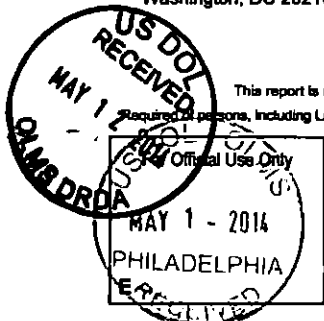


FORM LM-21

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. 88-257, 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

556 4840

1. File Number C- <u>00575</u>	2. Period Covered By This Report From: <u>01/01/2010</u> Through: <u>12/31/2010</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>PARRICK</u> <input type="checkbox"/> <u>GROSSI</u>	Name <u>N/A</u> <input type="checkbox"/> <u></u>
Title <u>PARTNER</u>	Title <u></u>
Organization <u>gljconsulting, LLC</u>	Organization <u></u>
P.O. Box, Building and Room Number, if any <u></u>	P.O. Box, Building and Room Number, if any <u></u>
Street <u>1700 FRIEDENSBURG RD.</u>	Street <u></u>
City <u>READING</u>	City <u></u>
State <u>PA</u> ZIP Code + 4 <u>19606</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>[Signature]</u> Title <u>President PARTNER</u> On <u>3/28/2014</u> <u>860-965-4335</u> Date Telephone Number	18. Signed <u>N/A</u> Title <u>Treasurer</u> On <u></u> <u></u> Date Telephone Number
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Name of Person Filing: **PATRICK GROSSI**File Number C- **00575****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 **LABOR MANAGEMENT SOLUTIONS**

Trade Name

Street

Attention To: **STEVEN E JONES**

City

Title **PRESIDENT**

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount **6,250**6. TOTAL RECEIPTS FROM ALL EMPLOYERS **6,250****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:

gliconsulting, LLC

15.b. Trade Name, if any:

15.c. To Whom Paid

Name **PATRICK** **GROSSI**Title **PARTNER**Organization **gliconsulting, LLC**

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

Street **1700 FRIEDENSBURG RD.**City **READING**State **Washington PA** ZIP Code + 4 **19606**15.d. Amount **6,250**

15.e. Purpose

**PAYMENT FOR PROVIDING BILLING
AND ADMINISTRATIVE SERVICES.**16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY **6,250**