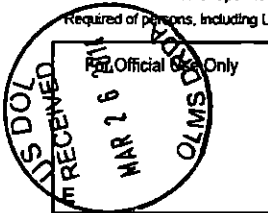


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

548467

1. File Number C- <u>65580</u>	2. Period Covered By This Report From: <u>01/01/2013</u> Through: <u>12/31/2013</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Todd A Lyon</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Secretary/Treasurer</u>	Name <u></u>
Organization <u>National Employment Resources</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u>Suite 2300</u>	Organization <u></u>
Street <u>601 SW 2nd Ave</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Portland</u>	Street <u></u>
State <u>Oregon</u> ZIP Code + 4 <u>97204</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

### 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>[Signature]</u> President Title <u>President</u> On <u>03/17/2014</u> <u>503-228-0500</u> Date Telephone Number	18. Signed <u>[Signature]</u> Treasurer Title <u>Treasurer</u> On <u>03/17/2014</u> <u>503-228-0500</u> Date Telephone Number
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Name of Person Filing: Todd Lyon

File Number C- 65580

**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 Coho Distributing LLC

Trade Name Columbia Distributing

Street 20301 59th Place South

Attention To Paul Meade

City Kent

Title Chief Financial Officer

State Washington

ZIP Code + 4 98032

5.b. Termination Date October 2013

5.c. Amount 6,656

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,656

**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	6,656
				12. Loans Made	0
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	6,656

**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

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY