

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. 1215-0188 Expires 09-30-2011

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.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

472431			
1 . File Number C-564	2. Period Covered By This Report From: Month/Day/Year Month/Day/Year		
A. Person Filing			
3. Name and mailing address (include ZIP Code): Name Brad White Title PreS Organization Inter ate P.O. Box, Building and Room Number, if any Street 145 S. Uncolnway City N. Aurora State IL ZIP Code + 4 60542	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 penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the		
President (if other title, see instructions) On 11/10 (30-966-0214)	18. Signed Treasurer Title Treasurer (If other title, see instructions) On/		
Date Telephone Number	Date Telephone Number		



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) Employer Trade Name Attention To City BYOKEN ATION 5. b. Termination Date 5. c. Amount 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4. COM 2. 20 C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers lated in Part B. 7. Disbursements to Officers and Employees (a) Name (b) Salasy (c) Espenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Total Disbursements B. Total disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15. c. To Whom Paid Name 15. d. Amount 15. d. Amount 15. d. Amount 15. d. Purpose	Name of Person Filing: Pod White	File Number C-		
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	Title			
P.O. Box, Building and Room Number, if any	Organization			
P.O. Box, Building and Room Number, if any				
]	P.O. Box, Building and Room Number, if any			
Street	Street			
City				
State Washington ZIP Code + 4	State Washington ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Form LM-21 (2003)