

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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)

For Official Use Only

RECEIVED

APR 06 2015

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number: 65770

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01/17/2014

Through:

Month/Day/Year
(mm/dd/yyyy)

12/17/2014

A. Person Filing

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

Name Kevin D Balok

Title Consultant (Sole Prop)

Organization KDBalok and Associates

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

PO Box 135

Street 1492 Pennsylvania Avenue

City Pine City

State New York ZIP Code + 4 14871

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

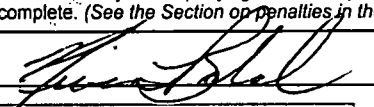
Street

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)
Title Sole Proprietor

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

On 3/27/2015 607-329-8585
Date Telephone Number

On ____/____/____
Date Telephone Number

Name of Person Filing: Kevin Balok

File Number C- 65770

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 Alpina Foods, Inc.

Trade Name Alpina Foods, Group

Attention To Roger

Parkhurst

Title Industrial Director

Street 5011 Ag-Park Drive West

City Batavia

State New York

ZIP Code + 4 14020

5.b. Termination Date March 6th, 2014

5.c. Amount 23,089

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 23,089

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

Kevin	Balok	22,100	989	23,089	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:				23,089	14. Total Disbursements (Sum of Items 8-13)	23,089

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

Title

Organization

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

Street

City

State

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY