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: 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. to 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 Second MAK 2 & 20 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT 638661 E 1 . File Number C-  $^{66018}$ Month/Day/Year Month/Day/Year 2. Period Covered ( mm/dd/yyyy ) By This Report From: 1 2016 31 / 2016 Through: A. Person Filling 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Charles R Stephenson Name Member Title Title Organization CRS Labor Relations Solutions, LLC. Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Suite M Street 1500 E.Katella Ave. Street Orange City City California ZIP Code + 4 92867 State 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). 18. Signed President Treasurer (if other title, see (If other title, see Title Other (Specify) W Treasurer instructions) instructions) (951)951-1032

Telephone Number

B. Statement of Receipts Report all fecceipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services rendered to the purpose of the advice or services rendered to the employees.  (a) State Perinsylvania ZIP Code + 4 18707  5.b. Termination Date 5/10/2016 5.c. Amount \$311,691.96  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  6. Statement of Disbursements Proportial disbursements make by the reporting organization in connection with labor relations advice or services rendered to the employees:  (b) State (c) Statement of Disbursements from Employees:  (c) Statement of Disbursements to Officers and Employees:  (d) State (e) Statement of Disbursements advice or services rendered to the employees:  (e) Statement of Disbursements to Officers and Employees:  (g) State (e) Statement of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions.  15.b. Trade Name, If any:  15.c. To Whom Paid Name Charles R Stephenson  Title  Organization Part D of the Instructions.  15.c. Purpose  15.d. Amount 15.e. Purpose  State Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions.								
Sa. Name and Address of Employer (including trade name, if any).  Employer Mission Poods  Trade Name Attention To Lou Pena Title Plant Manager  Street 15 Elimood  City Mountain Top  Plant Manager  State Pennsylvania  ZIP Code + 4 18707  State Pennsylvania  State Pen	Name of Person Filing:			<del></del>		File Number C-		
Sa. Name and Address of Employer (including trade name, if any).  Employer Mission Poods  Trade Name Attention To Lou Pena Title Plant Manager  Street 15 Elimood  City Mountain Top  Plant Manager  State Pennsylvania  ZIP Code + 4 18707  State Pennsylvania  State Pen		<del></del>						
Employer Mission Foods  Trade Name Attention To Lou Pena Title Plant Manager State  Plant Manager State  State  Pennsylvania  ZiP Code + 4 18707  State  State  Pennsylvania  ZiP Code + 4 18707  State  State  Pennsylvania  ZiP Code + 4 18707  State  State  State  Pennsylvania  State  State  State  Pennsylvania  State  Stat	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.							
Employer Mission Poods Trade Name	5.a. Name and Address of Employer (including trade name, if any).				Mailing Address:			
Attention To Lou Pena Title Plant Manager State Pennsylvania zip Code + 4 18707  5.b. Termination Date 5/10/2016 5.c. Amount \$31,691.96  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  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Other Disbursements 12. Loans Made 12. Loans Made 13. Other Disbursements 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.b. Trade Name, If any:  15.c. To Whom Paid Name Charles R Stephenson Title Organization P.O. Box, Building and Room Number, if any Suite M Street 1500E. Katel 1a Ave. City Orange State  City	Employer Mission Poods				P.O. Box, Building and Room Number, if any			
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	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Form LM-21 (2003)