

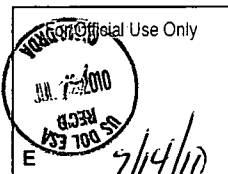
FORM LM-21

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

1. File Number C- 658	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2007		12 / 31 / 2007

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	
Title	
Organization	Greer Consulting, Inc.
P.O. Box, Building and Room Number, if any	
P.O. Box 1175	
Street	
City	o'Fallon Mo
State	Missouri ZIP Code + 4 63366-1175
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>Jason J. Greer</u>	President	18. Signed _____	Treasurer
Title <u>President</u>	(if other title, see instructions)	Title _____	(if other title, see instructions)
On <u>07 / 6 / 2010</u>	Date	On <u> / / </u>	Date
<u>314-397-4218</u>	Telephone Number	<u> </u>	Telephone Number

Name of Person Filing: <u>Greer Consulting, Inc</u>	File Number C- <u>658</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). Employer <u>BRANDYWINE SENIOR LIVING</u> Trade Name _____ Attention To <u>KEN</u> <u>SEGARNICK</u> Title <u>GENERAL COUNSEL</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>525 FELLOWSHIP ROAD SUITE 360</u> City <u>MT. LAUREL</u> State <u>New Jersey</u> ZIP Code + 4 <u>08054</u>
5.b. Termination Date <u>7/24/08</u>	5.c. Amount <u>67,769</u>
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 Name _____ Title <u>Y</u> Organization <u>GREER CONSULTING, INC</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 1175</u> Street _____ City <u>O' FALLON</u> State <u>Missouri</u> ZIP Code + 4 <u>63366-1175</u>	15.d. Amount <u>67,769</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Greer Consulting Inc.	File Number C- 658
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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 New Age Electronics Trade Name Attention To MICHELLE OLSON Title HUMAN RESOURCES	Mailing Address: P.O. Box, Building and Room Number, if any Street 21950 ARNOLD CENTER ROAD City CARSON State California ZIP Code + 4 90810
5.b. Termination Date 5/30/07	5.c. Amount 19,458
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 Name Title Organization GREER CONSULTING, INC P.O. Box, Building and Room Number, if any P.O. BOX 1175 Street City O' FALLON State Missouri ZIP Code + 4 63366-1175	15.d. Amount 19,458 15.e. Purpose Employed to give speeches to employees regarding exercising their right to organize and bargain collectively	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: <u>Greer Consulting, Inc.</u>	File Number C- <u>658</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). Employer <u>OSCAR WILSON ENGINES & PARTS, INC.</u> Trade Name _____ Attention To <u>GRANT</u> <u>EVANS</u> Title <u>PLANT MANAGER</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>826 LONE STAR DRIVE</u> City <u>O' FALLON</u> State <u>Missouri</u> ZIP Code + 4 <u>63366</u>
5.b. Termination Date <u>6/18/07</u>	5.c. Amount <u>3000</u>
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.c. To Whom Paid Name _____ Title _____ Organization <u>GREER CONSULTING, INC</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 1175</u> Street _____ City <u>O' FALLON</u> State <u>Missouri</u> ZIP Code + 4 <u>63366-1175</u>	15.b. Trade Name, If any: _____ 15.d. Amount <u>3000</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>Greer Consulting, Inc.</u>	File Number C- <u>658</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). Employer <u>RVC SENIOR MANAGEMENT</u> Trade Name _____ Attention To <u>RON</u> <u>DEVITO</u> Title <u>PLANT MANAGER</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>65 EAST JOHN STREET</u> City <u>HICKSVILLE</u> State <u>New York</u> ZIP Code + 4 <u>11803</u>
5.b. Termination Date <u>10/22/07</u>	5.c. Amount <u>48,048</u>
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 Name _____ Title _____ Organization <u>GREER CONSULTING, INC</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 1175</u> Street _____ City <u>O' FALLON</u> State <u>Missouri</u> ZIP Code + 4 <u>63366-1175</u>	15.d. Amount <u>48,048</u> 15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>Greer Consulting, Inc.</u>	File Number C- <u>658</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). Employer <u>SAGINAW CHIPPEWA TRIBE/SOARING EAGLE</u> Trade Name Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7500 SOARING EAGLE BLVD</u> City <u>MT. PLEASANT</u> State <u>Michigan</u> ZIP Code + 4 <u>48858</u>
5.b. Termination Date <u>12/21/07</u>	5.c. Amount <u>19,500</u>
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 <u>19,500</u>	
Name Title Organization <u>GREER CONSULTING, INC</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 1175</u> Street City <u>O' FALLON</u> State <u>Missouri</u> ZIP Code + 4 <u>63366-1175</u>	15.e. Purpose <u>Employed to give speeches to employees regarding exercising their right to organize and bargain collectively</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		
<u>\$ 157,775</u>		