

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

459302

1. File Number C-

461

2. Period Covered
By This Report
From:

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

10/10/2009

Through:

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

9/30/2010

A. Person Filing

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

Name

Joseph H. Alex, Jr.

Title

President/Consultant
Workforce 2000 Concepts

Organization

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

Street

3302 Gordon Avenue

City

Monroe

State

LA

ZIP Code + 4

71202
5212

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

Joseph H. Alex, Jr.

Title President

President
(if other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

6/1/2011

Date

Telephone Number 318-855-6256

On

1/1

Date

Telephone Number

Name of Person Filing: <u>Joseph H. Alex, Jr.</u>	File Number C- <u>461</u>
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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 SETONG of Alabama
 Trade Name
 Attention To Todd Morgan
 Title Plant Manager

Mailing Address:
 P.O. Box, Building and Room Number, if any
 Street 450 Old Fort Road
 City Fort Deposit
 State Alabama ZIP Code + 4 36032

5.b. Termination Date 10-14-2010 5.c. Amount \$5,068.73

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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>Joseph H. Alex, Jr.</u>	<u>4,500</u>	<u>568.73</u>	

8. Total disbursements to officers and employees: \$4,500.00

9. Office and Administrative Expenses	<u>0</u>
10. Publicity	<u>0</u>
11. Fees for Professional Services	<u>4,500.00</u>
12. Loans Made	<u>0</u>
13. Other Disbursements	<u>0</u>
14. Total Disbursements (Sum of Items 8-13)	<u>5,068.73</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: Workforce 2000 Concepts

15.b. Trade Name, If any: —

15.c. To Whom Paid
 Name Joseph H. Alex, Jr.
 Title Consultant
 Organization Workforce 2000 Concepts

15.d. Amount

15.e. Purpose Professional Services

P.O. Box, Building and Room Number, if any
 Street 3302 Gordon Avenue
 City Monroe,
 State Washington LA ZIP Code + 4 71202-5212

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY