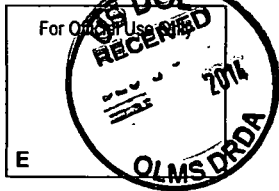


FORM LM-21

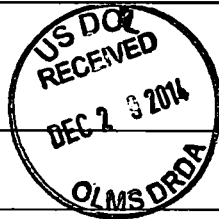
RECEIPTS AND DISBURSEMENTS REPORT

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 receiving 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




574524

| | | | | |
|-------------------------|-------------------------------------|--------------------------------|----------|--------------------------------|
| 1. File Number C- 66156 | 2. Period Covered By This Report | Month/Day/Year (mm/dd/yyyy) | Through: | Month/Day/Year (mm/dd/yyyy) |
| | | From: 10 / 07 / 2014 | | 10 / 24 / 2014 |

| A. Person Filing | |
|--|---|
| 3. Name and mailing address (include ZIP Code): Name Thomas J Stone Title Owner Organization T. Jeff Stone & Associates, LLC P.O. Box, Building and Room Number, if any Street 1920 Woodbridge Drive City McKinney State Texas ZIP Code + 4 75070 | 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  Title Sole Proprietor On 12 / 18 / 2014 225-348-2355 Date Telephone Number | President (if other title, see instructions) | 18. Signed _____ Title Treasurer On / / _____ Date Telephone Number | Treasurer (If other title, see instructions) |
|--|---|--|---|

mailed 12/19/14 ✓

| | |
|-------------------------------------|----------------|
| Name of Person Filing: Thomas Stone | File Number C- |
|-------------------------------------|----------------|

| | |
|--|--|
| 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). Employer RTI Advanced Forming, Inc. Trade Name N/A Attention To Kevin Rahnert Title General Manager | Mailing Address: P.O. Box, Building and Room Number, if any Street 1701 West Main St. City Washington State Missouri ZIP Code + 4 63090 |
| 5.b. Termination Date | 5.c. Amount 31,444 |
| 6.-TOTAL RECEIPTS FROM ALL EMPLOYERS 31,444 | |

| | | | | | |
|--|------------|--------------|------------|--|--------|
| 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 | | |
| Thomas J Stone | 24,000 | 7,444 | 31,444 | 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: | | | 31,444 | 14. Total Disbursements (Sum of Items 8-13) | 31,444 |

| | | |
|---|--|---|
| 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 | | 15.d. Amount |
| Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | | 15.e. Purpose |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY | | |