

# 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

516865

1. File Number C- <u>751</u>	2. Period Covered By This Report From: <u>01</u> / <u>03</u> / <u>2012</u> Through: <u>12</u> / <u>31</u> / <u>2012</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Henry F. Bailey, Jr.</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Attorney and President</u>	Name <u></u>
Organization <u>Bailey, Stock and Harmon, P.C.</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u>P.O. Box 1557</u>	Organization <u></u>
Street <u>221 East 21st</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Cheyenne</u>	Street <u></u>
State <u>Wyoming</u> ZIP Code + 4 <u>82003-1557</u>	City <u></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</u> On <u>1</u> / <u>28</u> / <u>13</u> <u>307-638-7745</u> Date Telephone Number	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>1</u> / <u>28</u> / <u>13</u> <u>307-638-7745</u> Date Telephone Number
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Name of Person Filing: Henry Bailey, Jr.

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 Wyrulec Company

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

Trade Name

Street 500 Main

Attention To Julie Kilty

City Lingle

Title President

State Wyoming

ZIP Code + 4 82223

5.b. Termination Date January 24, 2012

5.c. Amount 5,708

6. TOTAL RECEIPTS FROM ALL EMPLOYERS -5,708

**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

Henry F Bailey, Jr.	84,528	0	84,528	9. Office and Administrative Expenses	
Henry F Bailey, Jr.	0	166	166	10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			84,694	14. Total Disbursements (Sum of Items 8-13)	84,694

**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

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY