## FORM LM-21
### RECEIPTS AND DISBURSEMENTS REPORT

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).

### A. Person Filing

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

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>_____________________________________________________</td>
</tr>
<tr>
<td>Organization</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>P.O. Box, Building and Room Number, if any</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>Street</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>City</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>State</td>
<td>ZIP Code + 4</td>
</tr>
</tbody>
</table>

4. Any other address where records necessary to verify this report are kept:

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________________________________</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

### 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)

   On __________________ Date __________________ Telephone Number __________________

18. Signed ________________________________
   Treasurer
   (If other title, see instructions)

   On __________________ Date __________________ Telephone Number __________________
**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 _________________

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:  
<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Salary</th>
<th>(c) Expenses</th>
<th>(d) Totals</th>
</tr>
</thead>
</table>

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY