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 08/31/2026

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**

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| --- | --- | --- | --- | --- |
| 1. File Number **C-** | 2. Period Covered by This ReportFrom: | Month/Day/Year (mm/dd/yyyy) | Through: | Month/Day/Year (mm/dd/yyyy) |
| / / | / / |

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| **A. Person Filing** |
| 3. Name and mailing address (include ZIP Code): | 4. Any other address where records necessary to verify this report are kept: |
| Name \_ | Name  |
| Title \_ | Title  |
| Organization \_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Organization  |
| Employer Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | P.O. Box, Building and Room Number, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| P.O. Box, Building and Room Number, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street City State ZIP Code + 4  | Street City State ZIP Code + 4  |

**Signatures**

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| 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 | President(If other title, see instructions) | 18. Signed Title Treasurer | Treasurer(If other title, see instructions) |
| On Date Telephone Number |  | On Date Telephone Number |  |

|  |  |
| --- | --- |
| Name of Person Filing: | File Number **C-** |

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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 Employer Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Trade Name City Attention To: State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP Code + 4 Title  |
| 5.b. Termination Date | 5.c. Amount |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS |

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| **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) |  |

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| **D. Schedule of Disbursements for Reportable Activity** Use this Schedule to report only disbursements made for the purposes described in Part D of theinstructions. |
| 15.a. Employer Name and Employer Identification Number: | 15.b. Trade Name, if any: |
| 15.c. To Whom PaidName Title Organization Employer Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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  |