

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

496176

1. File Number C-	707	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
			03/31/2011		03/31/2012

3. Name and mailing address (include ZIP Code):

Organization Mary L Holden HR

P.O. Box, Building and Room Number, if any

State	Michigan	ZIP Code + 4	48307-2548
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4. Any other address where records necessary to verify this report are kept:

Organization _____

P.O. Box, Building and Room Number, if any

State ZIP Code + 4

Signatures

18. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On / /
Date Telephone Number

Name of Person Filing: Mary Holden	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 <input type="text" value="American Health Corporation"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text" value="Eagleview Health"/>	Street <input type="text" value="1090 Willow Grove Ct."/>
Attention To <input type="text" value="Mary"/> <input type="text" value="L"/> <input type="text" value="Holden"/>	City <input type="text" value="Rochester Hills"/>
Title <input type="text" value="Mary L Holden HR"/>	State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48307-2548"/>

5.b. Termination Date 5.c. Amount

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

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: <input type="text"/>	15.b. Trade Name, if any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Mary Holden

File Number C-

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:

P.O. Box, Building and Room Number, if any

Employer Autumnwood of Livonia

Trade Name

Street

1090 WillowGrove Ct

Attention To Mary

L

Holden

City

Rochester Hills

Title

HR/ER Consultant

State

Michigan

ZIP Code + 4

48307-2548

5.b. Termination Date

5.c. Amount

5,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 5,000

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

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Mary Holden	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 <input type="text" value="Cooper Health System"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text" value="Cooper University Hospital"/>	Street <input type="text" value="1090 Willow Grove Ct."/>
Attention To <input type="text" value="Mary"/> <input type="text" value="L"/> <input type="text" value="Holden"/>	City <input type="text" value="Rochester Hills"/>
Title <input type="text" value="Mary L Holden HR"/>	State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48307-2548"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,438

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

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.

<p>15.a. Employer Name: <input type="text"/></p> <p>15.c. To Whom Paid</p> <p>Name <input type="text"/> <input type="text"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p> <p>15.d. Amount <input type="text"/></p> <p>15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div></p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Mary Holden

File Number C-

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:

P.O. Box, Building and Room Number, if any

Employer Nonni's Food Company

Trade Name

Street

1090 Willow Grove Ct

Attention To Mary

L

Holden

City

Rochester Hills

Title

HR, ER Consultant

State

Michigan

ZIP Code + 4

48307-2548

5.b. Termination Date

5.c. Amount

4,462

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,462

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

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Mary Holden

File Number C-

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:

P.O. Box, Building and Room Number, if any

Employer Regency On The Lake

Trade Name

Street

1090 Willow Grove Ct.

Attention To Mary L Holden

City

Rochester Hills

Title HR, ER Consultant

State

Michigan

ZIP Code + 4

48307-2548

5.b. Termination Date

5.c. Amount 8,242

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

Title

Organization

15.e. Purpose

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY