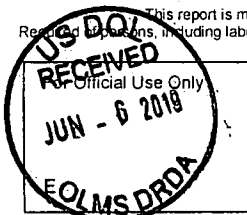


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021

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. Reporting persons, including labor relations consultants and other individuals and organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

705535

1. File Number C- 68054	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		11/2018		12/31/2018

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Ben Johnson	4. Any other address where records necessary to verify this report are kept:
Title President	Name _____
Organization Progressive Labor Solutions	Title _____
P.O. Box, Building and Room Number, if any	Organization _____
Street 55 Biggs Street	P.O. Box, Building and Room Number, if any
City Barre	Street _____
State VT ZIP Code + 4 05641	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 On 6/1/2019 Date 802-825-5864 Telephone Number	President (If other title, see instructions)	18. Signed _____ Title Treasurer On _____ Date _____ Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Ben Johnson	File Number C- 68054
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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: _____ Title _____	Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____
5.b. Termination Date _____	5.c. Amount _____
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	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				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.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 _____ ZIP Code + 4 _____	15.d. Amount _____	
	15.e. Purpose <div style="height: 100px;"></div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		