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: 07-31-2019

This expose mandatory under P.L. 88-257, 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. Confined for Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)

For Official 1959 Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

636667

E	6 )000				
1 . File Number C- 65743	2. Period Covered By This Report From:   Month/Day/Year (mm/dd/yyyy)				
A. Person Filing					
3. Name and mailing address (include ZIP Code):  Name Daniel W Block  Title President  Organization Labor Management Associates  P.O. Box, Building and Room Number, if any  Suite 100  Street 6506 Mount Batten Ct.  City Prospect  State Kentucky ZIP Code + 4 40059	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 decuments) 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 or penalties in the instructions).					
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)				
On 03 / 01 / 2017 832-725-4286 Telephone Number	On Date Telephone Number				

Name of Person Fil	ing:	Daniel Block					File Number C- 6	5743
B. Statement of R	ece	<b>ipts</b> Report all receipts from or services.	n employers ir	connecti	ion wit	th labor relation	s advice or services regardless of the	purposes of the advice
5.a. Name and Addre	ess (	of Employer (including trade na	me, if any).				failing Address: uilding and Room Number, if any	
Employer Se	e .	Attached						
Trade Name						Street		
Attention To					]	City		
Title						State	ZII	P Code + 4
						-		<del></del>
5.b. Termination (	ate					5.c. Amoun		
6. TOTAL RECEIP	TS	FROM ALL EMPLOYERS	440,500					
		· .						
C. Statement of D	isb	ursements Report all di	sbursements i	made by t	the rep	oorting organiza	ation in connection with labor relations	s advice or services rendered
		to the emplo	yers listed in I	Part B.	,			
7. Disbursements to (a) Name	Offi	cers and Employees:	(b) Salary	(c) Expen	ses (d)	Totals		
Daniel	W	Block	125,000	40,1	195	165,195	9. Office and Administrative Expens	ses 33,075
							10. Publicity	
							11. Fees for Professional Services	129,418
							12. Loans Made	
							13. Other Disbursements	
8. Total disbursem	ents	to officers and employees	<u> </u>		<u> </u>	165,195	14. Total Disbursements (Sum of Items	s 8-13) 327,688
D. Schedule of D	sbı	rsements for Reportable	Activity			ule to report or	nly disbursements made for the purpo	ses described in Part D of the
15.a. Employer Na				instructio	ns.	15 h Trade	e Name, If any:	
See Atta		·	<del></del>				, riamo, many.	
\								
15.c. To Whom Pa	10					15.d. Amou	Int []	
Name _					<del>-</del> -,	15.e. Purpo	se	
Title _		<del></del>						
Organization [						]		
P.O. Box, Build	ing	and Room Number, if any		_				
Street				믁 -				
City								
			D.Code : 4 F			¬ []		
State Washi			P Code + 4	<del></del>				
16. TOTAL DISBU	IRS	EMENTS FOR ALL REPO	RTABLE ACTI	VITY 12	9,41	.8		

Form LM-21 (2003)

Name of Person F	iling: Daniel Bloc	ek .				File Number C	65743
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 Ad	5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:						
Employer K8	N Engineering		<del></del>	P.O. B	ox, Bidg., Room No	o., if any	
Trade Name			<del></del>	Street	1455 Citrus	St.	
l	Lyn	Rosas	<del></del>	City	Riverside		]
Title	Human Resource	<u> </u>		State	California		ZIP Code + 4 92507
5.b. Termination D			]	5.c. Amo	ount 56,739		
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Bldg., Room No., if any							
Employer Ki	mpton Hotel Mo	naco					
Trade Name				Street	1101 4th Ave	enue	
Attention To:	Tom	Waithe		City	Seattle		]
Title	General Manage	er		State	Washington		ZIP Code + 4 98101
5.b. Termination D	Date On-Going		]	5.c. Amo	ount 7,984		
5.a. Name and Ad	dress of Employer (inc	duding trade name, if a	ny).		Mailing Address	s:	
Mi	stras Group, I	nc	· · · · · · · · · · · · · · · · · · ·	P.O. B	ox. <u>Blda., Room N</u> o 	o., if anv	
1	Company 1			l Street	700 Marine D	rive	
Trade Name Attention To:	Steve	Diamond		City	Bellingham		7
Title		<u> </u>		<b>.</b>	Washington		ZIP Code + 4 98226
5.b. Termination D	General Manage		<u></u>		ount 12,691	<del></del>	30220
<u>-</u>			) 	J.C. 74110			
5.a. Name and Add	dress of Employer (inc	luding trade name, if a	ny).	PO B	Mailing Address ox, Bldg., Room No		
Employer Or	chid Orthopedi	c Solutions		7 .0. 0	 	)., <u>11 any</u>	
Trade Name				Street	13963 Fir St	reet	
Attention To:	Jorge	Ramos	<del></del>	City	Oregon City		
Title		rative Officer		State	Oregon		ZIP Code + 4 97045
5.b. Termination D	Date On-Going		]	5.c. Am	ount 144,038		
5.a. Name and Add	dress of Employer (inc	luding trade name, if a	ny).	<del>!</del>	Mailing Address	);	
				P.O. B	ox. Blda Room No		
Employer R1	zzo Environmen	tal Services	<del></del>				
Trade Name					6200 Elmridg		
Attention To:							1
Title	<u> </u>	Rizzo		City	Sterling Hei	gnts	17170
1100	Chief Operatio				Michigan	gnts	ZIP Code + 4 48313
5.b. Termination D	Chief Operatio		]	State		gnts	ZIP Code + 4 48313
5.b. Termination D	Chief Operatio	ons Officer	ny).	State 5.c. Amo	Michigan	S:	ZIP Code + 4 48313
5.b. Termination D	Chief Operatio	ons Officer	ny).	State 5.c. Amo	Michigan  ount 171,751  Mailing Address	S:	ZIP Code + 4 48313
5.b. Termination D	Chief Operatio	ons Officer	ny).	State 5.c. Amo	Michigan  ount 171,751  Mailing Address	s: oif_anv	ZIP Code + 4 48313
5.b. Termination D  5.a. Name and Add  Employer Se	Chief Operatio Date On-Going dress of Employer (inc	ons Officer	ny).	5.c. Amo	Michigan ount 171,751  Mailing Address ox. Bldg., Room No	s: oif_anv	
5.b. Termination D  5.a. Name and Add  Employer Se  Trade Name	Chief Operatio Date On-Going dress of Employer (inc	ons Officer  duding trade name, if a	ny).	State  5.c. Amo P.O. Bo Street City	Michigan  ount 171,751  Mailing Address ox. Bldg Room No.	s: oifanv ive	ZIP Code + 4 48313

	File Number C- 65743				
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 Via Christi Health, Inc.	P.O. Box, Bldg., Room No., if any				
Trade Name   Ascension Healthcare	Street 848 North Saint Francis St.				
Attention To: Michael Mullins	City Wichita				
Title Sr Vice President	State Kansas ZIP Code + 4 78214				
5.b. Termination Date On-Going	5.c. Amount 11,629				
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Bldg., Room No., if any					
Employer XPO Logistics					
Trade Name	Street 184 Dekalb Pike				
Attention To:	City King of Prussia				
Title General Manager	State Pennsylvania ZIP Code + 4 19406				
5.b. Termination Date On-Going	5.c. Amount 20 , 741				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
	P.O. Box. Bldg., Room No., if anv				
Employer	Street				
Trade Name	City				
Attention To:	State ZIP Code + 4				
5.b. Termination Date	5.c. Amount				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any				
Employer					
Trade Name	Street				
Attention To:	City				
Attention To:	City ZIP Code + 4				
Title	State ZIP Code + 4  5.c. Amount Mailing Address:				
5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	State ZIP Code + 4				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if any				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if anv  Street				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if any  Street City				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if anv  Street				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if any  Street City				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if anv  Street City State ZIP Code + 4  5.c. Amount Mailing Address:				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if any  Street City State ZIP Code + 4  5.c. Amount				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Employer	State ZIP Code + 4  5.c. Amount Street City State ZIP Code + 4  5.c. Amount P.O. Box. Blda Room No if any Street P.O. Box. Blda Room No if any State P.O. Box. Blda Room No if any State P.O. Box. Blda Room No if any P.O. Box. Blda Room No if any				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if any  Street City State ZIP Code + 4  5.c. Amount ZIP Code + 4  Mailing Address: P.O. Box. Blda Room No if any  Street				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address: P.O. Box. Blda Room No if any  Street City State ZIP Code + 4  5.c. Amount				
Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	State ZIP Code + 4  5.c. Amount Mailing Address: P.O. Box. Blda Room No if any  Street City State ZIP Code + 4  5.c. Amount ZIP Code + 4  Mailing Address: P.O. Box. Blda Room No if any  Street				

Name of Person Filing: Daniel Block	File Number C- 65743			
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:			
Orchid Orthopedic Solutions				
15.c. To Whom Paid	15.d. Amount 44,740			
Name	15.e. Purpose			
Title	To meet with employees and local leadership either individually or in group meetings to inform			
Organization Cruz and Associates	employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information ACT (FOIA), as obtained through the			
P.O. Box, Building and Room Number, if any PO Box 1831				
Street	Office of Labor Management Standards (OLMS), Federal Mediation and Concilliation Services			
City Upland	(FMCS), Department of Labor (DOL) and public			
State California ZIP Code + 4 91785	Lordin			
15.a. Employer Name:	15.b. Trade Name, If any:			
Orchid Orthopedic Solutions				
15.c. To Whom Paid	15.d. Amount 14,530			
Name Javier Weitzman	15.e. Purpose			
Title Organization	To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of			
P.O. Box, Building and Room Number, if any				
Street 13422 Durbridge Trail Dr.	Information ACT (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Concilliation Services (FMCS), Department of Labor (DOL) and public			
City Houston				
State Texas ZIP Code + 4 77065	forum.			
- Carlo [2-5,005 - 1/7,005				
15.a. Employer Name:	15.b. Trade Name, If any:			
Serta Simmons Bedding				
15.c. To Whom Paid	15.d. Amount 3 , 413			
Name Javier Weitzman	15.e. Purpose			
Title	To meet with employees and local leadership either individually or in group meetings to inform			
Organization	employees of their NLRB Section (7) Rights, to			
P.O. Box, Building and Room Number, if any	address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union			
Street 13422 Durbridge Trail Dr.	documents, available through Freedom of Information ACT (FOIA), as obtained through the			
City Houston	Office of Labor Management Standards (OLMS), Federal Mediation and Concilliation Services (FMCS), Department of Labor (DOL) and public			
State Texas ZIP Code + 4 77065	forum.			

Name'of Person Filing: Daniel Block	File Number C- 65743		
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:		
K&N Engineering			
15.c. To Whom Paid	15.d. Amount 9,519		
Name Javier Weitzman	15.e. Purpose		
Title	To meet with employees and local leadership either individually or in group meetings to inform		
Organization	employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to		
P.O. Box, <u>Building and Room Number</u> , if any	the National Labor Relations Act and other union documents, available through Freedom of Information ACT (FOIA), as obtained through the		
Street 13422 Durbridge Trail Dr.	Office of Labor Management Standards (OLMS), Federal Mediation and Concilliation Services		
City Houston	(FMCS), Department of Labor (DOL) and public forum.		
State Tennessee ZIP Code + 4 77065	1074111		
15.a. Employer Name:	15.b. Trade Name, If any:		
Kimpton Hotel Monaco			
15.c. To Whom Paid	15.d. Amount 5, 224		
Name Javier Weitzman	15.e. Purpose		
Title	To meet with employees and local leadership either individually or in group meetings to inform		
Organization	employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor		
	relations issues, the utilization of the Guide to		
P.O. Box, Building and Room Number, if any	the National Labor Relations Act and other union documents, available through Freedom of Information ACT (FOIA), as obtained through the Office of Labor Management Standards (OLMS),		
Stroot			
Street 13422 Durbridge Trail Dr.	Federal Mediation and Concilliation Services		
City Houston	(FMCS), Department of Labor (DOL) and public forum.		
State Texas ZIP Code + 4 77065			
[ref. 5]	Lack Total North Konn		
15.a. Employer Name: Rizzo Environmental Services	15.b. Trade Name, If any:		
MIZZO INVITORMENTAL SCIVICOS			
15.c. To Whom Paid	15.d. Amount 10,793		
Name Javier Weitzman	15.e. Purpose		
Title	To meet with employees and local leadership either		
Organization	individually or in group meetings to inform employees of their NLRB Section (7) Rights, to		
P.O. Box, Building and Room Number, if any	address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union		
Street 13422 Durbridge Trail Dr.	documents, available through Freedom of Information ACT (FOIA), as obtained through the		
City Houston	Office of Labor Management Standards (OLMS),		
State Texas ZIP Code + 4 77065	Federal Mediation and Concilliation Services   (FMCS), Department of Labor (DOL) and public		
State   Texas   ZIF C008 + 4   17/065	forum.		

. Name of Person Filing: Daniel Block	File Number C- 65743		
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:		
Rizzo Environmental Services			
15.c. To Whom Paid	15.d. Amount 11,195		
Name Michael Stirgus  Title  Organization	15.e. Purpose  To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor		
P.O. Box, Building and Room Number, if any  Street 19118 Yaupon Ranch Drive  City Cypress  State Texas ZIP Code + 4 77433	relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information ACT (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Concilliation Services (FMCS), Department of Labor (DOL) and public forum.		
15 o Employer Name:	15.b. Trade Name, If any:		
15.a. Employer Name:  XPO Logistics	13.b. Hade Name, II any.		
15.c. To Whom Paid	15.d. Amount 14,425		
Name Michael Stirgus	15.e. Purpose		
Title  Organization  P.O. Box, Building and Room Number, if any  Street 19118 Yaupon Ranch Drive  City Cypress	To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information ACT (FOIA), as obtained through the Office of Labor Management Standards (OLMS), Federal Mediation and Concilliation Services (FMCS), Department of Labor (DOL) and public		
State Texas ZIP Code + 4 77433	forum.		
15.a. Employer Name: Rizzo Environmental Services	15.b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Amount 15,579		
Name Harrison Blackmond  Title  Organization Union Hill Consulting Group Inc.  P.O. Box, Building and Room Number, if any  Street 30365 Rock Creek Dr.  City Southfield	To meet with employees and local leadership either individually or in group meetings to inform employees of their NLRB Section (7) Rights, to address/answer questions pertaining to labor relations issues, the utilization of the Guide to the National Labor Relations Act and other union documents, available through Freedom of Information ACT (FOIA), as obtained through the Office of Labor Management Standards (OLMS),		
State Michigan ZIP Code + 4 48076	Federal Mediation and Concilliation Services (FMCS), Department of Labor (DOL) and public forum.		