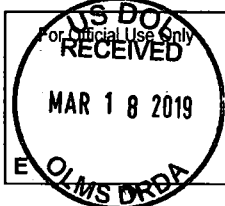


# FORM LM-21

## 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

693427

1. File Number C- <input type="text"/>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
694	From:	01 / 01 / 2018		12 / 31 / 2018

### A. Person Filing

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

Name:     
Title:   
Organization:   
P.O. Box, Building and Room Number, if any:   
Street:   
City:   
State:  ZIP Code + 4:

#### 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   
Title:  President (if other title, see instructions)

18. Signed \_\_\_\_\_  
Title:  Treasurer (If other title, see instructions)

On  /  /    
Date Telephone Number

On  /  /    
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:

Employer <u>Kumho Tire Company of Georgia</u>	P.O. Box, Building and Room Number, if any <u></u>
Trade Name <u></u>	Street <u>3051 Kumho Parkway</u>
Attention To <u>Michael</u> <input type="checkbox"/> <u>Kwon</u>	City <u>Macon</u>
Title <u>President</u>	State <u>Georgia</u> ZIP Code + 4 <u>31216</u>

5.b. Termination Date 9/21/18 10/18/18 <sup>45</sup> 5.c. Amount 107070.96

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	
<u></u>	<u></u>	<u></u>	<u></u>	9. Office and Administrative Expenses <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	10. Publicity <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements <u></u>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <u></u>

**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: <u>Rock Creek Consulting</u>	15.b. Trade Name, if any: <u></u>
15.c. To Whom Paid	15.d. Amount <u>28477.23</u>
Name <u>Rebecca</u> <input type="checkbox"/> <u>Smith</u> Title <u>President</u> Organization <u>Rock Creek Consulting</u>  P.O. Box, Building and Room Number, if any <u></u> Street <u>554 Mahard Drive</u> City <u>Twin Falls</u> State <u>Idaho</u> ZIP Code + 4 <u>83301</u>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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:

Employer <u>Kumho Tire Company of Georgia</u>	P.O. Box, Building and Room Number, if any <u></u>
Trade Name <u></u>	Street <u>3051 Kumho Parkway</u>
Attention To <u>Michael</u> <input type="checkbox"/> <u>Kwon</u>	City <u>Macon</u>
Title <u>President</u>	State <u>Georgia</u> ZIP Code + 4 <u>31216</u>

5.b. Termination Date ~~9/24/18~~ 10/18/18 5.c. Amount 107070.96

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	
<u></u>	<u></u>	<u></u>	<u></u>	9. Office and Administrative Expenses <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	10. Publicity <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements <u></u>

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.

<p>15.a. Employer Name: <u></u></p> <p>15.c. To Whom Paid</p> <p>Name <u>Scott</u> <input type="checkbox"/> <u>Michel</u></p> <p>Title <u></u></p> <p>Organization <u>Self</u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u>819 Herman Road</u></p> <p>City <u>Horsham</u></p> <p>State <u>Pennsylvania</u> ZIP Code + 4 <u>19045</u></p>	<p>15.b. Trade Name, if any: <u></u></p> <p>15.d. Amount <u>33077.93</u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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:	
Employer <u>Baker Petrolite, LLC</u>	P.O. Box, Building and Room Number, if any		
Trade Name	Street <u>601 5th Street</u>		
Attention To <u>Tom</u> <input type="checkbox"/> <u>LaValle</u>	City <u>Barnadall</u>		
Title	State <u>Oklahoma</u>	ZIP Code + 4 <u>74002</u>	
5.b. Termination Date <u>9/21/18</u> <u>7/8/18</u>		5.c. Amount <u>5645.00</u>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>			

**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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Office and Administrative Expenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Publicity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Fees for Professional Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Loans Made
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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:
<input type="text"/>	<input type="text"/>
15.c. To Whom Paid	15.d. Amount
Name <input type="text"/>	<input type="text"/>
Title <input type="text"/>	
Organization <input type="text"/>	15.e. Purpose
P.O. Box, Building and Room Number, if any	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/>	
ZIP Code + 4 <input type="text"/>	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	