

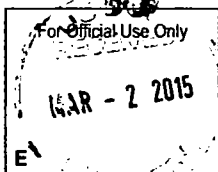
FORM LM-21

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

578277

1. File Number C- <u>944</u>	2. Period Covered By This Report From: <u>06/03/2013</u> Through: <u>06/28/2013</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>PATRICK</u> <u>GROSSI</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>PARTNER</u>	Name
Organization <u>glj consulting, llc</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>1700 FRIEDENSBURG RD.</u>	P.O. Box, Building and Room Number, if any
City <u>READING</u>	Street
State <u>PA</u> ZIP Code + 4 <u>19606</u>	City
	State

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> Title <u>President PARTNER</u> On <u>2/19/2015</u> <u>860-965-4335</u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number
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Name of Person Filing: <u>PATRICK GROSSI</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). Mailing Address:

Employer <u>LABOR MANAGEMENT SOLUTIONS, LLC</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street <u>167 WILLOW OAK AVE.</u>
Attention To <u>STEVEN E JONES</u>	City <u>OCEAN VIEW</u>
Title <u>PRESIDENT</u>	State <u>DE</u> ZIP Code + 4 <u>19970</u>

5.b. Termination Date 6/28/13 5.c. Amount 10,000

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>PATRICK GROSSI</u>			<u>10,000</u>	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: <u>10,000</u>				14. Total Disbursements (Sum of Items 8-13) <u>10,000</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:	15.b. Trade Name, if any:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
15.c. To Whom Paid	15.d. Amount
Name <div style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></div>
Title <div style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></div>	15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>
Organization <div style="border: 1px solid black; display: inline-block; width: 250px; height: 15px;"></div>	
P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; display: inline-block; width: 200px; height: 15px;"></div>	
Street <div style="border: 1px solid black; display: inline-block; width: 200px; height: 15px;"></div>	
City <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></div>	
State <u>Washington</u> ZIP Code + 4 <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	