

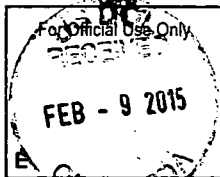
# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

576685

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- <input type="text" value="65580"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2014"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name <input type="text" value="Todd"/> <input type="text" value="A"/> <input type="text" value="Lyon"/> Title <input type="text" value="Secretary/Treasurer"/> Organization <input type="text" value="National Employment Resources"/>  P.O. Box, Building and Room Number, if any <input type="text" value="Suite 2300"/> Street <input type="text" value="601 SW 2nd Ave"/> City <input type="text" value="Portland"/> State <input type="text" value="Oregon"/> ZIP Code + 4 <input type="text" value="97204"/>	4. Any other address where records necessary to verify this report are kept:  Name <input type="text"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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 <input type="text" value="President"/>  On <input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> <input type="text" value="503-276-2101"/> Date Telephone Number	18. Signed Title <input type="text" value="Treasurer"/>  On <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2015"/> <input type="text" value="503-276-2194"/> Date Telephone Number
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Name of Person Filing: Todd Lyon	File Number C- 65580
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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.	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Canby Telcom	P.O. Box, Building and Room Number, if any
Trade Name	Street 190 SE 2nd Ave
Attention To Paul Hauer	City Canby
Title President	State Oregon ZIP Code + 4 97013
5.b. Termination Date	5.c. Amount 23,944
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 59,296	

<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.	
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 59,296
	12. Loans Made
	13. Other Disbursements 0
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13) 59,296

<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.	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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:

Employer Family Health Center

P.O. Box, Bldg., Room No., if any

Trade Name

Street 1057 12th Ave

Attention To: Dian

Cooper

City Longview

Title CEO

State Washington

ZIP Code + 4 98632

## 5.b. Termination Date

5.c. Amount 32,017

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

Employer Morrow Equipment Company, LLC

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To: Tim

Blackwell

City Salem

Title

Human Resources Manager

State Oregon

ZIP Code + 4 97302

## 5.b. Termination Date

5.c. Amount 3,335

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

## 5.b. Termination Date

5.c. Amount

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

## 5.b. Termination Date

5.c. Amount

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

## 5.b. Termination Date

5.c. Amount

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

## 5.b. Termination Date

5.c. Amount