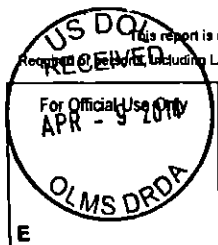


FORM LM-21

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. Receipt of this report, 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

1. File Number C: <input type="text"/> 66019	2. Period Covered By This Report From: <input type="text"/> 01 / 01 / 2013 Through: <input type="text"/> 12 / 31 / 2013
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Charles <input type="checkbox"/> R <input type="text"/> Stephenson	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/>	Name <input type="text"/> <input type="text"/>
Organization <input type="text"/> CRS Labor Relations Solutions	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 1500 E. Katella Avenue - Suite M	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Orange	Street <input type="text"/>
State <input type="text"/> Oklahoma ZIP Code + 4 <input type="text"/> 92867	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 _____ President (If other title, see instructions) Title <input type="text"/> Other (Specify) <input type="text"/> Member On <input type="text"/> 03 / 28 / 2014 <input type="text"/> 951-371-6606 Date Telephone Number	18. Signed _____ Treasurer (If other title, see instructions) Title <input type="text"/> On <input type="text"/> / / <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: Charles Stephenson	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).

Employer: International Labor Relations

Trade Name:

Attention To: Jim Teague

Title: President

Mailing Address:

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

Street: 8086 South Yale Avenue Suite 225

City: Tulsa

State: Oklahoma ZIP Code + 4: 74136

5.b. Termination Date: 12/31/2013

5.c. Amount: 60,191

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: 90,900

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
Charles R Stephenson	40,625	19,566	60,191

8. Total disbursements to officers and employees: 90,900

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): 90,900

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

Name of Person Filing: Charles Stephenson	File Number C:
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8. 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 <u>Pacific Labor Relations</u>	P.O. Box, Bldg., Room No., if any		
Trade Name		Street	
Attention To: <u>Jim</u> <input type="checkbox"/> <u>Teague</u>		City	
Title <u>President</u>		State	ZIP Code + 4
5.b. Termination Date <u>May 22, 2013</u>		5.c. Amount <u>30,709</u>	

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	

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	

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	

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	

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	

