. Termination Date 12/31/2011 5.c. Amount 40,486				
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	6. TOTAL RECEIPTS FROM ALL EMPLOYERS 48, 4	86 @			
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	•				
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 11. Loans Made 11. Total Disbursements 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name 15.c. To Whom Paid Name 15.d. Amount 15.e. Purpose Title Organization P.O. Box, Building and Room Number, if any Street City Street Washington 2IP Code + 4		rting organization in connection with labor relations advice	or services rendered		
(a) Name (b) Salary (c) Expenses (d) Totals	· •	· ·			
10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13) 15. A. Employer Name: 15. D. Trade Name, If any: 15. C. To Whom Paid 15. A. Employer Name: 15. A. Employer Name: 15. A. Employer Name 15.		otals			
11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 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 Organization P.O. Box, Building and Room Number, if any Street City State Washington 2IP Code + 4		Office and Administrative Expenses			
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 15.e. Purpose Title Organization P.O. Box, Building and Room Number, if any Street City State Washington 2IP Code + 4		10. Publicity			
8. Total disbursements to officers and employees: 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 2IP Code + 4		11. Fees for Professional Services			
8. Total disbursements to officers and employees: 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		12. Loans Made	AND THE COMMENTS OF THE COMME		
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.d. Amount 15.e. Purpose Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4		13. Other Disbursements			
instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid 15.d. Amount 15.e. Purpose 15.e. P	8. Total disbursements to officers and employees:	otal disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)			
instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid 15.d. Amount 15.e. Purpose 15.e. P					
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4					
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4					
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4					
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington. ZIP Code + 4	15 o To Mhom Daid				
Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	Service in the service of the servic	Residence commence of the second commence of			
Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	в насилационного интенсационного насиление в фильменты и политической	15.e. Purpose	ener alle anner e contrata escolar no non antecimo de la contrata de la contrata de la contrata de la contrata		
P.O. Box, Building and Room Number, if any Street City State Washington. ZIP Code + 4	Expense of the AMERICAN CONTINUES AND		happy special and a state of the special and a s		
Street City State Washington. ZIP Code + 4	Organization				
Street City State Washington. ZIP Code + 4					
City State Washington ZIP Code + 4	P.O. Box, Building and Room Number, if any				
City State Washington ZIP Code + 4	Street				
State Washington ZIP Code + 4					