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. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result to distinut protection, lines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required of persons lecturing Labor Relations Consultants and Other Individuals and Organizations, Under section 200(b) of the Jahor-Management Relations and Disclosure Act of 1959, as appreciate. (LMRA)

For	Office Of	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1. File Number	: 530	<u> </u>	2. Period Covered By This Report Fran	Manth/Day/Year (math/yyyy)	4 Through:	Month/Day/Year (sealt/3//)) I I	
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A. Person Film	<u> </u>	<u> </u>	3 5					
3. Name and ma	11-	s (include ZIP Code):	4. Any other addre	ss where records ne	pessary to verify t	his report are kept		
Name	CHAR	135 K SmITH	Name	NONE				
Title	PR	35109NT	Title		*			
Organization	WE	D. INC	Organization		<u> </u>			
P.O. Box, But	iding and Ro	om Number, if any	P.O. Box, Build	ng and Room Numbe	er, if any			
	3 1	FRY RNZ DR.	Street					
City L	mulo m	ZIP Code+4 36702	City State				44-1	
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1	ĺ	Signa	tures	,	:		11 1	
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all office information automitted in this report (including the information contained in any accompanying documents) has been examined by the signalory 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	1/1	President (if other title, see	18. Signed C.	erolyni	Linz	Treasurer (If other title, see		
,	esident	(b/: 2) 328 - 7380	1000	105 (6	(2)328	instructions)		
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Form LM-21 (2003)

Page 1 of

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	Name of Person Filing:	CHREIES K	- SmiTH	File Number C-	300
	B. Statement of Pacsints People	il receints from annihvers in co	Total Control of the	ns advice or services regardless of the purp	
	of services.	·		dispute of several figures of the purp	
	5.a. Name and Address of Employer (in		P.O. Box, E	Mailing Address: Suilding and Room Number, if any	
	Employer Poly	ine lorgon	ありつか		
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	Title HUr	MAN RESOUI	CL-ES State	UNIU ZIP Cod	814 27
	5.b. Termination Date	02-/23/05	5.c. Amoun	#12,000.00	
3	6. TOTAL RECEIPTS FROM ALL EI			1	
- 	C. Statement of Disbursements	Report all dishusements made	e by the congrise organiza	tion in connection with lation relations advice	e or services n
		to the employers listed in Part	В.		
	7. Disbursements to Officers and Emplo (a) Name		inpenses (d) Totals		
} # }		- D	3 0	9. Office and Administrative Expenses	P
				10. Publicity 11. Fees for Professional Services	1
				12. Loans Made	1 3
				3. Other Distursements	B
	8. Total disbursements to officers an	d employees:		4. Total Disbursements (Sum of Items 8-13)	
	D. Schedule of Disbursements for	Reportable Activity Use instr	this Schedule to report on uctions.	ly distursements made for the purposes de	scribed in Part
	15.a. Employer Name:		15.b. Trade	Name, if any:	
	15.c. To Whom Paid		15.d. Amou	ret .	e de la companya de l
	Name		15.e Purpo	se	
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	Organization	.			
	P.O. Box, Building and Room Nu	mber, if any	1		
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