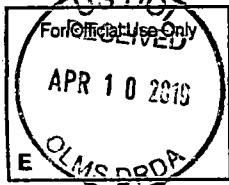


FORM LM-21

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

701969

1. File Number C- <input type="text"/> 68581	2. Period Covered By This Report From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2018 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Andria <input type="text"/> D <input type="text"/> Simckes	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> President/Treasurer	
Organization <input type="text"/> ADS Consulting, LLC	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/> 7326 Hoover Ave.	
City <input type="text"/> Saint Louis	
State <input type="text"/> Missouri ZIP Code + 4 <input type="text"/> 63117 + 4	Name <input type="text"/>
	Title <input type="text"/>
	Organization <input type="text"/>
	P.O. Box, Building and Room Number, if any <input type="text"/>
	Street <input type="text"/>
	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 President

18. Signed Treasurer
(if other title, see instructions)
Title Treasurer

On 03 / 31 / 2019 314-724-3589
Date Telephone Number

On 03 / 31 / 2019 314-724-3589
Date 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: P.O. Box, Building and Room Number, if any
Employer		
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	
				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	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington	ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		