

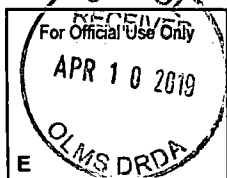
# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 03-31-2019

QA

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

702037

1. File Number C- <u>00025</u> <u>752</u>	2. Period Covered By This Report From: <u>01/01/2018</u> Through: <u>12/31/2018</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name <u>Eric J Vanetti</u> Title <u>Sole Proprietor</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>9278 S. Harl Ave.</u> City <u>Tempe</u> State <u>Arizona</u> ZIP Code + 4 <u>85284</u>	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 <u>Eric Vanetti</u> Title <u>President Sole Proprietor</u> On <u>03/31/2019</u> <u>704-804-1625</u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number
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Sign/Print Submit to OLMS

Code Tester

Reset

Spawn List