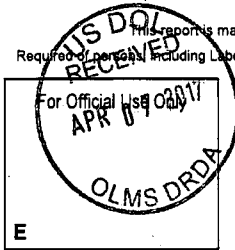


FORM LM-21

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

646145

1. File Number C- <input type="text" value="67190"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2016"/> Through: <input type="text" value="12/31/2016"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Kirsten"/> <input type="text" value="Moore"/> Title <input type="text" value="Consultant"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="139 Drexel Road"/> City <input type="text" value="Ardmore"/> State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19003"/>	4. Any other address where records necessary to verify this report are kept: Name <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="Other (Specify) Consultant"/> On <input type="text" value="03/28/2017"/> <input type="text" value="610.420.0819"/> Date Telephone Number	18. Signed _____ Title <input type="text" value="Treasurer"/> On <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: Kirsten Moore

File Number C-

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:

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

Employer Labor Relations Institute, Inc.

Trade Name LRI

Street 7850 S. Elm Place

Attention To Phillip

Wilson

City Broken Arrow

Title President

State Oklahoma

ZIP Code + 4 74013

5.b. Termination Date

5.c. Amount 2,184

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 71,729

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

