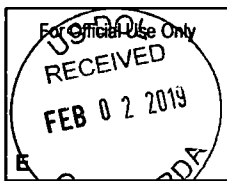


# FORM LM-21

## 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

688264

1. File Number C- <b>67333</b>	2. Period Covered By This Report From: <b>10/24/2017</b> Through: <b>11/03/2017</b>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <b>Brandon</b> <b>Ahakuelo</b>	4. Any other address where records necessary to verify this report are kept:
Title	Name
Organization <b>The Global Institute for Interest Based S</b>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <b>42020 Village Center Plaza Ste 120</b>	P.O. Box, Building and Room Number, if any
City <b>Aldie</b>	Street
State <b>Virginia</b> ZIP Code + 4 <b>20105</b>	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	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title <b>P</b>		Title <b>T</b>	
On <b>/ /</b>	Date	On <b>/ /</b>	Date
Telephone Number _____		Telephone Number _____	

Name of Person Filing:	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 Asplundh Tree Service P.O. Box, Building and Room Number, if any

Trade Name Street 708 Blair Mill Road

Attention To John Dettle City Willow Grove

Title State Pennsylvania ZIP Code + 4 19090

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5.b. Termination Date 5.c. Amount

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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	
				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.

<p>15.a. Employer Name:</p> <p>15.c. To Whom Paid</p> <p>Name <u>Brandon</u> <u>Ahakuelo</u></p> <p>Title</p> <p>Organization <u>The Global Institute for Interest Based S</u></p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <u>42020 Village Center Plaza Ste 120</u></p> <p>City <u>Aldie</u></p> <p>State <u>Virginia</u> ZIP Code + 4 <u>20105</u></p>	<p>15.b. Trade Name, If any:</p> <p>15.d. Amount <u>12142.94</u></p> <p>15.e. Purpose</p> <p><u>Educate employees to make an informed decision regarding exercising their right to organize and bargain collectively</u></p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY