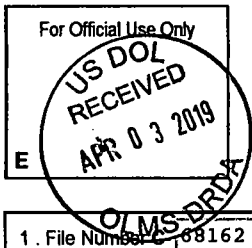


FORM LM-21

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

701347

1. File Number: 88162	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/2018		12/31/2018

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Louis Bardi
Title	President
Organization	BCI
P.O. Box, Building and Room Number, if any	
Street	5170 Chase Oaks Dr
City	Sarasota
State	Florida ZIP Code + 4 34241
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	President (if other title, see instructions)	18. Signed	Treasurer (if other title, see instructions)
Title	President	Title	Treasurer
On	03/29/2019	On	
Date	241-685-2040	Date	
	Telephone Number		Telephone Number

Name of Person Filing: Louis Bardi

File Number C- 68162

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

Attention To

Title

Street

City

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:

BCI

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Marla

Bardi

Title

Organization

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

Street

5170 Chase Oaks Dr

City

Sarasota

State

Florida

ZIP Code + 4

34241

15.d. Amount

220,000

15.e. Purpose

To educate employees on Section 7 Rights and other rules, regulations and procedures regarding the National Labor Relations Act and National Labor Relations Board.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 220,000