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: 03-31-2019

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)

For Official Use Only
RECEIVED
APR 17 2018
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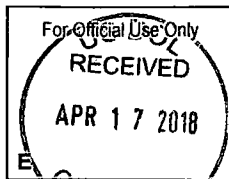
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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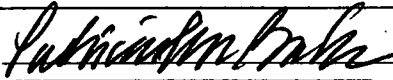
| 1. File Number C- | 68087 | 2. Period Covered By This Report | Month/Day/Year (mm/dd/yyyy) From: 08/01/2017 | Through: | Month/Day/Year (mm/dd/yyyy) 09/01/2017 |

A. Person Filing

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

Name: Patricia | A | Burke

Title: Principal

Organization: Malabar Consulting LLC

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

Street: 13936 54th Av N, Unit 1

City: Plymouth

State: Minnesota   ZIP Code + 4: 55446-1669

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 _[signature]_ President (if other title, see instructions)

Title: Sole Proprietor

On 3/22/2018   Telephone Number 612-817-7559
Date   Telephone Number

18. Signed _____ Treasurer (If other title, see instructions)

Title: Treasurer

On __/__/__   Telephone Number
Date   Telephone Number

Form LM-21 (2003)

Page 1 of 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 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	Servicemaster Company		Street	150 Peabody Place
Trade Name	Terminix		City	Memphis
Attention To	Susan	Hunsberger	State	Tennessee
Title	Sr. Vice President Human Resources		ZIP Code + 4	38103

5.b. Termination Date	Ongoing	5.c. Amount	$57,748

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.

15.a. Employer Name:	15.b. Trade Name, If any:
Servicemaster Company	Terminix

15.c. To Whom Paid

Name	Patricia	A	Burke
Title	Principal		
Organization	Malabar Consulting LLC		

15.d. Amount $57748

15.e. Purpose
Education and persuader meetings and conversations with employees at Chatsworth, California Terminix location from August 1, 2017 to August 22, 2017. (See attached invoice.)

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

Street	13936 54th Av N, Unit 1
City	Plymouth
State	Minnesota	ZIP Code + 4	55446-1669

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Malabar Consulting, LLC
13936-54th Av N, Unit 1
Plymouth, MN 55446-1669
612-817-7559
burke.malabar@gmail.com
EIN# 46-1606147

15 September 2017

Services: October 2017 Retainer for Patricia Ann Burke $5,000.00

Total August Hrs Worked	187.6
Less Aug Retainer Hrs	(39.5)
Less Sept Borrowed Hrs	(10.0)

August Billable Hrs   138.1
@ $350/Hr $48,335.00

Total Fees Due this Invoice $53,335.00

Expenses and Disbursement:

TMX Chatsworth Campaign $4,412.87

Total Due: $57,747.87