

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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)

RECEIVED
For Official Use Only

AUG 01 2018

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

681002

1. File Number C- <input type="text" value="68187"/>	2. Period Covered By This Report From: <input type="text" value="08/01/2018"/> Through: <input type="text" value="08/01/2018"/>
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A. Person Filing

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

Name
Title
Organization
P.O. Box, Building and Room Number, if any

Street
City
State ZIP Code + 4

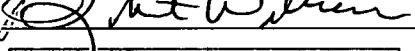
4. Any other address where records necessary to verify this report are kept:

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
President
(if other title, see instructions)

18. Signed _____
Title
Treasurer
(if other title, see instructions)

On
Date Telephone Number

On
Date Telephone Number

Name of Person Filing: Robert Williams, Jr.	File Number C- 68187
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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 Van Gard Vault Company, Inc	P.O. Box, Building and Room Number, if any P. O. Box 629
Trade Name	Street
Attention To Robert Williams, Jr.	City Griffith
Title President	State Indiana ZIP Code + 4 46319

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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: Van Gard Vault Company, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount 15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY