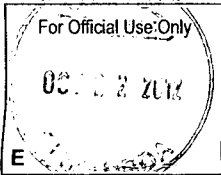


FORM LM-21

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

506620

1. File Number C- 00556	2. Period Covered By This Report From: 06/09/2012 Through: 07/13/2012
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A. Person Filing

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

Name

Title

Organization

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

Street

City

State ZIP Code + 4

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

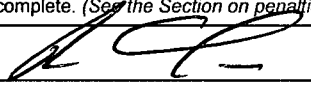
Street

City

State ZIP Code + 4

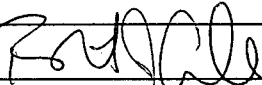
Signatures

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  President
(if other title, see instructions)

Title

On
Date Telephone Number

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

Title

On
Date Telephone Number

Name of Person Filing: Robert Carroll

File Number C- 00556

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 Arc of Monroe

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

Trade Name

Street

2060 Brighton-Henrietta Townline RD

Attention To Barbara

Wale

City

Rochester

Title

Director

State

New York

ZIP Code + 4

14623

5.b. Termination Date 7/13/2012

5.c. Amount 404,054

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 404,054 *5 - bc***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

Amed	santana	70,000	8,150	78,150	9. Office and Administrative Expenses	0
Daninal	Block	50,000	10,200	60,200	10. Publicity	
Johan	Pena	60,000	5,100	65,100	11. Fees for Professional Services	
Gerry	Ransom	50,000	800	50,800	12. Loans Made	
Richard	Torres	56,700	7,100	63,800	13. Other Disbursements	
8. Total disbursements to officers and employees:				318,050	14. Total Disbursements (Sum of Items 8-13)	318,050

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

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

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Robert Carroll	File Number C- 00556
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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	Arc of Monroe	P.O. Box, Building and Room Number, if any	
Trade Name		Street	2060 Brighton-Henrietta Townline RD
Attention To	Barbara <input type="checkbox"/> Wale <input type="checkbox"/>	City	Rochester
Title	Director	State	New York ZIP Code + 4 14623

5.b. Termination Date 7/13/2012 5.c. Amount 404,055

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 404,055

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		
Chyverne <input type="checkbox"/> Sneed <input type="checkbox"/>	58,000	6,101	64,101	9. Office and Administrative Expenses	0
Peter <input type="checkbox"/> Frances <input type="checkbox"/>	12,250	9,654	21,904	10. Publicity	
<input type="checkbox"/> <input type="checkbox"/>	0	0	0	11. Fees for Professional Services	
<input type="checkbox"/> <input type="checkbox"/>	0	0	0	12. Loans Made	
<input type="checkbox"/> <input type="checkbox"/>	0	0	0	13. Other Disbursements	
8. Total disbursements to officers and employees:			86,005	14. Total Disbursements (Sum of Items 8-13)	86,005

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:
<input type="text"/>	<input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="text"/>	15.e. Purpose <div style="border:1px solid black; height:150px;"></div>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State Washington ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	