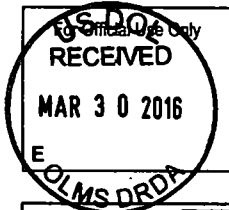


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

617221

1. File Number C- 00575	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01/01/2015		12/31/2015

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Steven E Jones
Title	Managing Member
Organization	Veritatas, LLC
P.O. Box, Building and Room Number, if any	
Street	167 Willow Oak Ave
City	Ocean View
State	Delaware
ZIP Code + 4	19970-3240
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	President (if other title, see instructions)	18. Signed	Treasurer (if other title, see instructions)
Title	Managing Partner	Title	Treasurer
On	3/25/2016	On	3/25/16
Date		Date	
Telephone Number	302-541-4845	Telephone Number	302-541-4845

Name of Person Filing: Steven Jones	File Number C- 00575
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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 Maslow Media Group	P.O. Box, Building and Room Number, if any
Trade Name	Street 2233 Wisconsin Ave
Attention To Linda <input type="checkbox"/> Maslow	City Washington
Title President	State District of Columbia ZIP Code + 4 20097

5.b. Termination Date **11/24/2014** 5.c. Amount **5,270**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **19,150**

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	
Steven <input checked="" type="checkbox"/> E Jones	1,440	1,220	2,660	9. Office and Administrative Expenses
		0	0	10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:	2,660			14. Total Disbursements (Sum of Items 8-13) 2,660

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: Axiomatix, LLC</p> <p>15.c. To Whom Paid</p> <p>Name <input type="checkbox"/> <input type="checkbox"/></p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 6 Riverside Street</p> <p>City Amityville</p> <p>State New York ZIP Code + 4 11701</p>	<p>15.b. Trade Name, If any:</p> <p>15.d. Amount 16,489</p> <p>15.e. Purpose</p> <p>For Maslow Media: Conduct informational sessions regarding collective bargaining and the National Labor Relations Act with employees who were eligible to vote in the December 3, 2014 representation election.</p> <p>For: PPL-Susquehanna, LLC: Provide training on the NLRB's collective bargaining representation process and answer related questions from employees.</p> <p>Additional note: On June 2, 2015, PPL-Susquehanna, LLC was renamed Susquehanna - Nuclear, LLC.</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY **16,489**

Name of Person Filing: Steven Jones		File Number C- 00575	
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 PPL-Susquehanna, LLC	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 769 Salem Blvd		
Attention To:	City Berwick		
Title	State Pennsylvania		ZIP Code + 4 18603
5.b. Termination Date 2/5/2015		5.c. Amount 13,880	
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	
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	