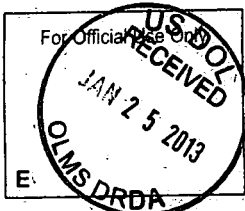


FORM LM-21

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

511952

1. File Number C- <u>750</u>	2. Period Covered By This Report From: <u>01/01/2012</u> Through: <u>12/31/2012</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
		<u>01/01/2012</u>	<u>12/31/2012</u>

A. Person Filing

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

Name: CONNIE S OLIVER
Title: LABOR RELATIONS SPECIALIST
Organization: _____
P.O. Box, Building and Room Number, if any: _____
Street: 11 FAIRWAY DUNES LANE
City: ISLE OF PALMS
State: SOUTH CAROLINA ZIP Code + 4: 29451

4. Any other address where records necessary to verify this report are kept:

Name: _____
Title: _____
Organization: BURDZINSKI & PARTNER INC.
P.O. Box, Building and Room Number, if any: _____
Street: 2393 HICKORY MARK DR.
City: DAYTON
State: OHIO ZIP Code + 4: 45458

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: Connie S Oliver President
Title: President OTHER (if other title, see instructions)
LABOR RELATIONS SPECIALIST
On: 01/16/2013 843-886-4703
Date Telephone Number

18. Signed: _____ Treasurer
Title: Treasurer (if other title, see instructions)
On: _____
Date Telephone Number

Name of Person Filing: <u>Connie Oliver</u>	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: C.S. CONSTRUCTION INC.

Trade Name: _____

Attention To: ZACH TEEGARDEN

Title: DIVISION MANAGER

Mailing Address:

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

Street: 22023 N. 20th AVE. SUITE A

City: PHOENIX

State: ARIZONA ZIP Code + 4: 85027

5.b. Termination Date: AUGUST 10, 2012

5.c. Amount: \$ 26682.32

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>CONNIE S. OLIVER</u>	<u>1200.00</u>	<u>1832.36</u>	<u>3032.36</u>	9. Office and Administrative Expenses
	<u>2700.00</u>	<u>1639.20</u>	<u>4339.20</u>	10. Publicity
	<u>1200.00</u>	<u>60.00</u>	<u>1260.00</u>	11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			<u>8631.56</u>	14. Total Disbursements (Sum of Items 8-13)

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: <u>Washington</u> ZIP Code + 4: _____	15.e. Purpose: _____
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	