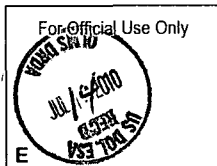


FORM LM-21

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



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432441

1. File Number C- 634	2. Period Covered By This Report From: 08 / 12 / 2009 Through: 09 / 09 / 2009
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name James H Strong Title President (Retired) Organization Labor Crisis, Inc. P.O. Box, Building and Room Number, if any Street 4105 Rolling Knolls City Parker State Texas ZIP Code + 4 75002	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>James H. Strong</u> Title President On 07 / 08 / 2010 Date 214-547-8993 Telephone Number	18. Signed _____ Title Treasurer On / / Date _____ Telephone Number
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Name of Person Filing: James Strong	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, Building and Room Number, if any
Trade Name Tankstar USA, Inc.	Street 611 S. 28th Street
Attention To Terry LaCasse	City Milwaukee
Title VP, Human Resources	State Wisconsin ZIP Code + 4 53215-3039
5.b. Termination Date 09 September 2009	5.c. Amount 0
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0	

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	
	0		0	9. Office and Administrative Expenses 572
				10. Publicity
				11. Fees for Professional Services 13,453
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			0	14. Total Disbursements (Sum of Items 8-13) 14,025

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 Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		