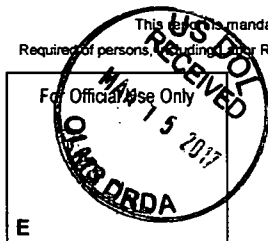


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 07-31-2019

This report is 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, 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

636667

1. File Number C- <input type="text" value="65743"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2016"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name <input type="text" value="Daniel"/> <input type="text" value="W"/> <input type="text" value="Block"/>  Title <input type="text" value="President"/>  Organization <input type="text" value="Labor Management Associates"/>  P.O. Box, Building and Room Number, if any <input type="text" value="Suite 100"/>  Street <input type="text" value="6506 Mount Batten Ct."/>  City <input type="text" value="Prospect"/>  State <input type="text" value="Kentucky"/> ZIP Code + 4 <input type="text" value="40059"/>	4. Any other address where records necessary to verify this report are kept:  Name <input type="text"/>  Title <input type="text"/>  Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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 <input type="text" value="President"/>  On <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2017"/> <input type="text" value="832-725-4286"/> Date Telephone Number	18. Signed _____ Title <input type="text" value="Treasurer"/>  On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: Daniel Block	File Number C- 65743
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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  P.O. Box, Building and Room Number, if any

Trade Name  Street

Attention To   City

Title  State ZIP Code + 4

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 440,500

**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		
Daniel W Block	125,000	40,195	165,195	9. Office and Administrative Expenses	33,075
				10. Publicity	
				11. Fees for Professional Services	129,418
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			165,195	14. Total Disbursements (Sum of Items 8-13)	327,688

**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

Name

Title

Organization

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

Street

City

State  ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 129,418

Name of Person Filing: Daniel Block

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 K&amp;N Engineering

P.O. Box, Bldg., Room No., if any

Trade Name

Street 1455 Citrus St.

Attention To: Lyn Rosas

City Riverside

Title Human Resource Manager

State California ZIP Code + 4 92507

5.b. Termination Date On-Going

5.c. Amount 56,739

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Kimpton Hotel Monaco

P.O. Box, Bldg., Room No., if any

Trade Name

Street 1101 4th Avenue

Attention To: Tom Waithe

City Seattle

Title General Manager

State Washington ZIP Code + 4 98101

5.b. Termination Date On-Going

5.c. Amount 7,984

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Mistras Group, Inc.

P.O. Box, Bldg., Room No., if any

Trade Name

Street 700 Marine Drive

Attention To: Steve Diamond

City Bellingham

Title General Manager

State Washington ZIP Code + 4 98226

5.b. Termination Date On-Going

5.c. Amount 12,691

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Orchid Orthopedic Solutions

P.O. Box, Bldg., Room No., if any

Trade Name

Street 13963 Fir Street

Attention To: Jorge Ramos

City Oregon City

Title Chief Administrative Officer

State Oregon ZIP Code + 4 97045

5.b. Termination Date On-Going

5.c. Amount 144,038

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Rizzo Environmental Services

P.O. Box, Bldg., Room No., if any

Trade Name

Street 6200 Elmridge Drive

Attention To: Jeff Rizzo

City Sterling Heights

Title Chief Operations Officer

State Michigan ZIP Code + 4 48313

5.b. Termination Date On-Going

5.c. Amount 171,751

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Serta Simmons Bedding

P.O. Box, Bldg., Room No., if any

Trade Name

Street 1 Simmons Drive

Attention To: Chuck Cresap

City Hazleton

Title Plant Manager

State Pennsylvania ZIP Code + 4 18202

5.b. Termination Date On-Going

5.c. Amount 14,927

Name of Person Filing: Daniel Block

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:	
Employer	XPO Logistics	P.O. Box, Bldg., Room No., if any	
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:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		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:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		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:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		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:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date			
5.c. Amount			

**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.

<b>15.a. Employer Name:</b> Orchid Orthopedic Solutions	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/> Organization Cruz and Associates  P.O. Box, Building and Room Number, if any PO Box 1831 Street <input type="text"/> City Upland State California ZIP Code + 4 91785	<b>15.d. Amount</b> 44,740  <b>15.e. Purpose</b> 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 Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

<b>15.a. Employer Name:</b> Orchid Orthopedic Solutions	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Javier <input type="checkbox"/> Weitzman Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street 13422 Durbridge Trail Dr. City Houston State Texas ZIP Code + 4 77065	<b>15.d. Amount</b> 14,530  <b>15.e. Purpose</b> 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 Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

<b>15.a. Employer Name:</b> Serta Simmons Bedding	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Javier <input type="checkbox"/> Weitzman Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street 13422 Durbridge Trail Dr. City Houston State Texas ZIP Code + 4 77065	<b>15.d. Amount</b> 3,413  <b>15.e. Purpose</b> 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 Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

**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.

<b>15.a. Employer Name:</b> K&N Engineering	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name <input type="checkbox"/> Javier <input type="checkbox"/> Weitzman Title Organization  P.O. Box, Building and Room Number, if any Street 13422 Durbridge Trail Dr. City Houston State Tennessee ZIP Code + 4 77065	<b>15.d. Amount</b> 9,519  <b>15.e. Purpose</b> 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 Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

<b>15.a. Employer Name:</b> Kimpton Hotel Monaco	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name <input type="checkbox"/> Javier <input type="checkbox"/> Weitzman Title Organization  P.O. Box, Building and Room Number, if any Street 13422 Durbridge Trail Dr. City Houston State Texas ZIP Code + 4 77065	<b>15.d. Amount</b> 5,224  <b>15.e. Purpose</b> 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 Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

<b>15.a. Employer Name:</b> Rizzo Environmental Services	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name <input type="checkbox"/> Javier <input type="checkbox"/> Weitzman Title Organization  P.O. Box, Building and Room Number, if any Street 13422 Durbridge Trail Dr. City Houston State Texas ZIP Code + 4 77065	<b>15.d. Amount</b> 10,793  <b>15.e. Purpose</b> 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 Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

Name of Person Filing: Daniel Block	File Number C- 65743
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**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.

<b>15.a. Employer Name:</b> Rizzo Environmental Services	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Michael <input type="checkbox"/> Stirgus Title Organization P.O. Box, Building and Room Number, if any Street 19118 Yaupon Ranch Drive City Cypress State Texas ZIP Code + 4 77433	<b>15.d. Amount</b> 11,195 <b>15.e. Purpose</b> 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 Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

<b>15.a. Employer Name:</b> XPO Logistics	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Michael <input type="checkbox"/> Stirgus Title Organization P.O. Box, Building and Room Number, if any Street 19118 Yaupon Ranch Drive City Cypress State Texas ZIP Code + 4 77433	<b>15.d. Amount</b> 14,425 <b>15.e. Purpose</b> 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 Conciliation Services (FMCS), Department of Labor (DOL) and public forum.

<b>15.a. Employer Name:</b> Rizzo Environmental Services	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Harrison <input type="checkbox"/> Blackmond Title Organization Union Hill Consulting Group Inc. P.O. Box, Building and Room Number, if any Street 30365 Rock Creek Dr. City Southfield State Michigan ZIP Code + 4 48076	<b>15.d. Amount</b> 15,579 <b>15.e. Purpose</b> 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 Conciliation Services (FMCS), Department of Labor (DOL) and public forum.