

# 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).

For Official Use Only

  
  
  

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**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1. File Number <b>C-</b>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	/ /		/ /

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name _____  Title _____  Organization _____  P.O. Box, Building and Room Number, if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	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 _____ Title <b>President</b>	<b>President</b> (If other title, see instructions)	18. Signed _____ Title <b>Treasurer</b>	<b>Treasurer</b> (If other title, see instructions)
On _____ Date                      Telephone Number		On _____ Date                      Telephone Number	

Name of Person Filing:	File Number <b>C-</b>
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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).	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
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

**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	15.d. Amount
Name _____	15.e. Purpose
Title _____	
Organization _____	
P.O. Box, Building and Room Number, if any _____	
Street _____	
City _____ State _____ ZIP Code + 4 _____	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	