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: 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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

EMS DROP	15 328			
1 . File Number C- 65668	2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy)			
	From: 01 / 01 / 2015   Through: 12 / 31 / 2015			
F				
A. Person Filing				
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:			
Name Kirk Cummings	Name			
Tille Manager	Title			
Organization Cummings Group, LLC	Organization			
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any			
Street P.O. Box 761	Street			
City Lapeer	City			
State Michigan ▼ ZIP Code + 4 48446	State ZIP Code + 4			
Signatures				
Each of the undersigned dediares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in applicable penalties) 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)	18. Signed Treasurer  (If other title, see instructions)			
On Date Telephone Number	On			

or services.  5.a. Name and Address of Employer (including trade name, if any).	ection with labor relations advice or services regardless of the purposes of the advice  Mailing Address:
Employer Central Transport	P.O. Box, Building and Room Number, if any
Trade Name	Street 12225 Stephens Rd.
Attention To Dean Kuska	City Warren
Title VP of Labor Relations	State Michigan ZIP Code + 4 48089
5.b. Termination Date 5/6/15	5.c. Amount & 60,038
6. TOTAL RECEIPTS FROM ALL EMPLOYERS & 60 0	38

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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) Sal.		o) Salary (c) Expenses (d) Totals	
			Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
8. Total disbursements to officers a	nd 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 tinstructions.	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	

Form LM-21 (2003)

Name of Person Filing: Kirk Cummings

