U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 03-31-2019

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

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1 . File Number C- 68054		2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)	
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A. Person Filing						
Name and mailing address (include ZIP Code):		4. Any other address where records necessary to verify this report are kept:				
Name Ben John	son	Name		* f'	ا المحاجب المح المحاجب المحاجب المحاج	
Title President		Title				
Organization Progressive Labor Solut	ions	Organization		· · · · · · · · · · · · · · · · · · ·		
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any					
Street 55 Biggs Street		Street				
City Barre		City		•		
State Vermont ZIP	Code + 4 05641	State	•	ZIP Cod	0.4.4	
Each of the undersigned declares, under penalty of part	iun, and other applicable penalt	etures ies of law, that all of the	information submitted in	n this report (inc	luding the	
information contained in an accompanying decurre correct, and complete. (See the Section of penaltic	nts) has been examined by the sin the instructions).	e signatory and is, to th	e best of the undersig	ned's knowledg	ge and belief, true,	
17. Signed President		18. Signed			Treasurer	
Title President	(if other title, see instructions)	1. T	surer	ويستهد المتداث الدار	(If other title, see instructions)	
On 5 / 20 / 2019 802-825-5864		On//	<u>/</u>	,		
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