

# 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)			Month/Day/Year (mm/dd/yyyy)
	From:	/ /	Through:		/ /

**A. Person Filing**

<p>3. Name and mailing address (include ZIP Code):</p> <p>Name _____</p> <p>Title _____</p> <p>Organization _____</p> <p>Employer Identification Number _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>4. Any other address where records necessary to verify this report are kept:</p> <p>Name _____</p> <p>Title _____</p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>
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**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)*

<p>17. Signed _____ Title <b>President</b> (If other title, see instructions)</p> <p>On ____ / ____ / ____ Date _____</p> <p style="text-align: center;">Telephone Number _____</p>	<p>18. Signed _____ Title <b>Treasurer</b> (If other title, see instructions)</p> <p>On ____ / ____ / ____ Date _____</p> <p style="text-align: center;">Telephone Number _____</p>
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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).  Employer _____ Employer Identification Number _____ Trade Name _____ Attention To: _____ Title _____	Mailing Address:  P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____
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5.b. Termination Date	5.c. Amount
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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:				
(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 and Employer Identification Number:	15.b. Trade Name, if any:
15.c. To Whom Paid  Name _____ 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