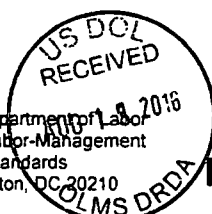


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210



FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

This report is mandatory under P.L. 85-257, 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)

For Official Use Only

MAY 21 2016

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

625731

1. File Number C- <u>7</u> <u>753</u>	2. Period Covered By This Report From: <u>7/1/14</u> Through: <u>7/1/15</u>
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A. Person Filing

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

Name JAMES C misercola
Title President
Organization Labor Educators LLC
P.O. Box, Building and Room Number, if any
Street 325 WALNUT ST.
City Bridgewater, MA
State MA ZIP Code + 4 02324

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 <u>JM</u> Title <u>President</u> On <u>5/16/2016</u> Date <u>774 271 2765</u> Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number
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Name of Person Filing:

File Number C- 753

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:

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

Employer FLAMBEAU INC.

Trade Name

Street

Attention To MARK J. REILAND

City

Title H/R

State

ZIP Code + 4

5.b. Termination Date 7-23-145.c. Amount 19536.71 ** PAID THROUGH*

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

19536.71*L.R.I.****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:

2

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:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY