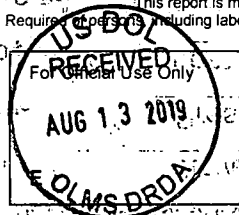


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021

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).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

708227

1. File Number C- <u>68704</u>	2. Period Covered By This Report From: <u>06/01/2018</u> Through: <u>05/30/2019</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Steven J. Loeffler</u> Title <u>President</u> Organization <u>Loeffler Labor Consultants, LLC</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 78911</u> Street _____ City <u>Charlotte</u> State <u>NC</u> ZIP Code + 4 <u>28271-7044</u>	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 <u>[Signature]</u> Title <u>President</u>	President (If other title, see instructions)	18. Signed _____ Title <u>Treasurer</u>	Treasurer (If other title, see instructions)
On <u>07/31/19</u> Date	<u>(614) 273-5693</u> Telephone Number	On _____ Date	_____ Telephone Number

Each of the undersigned declares...

Name of Person Filing: Steven J. Loeffler	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 <u>B&C left blank per attached OLMS memo</u>		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
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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:	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 _____	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

United States Department of Labor
Office of Labor-Management Standards
Office of Labor-Management Standards (OLMS)

Form LM-21 Special Enforcement Policy

Special enforcement policy for certain Form LM-21 requirements

Filers of Form LM-20 who must also file a Form LM-21 will not be required to complete two parts of the LM-21. Specifically, OLMS will not take enforcement action based upon a failure to complete the following Parts of Form LM-21:

- Part B (Statement of Receipts), which ordinarily requires the filer to report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services, and/or
- Part C (Statement of Disbursements), which ordinarily requires the filer to report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

Form LM-21 must be signed by the president and treasurer of the consultant to certify the accuracy and completeness of the information provided. So long as this special enforcement policy is in place, a Form LM-21 that omits the information requested by Parts B and C will be deemed complete.

In addition, Section 206 of the LMRDA requires all individuals who must file reports such as Form LM-21 to maintain applicable records such as "vouchers, worksheets, receipts, and applicable resolutions" for a period of at least five years after such reports have been filed: 29 U.S.C. § 436. While this special enforcement policy is in effect, consultants need not maintain records solely relating to Part B and Part C.

This special enforcement policy is effective immediately. It will remain in effect until further notice, which will be provided no less than 90 days prior to any change.

Posted: 4-13-16 (Updated: 7-18-18)