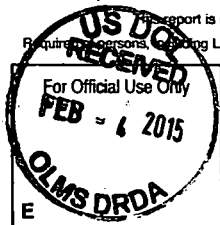


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 12-31-2010



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. Requiring 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

576412

1. File Number C- 66239	2. Period Covered By This Report From: 06 / 21 / 2012 Through: 08 / 31 / 2012
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Hilary McClain  Title Owner  Organization McClain Resources  P.O. Box, Building and Room Number, if any Suite 110-368  Street 10620 Southern Highlands Pkwy  City Las Vegas  State Nevada ZIP Code + 4 89141	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 Hilary McClain Title Other (Specify) Owner On 01 / 29 / 2015 (702) 300-0959 Date Telephone Number	18. Signed _____ Title Treasurer On / / Date Telephone Number
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Name of Person Filing: Hilary McClain	File Number C-
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Govt Resources Consultants of America Trade Name Attention To Title	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any 106 Street 253 Commerce Drive City Grayslake State Illinois ZIP Code + 4 60030
<b>5.b. Termination Date</b> 8/31/2012	<b>5.c. Amount</b> 5,086
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 5,086	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(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	
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>	

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b>		<b>15.b. Trade Name, if any:</b>
<b>15.c. To Whom Paid</b>		<b>15.d. Amount</b>
Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State Washington ZIP Code + 4		<b>15.e. Purpose</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		