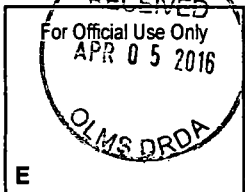


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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, 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

619905

1. File Number C- <input type="text"/> 752	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2015		12 / 31 / 2015

A. Person Filing

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

Name Eric J Vanetti
Title Owner
Organization Vantage Point Alliance
P.O. Box, Building and Room Number, if any
Street 2860 S Honeycomb Way
City Boise
State Idaho ZIP Code + 4 83716

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 <u>Eric Vanetti</u> Title <u>Sole Proprietor</u> On <u>03 / 29 / 2016</u> Date <u>704-804-1625</u> Telephone Number	President (if other title, see instructions)	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u> </u> / <u> </u> / <u> </u> Date <u> </u> Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Eric Vanetti	File Number C- 757
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Ashley Furniture Industries, Inc.</p> <p>Trade Name</p> <p>Attention To Gregory Kammer</p> <p>Title VP, Human Resources</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street One Ashley Way</p> <p>City Arcadia</p> <p>State Wisconsin ZIP Code + 4 54612</p>
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5.b. Termination Date **11-5-2015** 5.c. Amount **\$55,575**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **\$120,303**

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	
				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:				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 the instructions.

<p>15.a. Employer Name:</p> <p> </p>	<p>15.b. Trade Name, If any:</p> <p> </p>
<p>15.c. To Whom Paid</p> <p>Name <input type="text"/> <input type="text"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State Washington ZIP Code + 4 <input type="text"/></p>	<p>15.d. Amount <input type="text"/></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Eric Vanetti	File Number C- 752
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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:	
Employer NTN-Bower Corporation		P.O. Box, Building and Room Number, if any	
Trade Name		Street 1600 East Bishop Court	
Attention To Pete Tully		City Mt. Prospect	
Title VP, Human Resources		State Illinois ZIP Code + 4 60056	

5.b. Termination Date 2-17-2015	5.c. Amount \$26,242
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	\$120,303
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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) Salary	(c) Expenses	(d) Totals		
					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:					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 the instructions.

15.a. Employer Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; width: 100%;"></div> Title <div style="border: 1px solid black; width: 100%;"></div> Organization <div style="border: 1px solid black; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 100%;"></div> Street <div style="border: 1px solid black; width: 100%;"></div> City <div style="border: 1px solid black; width: 100%;"></div> State <div style="border: 1px solid black; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; width: 100%;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
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Name of Person Filing: Eric Vanetti	File Number C- 752
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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 Paradigm Precision Trade Name Attention To Brenda Ransford Title VP, Human Resources	Mailing Address: P.O. Box, Building and Room Number, if any Street 967 Parker St. City Manchester State Connecticut ZIP Code + 4 06042
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5.b. Termination Date 7-30-2015	5.c. Amount \$6,632
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	\$ 120,303
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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) Salary	(c) Expenses	(d) Totals	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	9. Office and Administrative Expenses <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	10. Publicity <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	11. Fees for Professional Services <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	12. Loans Made <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	13. Other Disbursements <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
8. Total disbursements to officers and 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 the instructions.

15.a. Employer Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; height: 15px; width: 100%;"></div> City <div style="border: 1px solid black; height: 15px; width: 100%;"></div> State <div style="border: 1px solid black; height: 15px; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; height: 15px; width: 100%;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
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Name of Person Filing: Eric Vanetti	File Number C- 752
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Trinity Industries, Inc.</p> <p>Trade Name</p> <p>Attention To Elicia Hunt</p> <p>Title Director, Human Resources</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 2525 N. Stemmons Freeway</p> <p>City Dallas</p> <p>State Texas ZIP Code + 4 75207</p>
5.b. Termination Date 8-14-2015	5.c. Amount \$6,014
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 120,303	

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	
				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:				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 the instructions.

<p>15.a. Employer Name:</p> <p> </p>	<p>15.b. Trade Name, if any:</p> <p> </p>
<p>15.c. To Whom Paid</p> <p>Name </p> <p>Title </p> <p>Organization </p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>15.d. Amount </p> <p>15.e. Purpose</p> <p> </p>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:

Eric Vanetti

File Number C-

752

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 Walgreen Company

Trade Name

Street 104 Wilmot Rd., MS# 1416

Attention To Chris

Murray

City Deerfield

Title Senior Attorney

State Illinois ZIP Code + 4 60015

5.b. Termination Date 03-20-2015

5.c. Amount \$25,840

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

\$ 120,303

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

					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:					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 the instructions.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

15.e. Purpose

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY