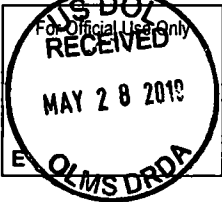


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

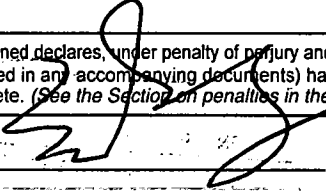
705425

1. File Number C- 68054	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		1 / 1 / 2018		12 / 31 / 2018

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Ben Johnson Title President Organization Progressive Labor Solutions P.O. Box, Building and Room Number, if any Street 55 Biggs Street City Barre State Vermont ZIP Code + 4 05641	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 On 5 / 20 / 2019 Date 802-825-5864 Telephone Number	18. Signed _____ Title Treasurer On ____ / ____ / ____ Date _____ Telephone Number
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