

FORM LM-21  
RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 08-31-2016

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

1. File Number C-65668

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01 / 01 / 2013

Through:

Month/Day/Year  
(mm/dd/yyyy)

12 / 31 / 2013

A. Person Filing

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

Name Kirk Cummings

Title Member

Organization Cummings Group, LLC

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

P.O. Box 761

Street

City Lapeer

State Michigan

ZIP Code + 4 48446

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 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 President

President  
(if other title, see  
instructions)

18. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 05 / 22 / 2014 248-210-1162

Date

Telephone Number

On / /

Date

Telephone Number

Name of Person Filing:	File Number C-
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Linc Logistics Trade Name SAA Attention To John Locke Title Director	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street 12755 E Nine Mile Rd City Warren State Michigan      ZIP Code + 4 48446
5.b. Termination Date na	5.c. Amount \$5271.86
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.																																			
<b>7. Disbursements to Officers and Employees:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">(a) Name</th> <th style="width: 10%;">(b) Salary</th> <th style="width: 10%;">(c) Expenses</th> <th style="width: 10%;">(d) Totals</th> <th style="width: 30%;"></th> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td></td> <td>9. Office and Administrative Expenses</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>10. Publicity</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>11. Fees for Professional Services</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>12. Loans Made</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>13. Other Disbursements</td> </tr> </table>						(a) Name	(b) Salary	(c) Expenses	(d) Totals		0	0	0		9. Office and Administrative Expenses					10. Publicity					11. Fees for Professional Services					12. Loans Made					13. Other Disbursements
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				13. Other Disbursements																															
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)																															

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
<b>15.a. Employer Name:</b>	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b>  Name  Title  Organization   P.O. Box, Building and Room Number, if any   Street  City  State Other      ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	