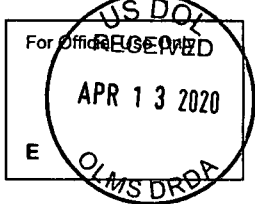


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 09-30-2021

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

727 555

1. File Number C- 67729	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1 / 1 / 2020	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2020
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## A. Person Filing

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

Name Matthew J. Antonek  
Title President  
Organization Employer Advisory Group, LLC  
P.O. Box, Building and Room Number, if any  
PO Box 86628  
Street \_\_\_\_\_  
City St. Petersburg  
State FL ZIP Code + 4 33317

### 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 Matthew J. Antonek  
Title President

President  
(If other title, see  
instructions)

18. Signed \_\_\_\_\_  
Title Treasurer

Treasurer  
(If other title,  
see  
instructions)

On 3/30/20 727-888-1581  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Name of Person Filing: <b>Matthew J Antonek</b>	File Number C- <b>67729</b>
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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 _____	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street _____		
Attention To: _____	City _____		
Title _____	State _____	ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>			

**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	15.d. Amount
Name _____	
Title _____	15.e. Purpose
Organization _____	
P.O. Box, Building and Room Number, if any _____	
Street _____	
City _____	
State _____ ZIP Code + 4 _____	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	