

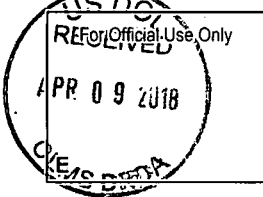
FORM LM-21

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. 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

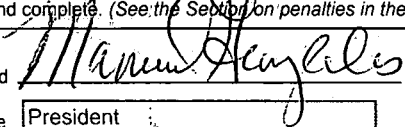
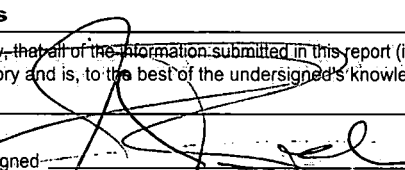
674510

1. File Number C- <input type="text"/> 67799	2. Period Covered By This Report From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2017 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text"/> Oliver <input type="text"/> J <input type="text"/> Bell Title <input type="text"/> Organization <input type="text"/> Labor Communications Services, LLC P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 21394 Big Buck Dr City <input type="text"/> Cleveland State <input type="text"/> Texas ZIP Code + 4 <input type="text"/> 77328	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="text"/> <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"/> President On <input type="text"/> 03 / <input type="text"/> 29 / <input type="text"/> 2018 <input type="text"/> 281-593-1690 Date Telephone Number	18. Signed  Title <input type="text"/> Vice President Finance On <input type="text"/> 03 / <input type="text"/> 29 / <input type="text"/> 2018 <input type="text"/> 281-593-2018 Date Telephone Number
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Name of Person Filing: Oliver Bell

File Number C-

67299

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 Schenker, Inc.

Trade Name DB Schenker

Attention To Marta

E Ramirez

Title Chief Human Resources Officer, RA

Street 1000 N.W. 57th Court, Suite 700

City Miami

State Florida

ZIP Code + 4 33126

5.b. Termination Date November 16, 2017

5.c. Amount \$67,825

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

Manuel	S	Gonzalez	11,250		11,250	9. Office and Administrative Expenses	470.10
Jorge		Sandoval	7,500		7,500	10. Publicity	
Robert		Camacho	5,000		5,000	11. Fees for Professional Services	801.00
Fernando		Rivera	5,000		5,000	12. Loans Made	
Stacey		Pierson	26,850		26,850	13. Other Disbursements	
8. Total disbursements to officers and employees:					55,600	14. Total Disbursements (Sum of Items 8-13)	56,871

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:

Labor Communications Services, LLC

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Manual

S

Gonzalez

Title

President

Organization

Labor Communications Services, LLC

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

Street 21394 Big Buck Dr

City Cleveland

State Texas

ZIP Code + 4 77328

15.d. Amount 11,250

15.e. Purpose

To educate employees on the right to support or not support a labor organization.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 28,750

Name of Person Filing: Oliver Bell	File Number C- 67799
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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.
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15.a. Employer Name: <div>Labor Communication Services</div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid <div>Name <div>Jorge</div> <input type="checkbox"/> <div>Sandoval</div></div> <div>Title <div>Consultant</div></div> <div>Organization <div>Labor Communications Services, LLC</div></div> <div>P.O. Box, Building and Room Number, if any <div></div></div> <div>Street <div>21394 Big Buck Dr</div></div> <div>City <div>Cleveland</div></div> <div>State <div>Virgin Islands</div> ZIP Code + 4 <div>77328</div></div>	15.d. Amount <div>7,500</div> 15.e. Purpose <div>To educate employees on the right to support or not support a labor organization.</div>

15.a. Employer Name: <div>Labor Communications Services, LLC</div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid <div>Name <div>Robert</div> <input type="checkbox"/> <div>Camacho</div></div> <div>Title <div>Consultant</div></div> <div>Organization <div>Labor Communications Services</div></div> <div>P.O. Box, Building and Room Number, if any <div></div></div> <div>Street <div>21394 Big Buck Dr</div></div> <div>City <div>Cleveland</div></div> <div>State <div>Texas</div> ZIP Code + 4 <div>77328</div></div>	15.d. Amount <div>5,000</div> 15.e. Purpose <div>To educate employees on the right to support or not support a labor organization.</div>

15.a. Employer Name: <div>Labor Communications Services</div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid <div>Name <div>Fernando</div> <input type="checkbox"/> <div>Rivera</div></div> <div>Title <div>Consultant</div></div> <div>Organization <div>Labor Communications Services</div></div> <div>P.O. Box, Building and Room Number, if any <div></div></div> <div>Street <div>21394 Big Buck Dr</div></div> <div>City <div>Cleveland</div></div> <div>State <div>Texas</div> ZIP Code + 4 <div>77328</div></div>	15.d. Amount <div>5,000</div> 15.e. Purpose <div>To educate employees on the right to support or not support a labor organization.</div>

7. Disbursements to Officers and Employers:

Form LM-21 (2003)