

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- **757**

2. Period Covered
By This Report

Month/Day/Year
(mm/dd/yyyy)

From:

01/01/2012

Through:

Month/Day/Year
(mm/dd/yyyy)

12/31/2012

A. Person Filing

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

Name **David B. Parmenter**
Title **President**
Organization **David B. Parmenter and Associates, Inc.**
P.O. Box, Building and Room Number, if any
Suite 206
Street **2655 Oakley Park**
City **Walled Lake**
State **Michigan** ZIP Code + 4 **48390-1684**

4. Any other address where records necessary to verify this report are kept:

Name **N/A**
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 **David B. Parmenter** President
Title **President** (if other title, see instructions)

18. Signed **Shelly Parmenter** Treasurer
Title **Other (Specify)** (If other title, see instructions)
Vice President

On **03/26/2013** Date
248-669-5510 Telephone Number

On **03/26/2013** Date
248-669-5510 Telephone Number

Name of Person Filing: David Parmenter

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:

Employer Watson Health Care, Inc.

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

Suite 3NW

Trade Name

Street 2755 Carpenter Road

Attention To Kevin Watson

City Ann Arbor

Title President

State Michigan ZIP Code + 4 48108-1171

5.b. Termination Date March 6, 2012

5.c. Amount 15,846

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 15,846

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

David	B	Parmenter	13,984	0	13,984	9. Office and Administrative Expenses	96
Shelley	K	Parmenter	8,940	0	8,940	10. Publicity	0
Joelle	L	Hunter	1,768	0	1,768	11. Fees for Professional Services	0
						12. Loans Made	0
						13. Other Disbursements	0
8. Total disbursements to officers and employees:					24,692	14. Total Disbursements (Sum of Items 8-13)	24,788

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:

N/A

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Title

Organization

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

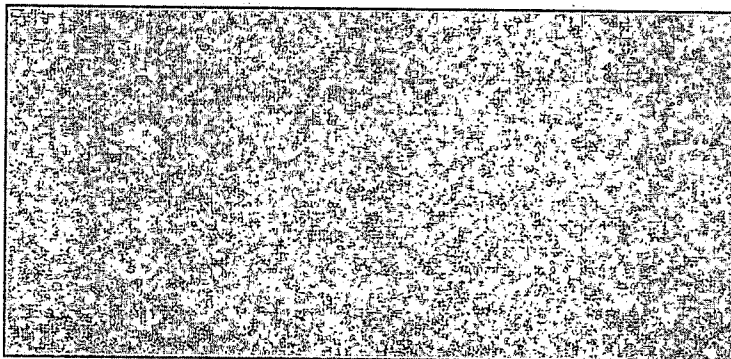
Street

City

State Washington ZIP Code + 4

15.d. Amount

15.e. Purpose



16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY