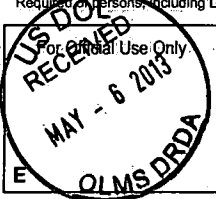


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

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

528447

1. File Number C- <u>744</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2012		12 / 31 / 2012

A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name <u>Patrick Grossi</u>  Title <u>Partner</u>  Organization <u>GLJ Consulting, LLC</u>  P.O. Box, Building and Room Number, if any  Street <u>1700 Friedensburg Rd</u>  City <u>Reading</u>  State <u>Pennsylvania</u> ZIP Code + 4 <u>19606</u>	4. Any other address where records necessary to verify this report are kept:  Name <u>N/A</u>  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>[Signature]</u>	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title <u>Other (Specify)</u>		Title <u>Treasurer</u>	
<u>Partner</u>			
On <u>04 / 28 / 2013</u>	<u>860-965-4335</u>	On <u>/ /</u>	<u></u>
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Patrick Grossi	File Number C-
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<b>B. Statement of Receipts</b> 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 Labor Management Solutions	P.O. Box, Building and Room Number, if any
Trade Name	Street 167 Willow Oak Ave
Attention To Steven E Jones	City Ocean View
Title President	State Delaware ZIP Code + 4 19970
5.b. Termination Date 5/31/2012	5.c. Amount 9,125
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,125	

<b>C. Statement of Disbursements</b> 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		
Patrick Grossi	9,125		9,125	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:			9,125	14. Total Disbursements (Sum of Items 8-13)	9,125

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: GLJ Consulting, LLC	15.b. Trade Name, if any:	
15.c. To Whom Paid	15.d. Amount 9,125	
Name Patrick Grossi	15.e. Purpose	
Title Partner	Answer employee questions regarding collective bargaining.	
Organization GLJ Consulting, LLC		
P.O. Box, Building and Room Number, if any		
Street 1700 Friedensburg Rd		
City Reading		
State Pennsylvania ZIP Code + 4 19606		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 9,125		