

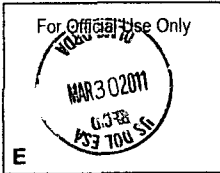
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

453218

1. File Number C- <u>00679</u>	2. Period Covered By This Report From: <u>03/01/2010</u> Through: <u>12/31/2010</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Cornelius P Quinn</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>PRESIDENT</u>	Name <u></u>
Organization <u>QUINN & ASSOCIATES</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	Organization <u></u>
Street <u>260 FULHAMORE</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Howell</u>	Street <u></u>
State <u>MI</u> ZIP Code + 4 <u>4843</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

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>Cornelius P Quinn</u>	President	18. Signed <u></u>	Treasurer
Title <u>President</u>	(if other title, see instructions)	Title <u>Treasurer</u>	(if other title, see instructions)
On <u>03/16/2011</u>	Telephone Number <u>517-552-0098</u>	On <u></u>	Telephone Number <u></u>
Date		Date	

Name of Person Filing: <u>Cornelius P. Quinn</u>	File Number C- <u>00679</u>
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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>Los Angeles Film School</u>		P.O. Box, Building and Room Number, if any:	
Trade Name:		Street: <u>6363 Sunset Blvd</u>	
Attention To: <u>Diana Dreyer-Kessler</u>		City: <u>Hollywood</u>	
Title: <u>CEO</u>		State: <u>CA</u>	ZIP Code + 4: <u>90028</u>

5.b. Termination Date: <u>May 24, 2010</u>	5.c. Amount: <u>90,039</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS: <u>119,720</u>
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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	
<u>Cornelius P. Quinn</u>	<u>45,000</u>	<u>17,000</u>	<u>65,000</u>	9. Office and Administrative Expenses: <u>10,442</u>
				10. Publicity:
				11. Fees for Professional Services:
				12. Loans Made: <u>2,000</u>
				13. Other Disbursements:
8. Total disbursements to officers and employees:			<u>65,000</u>	14. Total Disbursements (Sum of Items 8-13): <u>77,442</u>

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: <u>Washington</u> ZIP Code + 4:	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: <u>108,013</u>

Name of Person Filing: <u>Cornelius P. Quinn</u>	File Number C- <u>00679</u>
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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>Wellington Industries</u>	P.O. Box, Building and Room Number, if any		
Trade Name <u>Wellington Stamping</u>	Street <u>39556 Z 94 S-SERVICE DR</u>		
Attention To <u>GARY</u> <input type="checkbox"/> <u>SIEVERT</u>	City <u>Bellville MI</u>		
Title <u>HUMAN RESOURCES DIR</u>	State <u>MI</u>	ZIP Code + 4 <u>8111</u>	

5.b. Termination Date <u>Oct, 27, 2010</u>	5.c. Amount <u>29,681</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 119,720

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	
<u>Cornelius P. Quinn</u>	<u>11,750</u>	<u>650.-</u>	<u>12,399</u>	9. Office and Administrative Expenses <u>3,551</u>
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:	<u>12,399</u>			14. Total Disbursements (Sum of Items 8-13) <u>16,940</u>

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: <u>C P Quinn & Associates</u>	15.b. Trade Name, If any: <u></u>
15.c. To Whom Paid	15.d. Amount <u>14,631</u>
Name <u>VERSA LA</u> <input type="checkbox"/> <u>PARISH</u>	15.e. Purpose <u>to explain to employees their rights under the NLRA; to explain the difference between the UAW & independent local #1</u>
Title <u>CONSULTANT</u>	
Organization <u>SELF EMPLOYED.</u>	
P.O. Box, Building and Room Number, if any <u></u>	
Street <u>28920 Cullen Drive</u>	
City <u>Romulus</u>	
State <u>Washington MI</u>	ZIP Code + 4 <u>48134</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

108,013