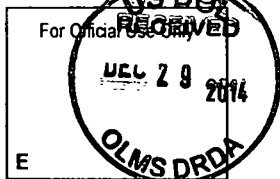


# FORM LM-21

## 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 and 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

574527

1. File Number C- 00763	2. Period Covered By This Report From: 01 / 01 / 2013 Through: 12 / 31 / 2013
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name James E Needles	
Title President	
Organization Employee Relations Group, Inc.	
P.O. Box, Building and Room Number, if any 146	
Street 322 Culver Blvd	
City Playa Del Rey	
State California ZIP Code + 4 90293-7704	
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 James E Needles President (If other title, see instructions)	18. Signed _____ Treasurer (If other title, see instructions)
Title President	Title Treasurer
On 12 / 21 / 2014 310-251-8215 Date Telephone Number	On ____ / ____ / ____ _____ Date Telephone Number

Name of Person Filing: James Needles

File Number C- 00763

**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 See Addendum Page 3

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

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

James	E	Needles	50,000	0	50,000	9. Office and Administrative Expenses	17,000
						10. Publicity	0
						11. Fees for Professional Services	1,500
						12. Loans Made	0
						13. Other Disbursements	
8. Total disbursements to officers and employees:					50,000	14. Total Disbursements (Sum of Items 8-13)	68,500

**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

15.d. Amount

Title

15.e. Purpose

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY