

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 12-31-2010

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

E

1. File Number C

654

2. Period Covered
By This Report
From:

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

01/10/107

Through:

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

12/31/07

A. Person Filing

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

Name THOMAS L. WOOLWINE

Title President

Organization Personnel Management Consultants

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

Street

102 Sherwood Lane

City

Danvers

State

MA

ZIP Code + 4 01923

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 Thomas L. Woolwine

Title President

President
(If other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 10/24/08 304/763-4436

Date

Telephone Number

On 1/1/07

Date

Telephone Number

| | |
|--|----------------|
| Name of Person Filing: <u>Thomas L. Woolwine</u> | 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 | <u>Brady Menialy, LLC</u> | P.O. Box, Building and Room Number, if any | <u>P.O. Box 385</u> |
| Trade Name | | Street | |
| Attention To | <u>Anthony Clive</u> | City | <u>Gilbert</u> |
| Title | <u>Assistant Manager</u> | State | <u>WV</u> |
| | | ZIP Code + 4 | <u>25621</u> |

| | |
|---|-------------|
| 5.b. Termination Date | 5.c. Amount |
| | |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>\$15,475.00</u> | |

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 | | |
| <u>THOMAS L. WOOLWINE</u> | <u>\$5,000/mo.</u> | | | 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: <u>\$5,000/mo.</u> | | | | 14. Total Disbursements (Sum of Items 8-13) | <u>15,475.00</u> |

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 | 15.e. Purpose |
| Title | |
| Organization | |
| P.O. Box, Building and Room Number, if any | |
| Street | |
| City | |
| State <u>Washington</u> | ZIP Code + 4 |

| |
|---|
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY |
|---|