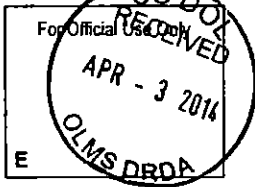


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

552991

1. File Number C- 574	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2013		12 / 31 / 2013

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name <u>John C. Cashen</u>	Name <u>David C. Stone</u>
Title <u>Member</u>	Title <u>Member</u>
Organization <u>Bodman PLC</u>	Organization <u>Bodman PLC</u>
P.O. Box, Building and Room Number, if any <u>Suite 500</u>	P.O. Box, Building and Room Number, if any <u>6th Floor at Ford Field</u>
Street <u>201 W. Big Beaver Road</u>	Street <u>1901 St. Antoine Street</u>
City <u>Troy</u>	City <u>Detroit</u>
State <u>Michigan</u> ZIP Code + 4 <u>48084</u>	State <u>Michigan</u> ZIP Code + 4 <u>48226</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>John C. Cashen</u> Title <u>Other (Specify)</u> <u>Member</u>	President (If other title, see instructions)
On <u>03 / 27 / 2014</u> Date	<u>248-743-6077</u> Telephone Number
18. Signed <u>David C. Stone</u> Title <u>Other (Specify)</u> <u>Member</u>	Treasurer (If other title, see instructions)
On <u>03 / 27 / 2014</u> Date	<u>248-743-6045</u> Telephone Number

Name of Person Filing: John Cashen	File Number C- 574
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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).		Mailing Address:	
Employer Roma Café Sossi, Inc.		P.O. Box, Building and Room Number, if any	
Trade Name Roma Café		Street 3401 Riopelle	
Attention To Janet S Belcours		City Detroit	
Title Vice President		State Michigan ZIP Code + 4 48207	

5.b. Termination Date 9/25/2013	5.c. Amount 2,000
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2,000
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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	
N/A				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
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State	ZIP Code + 4
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	