

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

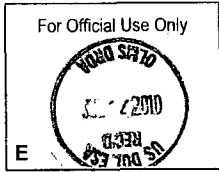
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

437143

1. File Number C- 634	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		07/08/2008 1-1-08		12/31/2008 12-31-08

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name James H Strong Title President (Retired) Organization Labor Crisis, Inc. P.O. Box, Building and Room Number, if any Street 4105 Rolling Knolls City Parker State Texas ZIP Code + 4 75002	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 <u>James H. Strong</u> Title President On 07 / 08 / 2010 Date 214-547-8993 Telephone Number	President (if other title, see instructions)	18. Signed _____ Title Treasurer On / / Date _____ Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: James Strong	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). Employer Trade Name Novatron Corporation Attention To Bill Smith Title Plant Manager	Mailing Address: P.O. Box, Building and Room Number, if any PO Box 1127 Street 401 Loop 59 City Atlanta State Texas ZIP Code + 4 75551
5.b. Termination Date 24 April 2008	5.c. Amount 0
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0	

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	
	0		0	9. Office and Administrative Expenses 1,655
				10. Publicity
				11. Fees for Professional Services 13,968
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			0	14. Total Disbursements (Sum of Items 8-13) 15,623

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		