

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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

524631

1. File Number C- 760	2. Period Covered By This Report From: 01 / 01 / 2012	Month/Day/Year (mm/dd/yyyy)	Through: 12 / 31 / 2012	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Dexter Greene Title Owner Organization DEXTER Consulting P.O. Box, Building and Room Number, if any Street 155 Eaglesfield Way City Fairport State New York ZIP Code + 4 14450-4410	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><i>Dexter Greene</i></u> Title Sole Proprietor President (if other title, see instructions)	18. Signed _____ Title Treasurer Treasurer (if other title, see instructions)
On <u>04 / 12 / 2013</u> Date	On <u> / / </u> Date
<u>585-738-0890</u> Telephone Number	<u> </u> Telephone Number

Name of Person Filing: Dexter Greene	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 Servi-Sel Inc Trade Name Attention To Michael Stepanik Title Owner	Mailing Address: P.O. Box, Building and Room Number, if any Street 3210 Industrial Blvd City Bethel Park State Pennsylvania ZIP Code + 4 15102-2542
5.b. Termination Date	5.c. Amount 14,246
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,246	

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	
Dexter Greene	10,500	3,746	14,246	9. Office and Administrative Expenses
	0	0	0	10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			14,246	14. Total Disbursements (Sum of Items 8-13) 14,246

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 P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.e. Purpose:	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		