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: 03-31-2019

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. ssons, 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)



MAR 1 8 2019 READ THE INSTRUCTIONS CAREF	ULLY BEFORE PREPARING THIS REPORT
EMS DROP	693086
1 . File Number C - 66108	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy)
A. Person Filing Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Charles Stephenson Title Organization CRS Labor Relations Solutions	Name
P.O. Box, Building and Room Number, if any Suite M	P.O. Box, Building and Room Number, if any
Street 1500 E. Katella Ave. City Orange	Street
State California ZIP Code + 4 92867	State ZIP Code + 4
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete: (See the Section on penalties in the instructions).	
17. Signed Mark June President (if other title, see instructions)	18. Signed Treasurer Title Other (Specify) (If other title, see instructions)
On 3 / 1 / 18 (951)-316-1032	

Date

Telephone Number

Telephone Number

warne of Person Filir	ame of Person Filing:					File Number C-			
B. Statement of Re	celpts Report all rece	eipts from employe	rs in connec	ction wi	th labor relat	ons advice or serv	ices regardless of the purp	ises of the advice	
									
o.a. Name and Addres	ss of Employer (including	g trade name, if any).		•	D O Pav	Mailing Address:			
Employer Greer Consulting, Inc.					7.0. 603	Building and Roon	Number, if any	· · · · · · · · · · · · · · · · · · ·	
Trade Name	me				Street	Greet 4301 HawkinsRidge Drive			
Attention To					ř	St. Louis			
Title			er entremplestettenen 200-20 in er			Annual Control of the Assessment of the Assessme	\$ 150mm and these directions of married publishers in a complete.		
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5.b. Termination Da	ite 12/31/18				5 c Amou	nt 17,550.00			
. TOTAL RECEIPT	S FROM ALL EMPLO	VERS				17,330.00			
				·	حسد . مد ب	^-	J. Partie		
. Statement of Dis	bursements Repo	ort all disbursemen	ts made by	the rep	orting organi	zation in connectio	n with labor relations advice	or condens sendens d	
Dishumamanta ta O	to the fficers and Employees:	e employers listed i	n Part B.	·	0 - 0 - 1		WIN INDOMINERATIONS AUVIO	e or services rendered	
(a) Name	moers and Employees:	(b) Salary	(c) Exper	nses (d)	Totals			•	
				Ť		9. Office and A	dministrative Expenses	Landson and the factor of the second	
	and have recovery or many or many or many				-	10. Publicity	Expenses	Large or management rights managed and alternative and the control of the control	
							fessional Services		
						12. Loans Made			
					·	13. Other Disbut	sements	The second second second second	
Total disbursements to officers and employees:						14. Total Disburse	ements (Sum of Items 8-13)	had a special pharmacology is well according	
Schedule of Disb	ursements for Repor	rtable Activity		Naha 4 1					
			instruction	ns.	e to report o	nly disbursements	made for the purposes des	cribed in Part D of the	
a. Employer Name:					15.b. Trade Name, If any:				
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Name Title Organization P.O. Box, Building	and Room Number, if	fany				Approximately operations of the second			
Title Organization		ZiP Code + 4				Approximately operations of the second			