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. 1245-0003
Expires: 08-31-2016

This report is mandatory under P.L. 86-257, as amended, Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

Required of penaltic section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended, (LMRDA)

| READ THE INSTRUCTIONS CAREFUL S54342 | LLY BEFORE PREPARING THIS REPORT |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 . File Number C- 774 | 2. Period Covered By This Report From: Month/Day/Year Month/Day/Year (mm/dd/yyyy) |
| A. Person Filing | |
| 3. Name and mailing address (include ZIP Code): | 1 |
| | 4. Any other address where records necessary to verify this report are kept: |
| Name Joe Mielvchowski | Name |
| Title Labor Relations Consultant | Title |
| Organization | Organization |
| P.O. Box, Building and Room Number, if any | P.O. Box, Building and Room Number, if any |
| Street 47 E JONATHAN CT. | Street |
| City Kennett Sunsc | City |
| State PA ZIP Code + 4 19348 | State ZIP Code + 4 |
| | |
| | atures |
| Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions). | ies of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true, |
| 17. Signed President Title President (ff other title, see instructions) | 18. Signed Treasurer (If other title, see instructions) |
| On 7/9/2014 215- 287-1740 Date Telephone Number | On Date Telephone Number |

| Name of Person Filing | on Filing: Toe Mieluchowski | | | | File Number C- | | |
|--------------------------|---------------------------------|-------------------------|----------------------|---------------------------------------|-----------------------------------------|-------------------------|--|
| B. Statement of Rec | elpts Report all receipts from | n employers in connecti | on with labor relati | ons advice or servi | ces regardless of the purpor | ses of the advice) | |
| 5.a. Name and Address | of Employer (including trade na | me, if any). | B.O. Bev | Mailing Address: Building and Roon | Munikar if any | | |
| Employer 57 | eel Warehous | <u>e</u> : | 7.0.80 | Bulluing and Roun | r rumber, ii any | | |
| Trade Name: | | | Street | Street 4700 Heidman Phus | | | |
| Attention To Showe Cohen | | |] city [| | | | |
| Title | Human Arsov | res | State [| οΉ | ZIP Code | +4 44105 | |
| 5.b. Termination Dat | | 2013 | 5.c. Amol | int 9,000 | | | |
| 6. TOTAL RECEIPTS | FROM ALL EMPLOYERS | 71,500 | | | | | |
| | المنطاعة الجعرابان | | | | | - 3 | |
| C. Statement of Disi | oursements Report all di | sbursements made by t | he reporting organ | zation in connection | on with labor relations advice | or services rendered | |
| 7. Disbursements to Of | ••• | yers listed in Part B. | | | | | |
| (a) Name | and the Employees | (b) Salary (c) Expens | ses (d) Totals | | | | |
| | | | | 9. Office and / | Administrative Expenses | | |
| | | | | 10. Publicity | | | |
| | | | | 11. Fees for Pr | ofessional Services | | |
| | | | | 12. Loans Made | | | |
| | | | | 13. Other Disb | ursements | | |
| 6. Total disbursement | s to officers and employees | | | 14. Total Disbur | sements (Sum of Items 8-13) | | |
| | | | | _ | | | |
| D. Schedule of Disb | ursements for Reportable | Activity Use this S | Schedule to report | only disbursement | s made for the purposes des | cribed in Part D of the | |
| 15.a. Employer Name | | 111002000 | | de Name, If any | · - · · · · · · · · · · · · · · · · · · | | |
| | <u> </u> | | | | | ¬ | |
| | | | | | | | |
| 15.c. To Whom Paid | | | 15.d. Am | ount! | | | |
| Name | | | 15.e. Pun | pose | <u></u> | | |
| Title | | | | | | | |
| Organization | | | | • | - | | |
| l | | | | | |]] | |
| P.O. Box, Building | and Room Number, If any | | | | | | |
| Street | | | | | | 1 | |
| City | | | | | |]] | |
| State Washing | | Code + 4 | | | | { | |
| | | | | <u> </u> | | | |
| I IO. I OTAL DISBURS | EMENTS FOR ALL REPOR | CIABLE ACTIVITY | | | | | |

Form LM-21 (2003)

| Joe Mieluchowski | ending 12-31-13 |
|--------------------------------------------------------------|--------------------------------------------|
| Fraser Engineering | 65 Court St. |
| Cecelin Fraser | Neutow MA 02458 |
| Ouvel | |
| Eraser Engineering Ceceling Fraser Owner March 2013 | 18,000 |
| | · |
| Gentouer Services | 966 Crafts Run Rd. |
| Charlie Huguenard | 966 Crafts Run Rd. Maidsville, WV 26541 |
| MAy 2013 | 20,000 |
| <u> </u> | 500 Town Pack LN |
| Michelle Zenkle | KENNESAW GA 30144 |
| IUNC 2013 | 1,000 |
| MPW | 9711 Laucostor Rd. SE |
| Jim Peck | Hebrun OH 43025 |
| GENCIA/ MANAger | |
| August 2013 | 11,000 |
| - | <u>'</u> |
| Milestone | 4060 MEFAS/And Rd. |
| Shaun Wa-1 | RockFord IL 61111 |
| 0.50 | 4 1 7 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| CEO | |