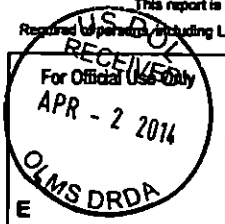


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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. 438 or 440.
Required to 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

552967

1. File Number <u>C-623</u>	2. Period Covered By This Report From: <u>1/1/13</u> Through: <u>12/31/13</u>
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A. Person Filing

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

Name WALTER J. FITZHENRY
Title PRINCIPAL / OWNER
Organization WJF & ASSOCIATES, LLC
P.O. Box, Building and Room Number, if any _____
Street 28305 KATIE
City CHESTER FIELD
State MICHIGAN ZIP Code + 4 48047

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 Walter J. Fitzhenry President
(If other title, see instructions)

Title PRINCIPAL / OWNER

On 3/26/2014 586-219-2658
Date Telephone Number

18. Signed _____ Treasurer
(If other title, see instructions)

On 1/1 _____
Date Telephone Number

MAILED 3-26-2014
U.S. DEPT OF LABOR
EMPLOYMENT STANDARDS DIVISION
O. L. M. S.
200 CONSTITUTION AVE, NW Room N-5616
WASHINGTON, DC. 20210

Name of Person Filing: WALTER J. FITZHENRY	File Number C-
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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	LIPARI FOODS OPERATING COMPANY, LLC	P.O. Box, Building and Room Number, if any	
Trade Name		Street	36661 BURET
Attention To	BLIAN A. ZILO	City	WARREN
Title	DIRECTOR, HUMAN RESOURCES	State	MICHIGAN
		ZIP Code + 4	48089

5.b. Termination Date	11/22/2013	5.c. Amount	12,120⁰⁰
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	12,120⁰⁰
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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		
WALTER J. FITZHENRY			2,000	9. Office and Administrative Expenses	
WALTER J. FITZHENRY			2,163	10. Publicity	
WALTER J. FITZHENRY			2,960	11. Fees for Professional Services	
WALTER J. FITZHENRY			4,997	12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			12,120⁰⁰	14. Total Disbursements (Sum of Items 8-13)	12,120⁰⁰

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: LIPARI OPERATING FOODS		15.b. Trade Name, if any:	
15.c. To Whom Paid		15.d. Amount 12,120⁰⁰	
Name	WALTER J. FITZHENRY	15.e. Purpose TRAIN MANAGEMENT OF LIPARI FOODS IN UNION ELECTION LAW AND DEVELOPE STRATEGIES RE REPRESENTATIVE CERTIFICATION ELECTION. CONDUCT INFORMATIONAL MEETINGS WITH MANAGEMENT AND EMPLOYEES.	
Title	PRINCIPAL OWNER		
Organization	WJFE ASSOCIATES, LLC		
P.O. Box, Building and Room Number, if any			
Street	28305 KATIE		
City	CHESTERFIELD,		
State	Michigan	ZIP Code + 4	48047
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 12,120⁰⁰			