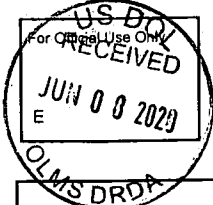


U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 09/30/2021

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number: C- 67807	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/2019		12/31/2019

729564

A. Person Filling

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

Name: ERIC J VANETTI
Title: Owner
Organization: VANTAGE POINT ALLIANCE
P.O. Box, Bldg., Room No., if any: _____
Street: 9278 S. HARL AVE
City: TEMPE State: AZ ZIP: 85284

4. Any other address where records necessary to verify this report are kept:

Name: _____
Title: _____
Organization: _____
P.O. Box, Bldg., Room No., if any: _____
Street: _____
City: _____ State: _____ ZIP: _____

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 Section VII on penalties in the instructions.)

17. SIGNED:

Eric Vanetti
5/31/20

Owner

(If other title, see instructions)

Telephone Number:

704-804-1625

18. SIGNED:

TREASURER

(If other title, see instructions)

Date:

Telephone Number: