U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

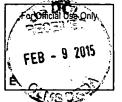
FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

LA COMPANY OF THE PARTY OF THE							
1 . File Number C - 65580	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2014 Through: 12 / 31 / 2014						
A. Person Filing	1						
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:						
Name Todd A Lyon Title Secretary/Treasurer	Name Title						
Organization National Employment Resources	Organization						
P.O. Box, Building and Room Number, if any Suite 2300	P.O. Box, Building and Room Number, if any						
Street 601 SW 2nd Ave	Street						
City Portland	City						
2 0000 1 37201	211 00000 14						
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 President (if other title, see instructions)	18. Signed Treasurer . (If other title, see instructions)						
On Date Telephone Number	On Date Telephone Number						

Name of Person Filing: Todd Lyon					File Number C-	65580 	
						·	
B. Statement of Receipts Report all receipts from or services.	m employers i	n connection	on with la	abor rela	tions advice or services regardless of th	ne purposes of the ad	vice
5.a. Name and Address of Employer (including trade name	ame, if any).				Mailing Address:		
Employer				P.O. Box	, Building and Room Number, if any		
Employer Canby Telcom					· · · · · · · · · · · · · · · · · · ·		
Trade Name				Street	190 SE 2nd Ave	the restriction our transfer of the sec	ĺ
Attention To Paul Ha	auer	***************************************		City	Canby		
Title President		and a second control of the second	1	State	Oregon	IP Code + 4 97013	3
5.b. Termination Date				5.c. Amo	unt 23,944		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	59.296						
	**		•				
C. Statement of Disbursements Report all d	isbursements	made by th	ne report	ing orga	nization in connection with labor relation	ns advice or services	rendered
7. Disbursements to Officers and Employees:	yers listed in	Part B.					
(a) Name	(b) Salary	(c) Expens	es (d) To	tals			
	Marine and the second				9. Office and Administrative Expen	ses	
	f				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 Item	ıs 8-13)	59,296
		-					
D. Schedule of Disbursements for Reportable	Activity	Use this S instruction	chedule s.	to report	only disbursements made for the purpo	oses described in Pa	rt D of the
15.a. Employer Name:			Ĩ	15.b. Tra	ade Name, If any:		
			-	i.	•	\ *	
3	<u> </u>	· · ·		45			
15.c. To Whom Paid				15.d. Am	ount		
Name	** * * **** ** * *** * * * * * * * * *			15.e. Pu	rpose		
Title							1
Organization	eff or been consisted benefit because of						
P.O. Box, Building and Room Number, if any							
Street							
City	and the second						
State Washington Z	P Code + 4						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Form LM-21 (2003)



B. Statement of Receipts Report all receipts from employers in connection with jabor relations advice or services regardless of the purposes of the advices or anxiones. 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Aftention To: Trade Name Attention To: Street Indian Address. For Box, 3306 Street Indian Address. Address. Street Indian Addr	Name of Person Filing: Todd Lyon	File Number C- 65580				
Sa. Name and Address of Employer (including trade name, if any) P. O. Box, Billing, Address: P. O. Box, Billing, Room No., if any P. O. Box, Billing, Room No.,						
Employer Femily Health Center						
Street 1057 12 th Ave	Employer Family Health Center					
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5.0. Termination Date	Title CFO					
P.O. Box, Blda, Room No., if any.	province and the second	**************************************				
Employer Moxrow Equipment Company, LLC Street Attention To: Title State Street Attention To: Title State Street Attention Date S.c. Amount State Zip Code + 4 Street Attention To: City Salem State Street Attention To: City Salem State Street Street State Street Street Street State Street Stree	5.a. Name and Address of Employer (including trade name, if any).	-				
Trade Name Attention To: Title State Attention To: Title Attention To: Title Attention To: Title Attention To: Title State State	Morrow Eminment Company LLC					
Attention To: Tim Blackwell State Dregon ZIP Code + 4 97302 5.b. Termination Date 5.c. Amount 3, 33.5 5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box. Bidg., Room No. If any Trade Name Attention To: City State ZIP Code + 4 5.b. Termination Date 5.c. Amount Street Attention To: City ZIP Code + 4 5.b. Termination Date 5.c. Amount Street Attention To: City ZIP Code + 4 5.b. Termination Date 5.c. Amount Street Attention To: City ZIP Code + 4 5.b. Termination Date 5.c. Amount Street Attention To: City ZIP Code + 4 5.a. Name and Address of Employer (including trade name, if any). Mailing Address: F.O. Box. Bidg., Room No. If any Employer State ZIP Code + 4 5.a. Name and Address of Employer (including trade name, if any). Mailing Address: F.O. Box. Bidg., Room No. If any Employer State ZIP Code + 4 5.b. Termination Date 5.c. Amount Street Attention To: City State ZIP Code + 4 5.b. Termination Date 5.c. Amount Street Attention To: City State ZIP Code + 4 5.c. Amount Street ZIP Code + 4 5.d. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box. Bidg., Room No. If any Mailing Address: P.O. Box. Bidg., Room No. If any Mailing Address: P.O. Box. Bidg., Room No. If any Mailing Address: P.O. Box. Bidg., Room No. If any Mailing Address: P.O. Box. Bidg., Room No. Trade Name ZIP Code + 4 ZIP Code + 4						
Title						
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Trade Name	Employer	P.O. BOX, BIOD, ROOM NO., If any				
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Title State ZIP Code + 4	Trade Name	Street				
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