

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 10-31-2013

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. 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

4571073

Telephone Number

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1. File Number C-732	e Number C- 7 3 2 2. Period Covered			Month/Day/Year (mm/dd/yyyy)	
•••	By This Report From:	(mm/dd/yyyy) 01 / 01 / 2007	Through:	12 / 31 / 2007	
A. Person Filing					
3. Name and mailing address (include ZIP Code):	4. Any other address	s where records necessa	ry to verify t	his report are kept:	
Name Susannah J Squitieri	Name				
Title Sole Proprietor	Title				
Organization	Organization				
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any				
Street 1015 Buckingham Road	Street				
City Grosse Pointe Park	City				
State Michigan ZIP Code + 4 48230	State		ZIP Code	e + 4	
Sigr	atures				
Each of the undersigned declares, under penalty of perjury and other applicable penaltinformation contained in any accompanying documents) has been examined by correct, and complete. (See the Section of penalties in the instructions).					
17. Signed President (if other title, see instructions)	18. Signed Title Trea	surer		_ Treasurer (If other title, see instructions)	
3/26/201/ 3134024915	0. /	/			

Date

Telephone Number

Date

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Name of Person Filing:	Susannah Squitieri	File Number C-

B. Statement of Receipts Report all receipts from employers in connection with or services.	ith labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer Employee Solutions Inc for Cedars Sinai	Mailing Address: P.O. Box, Building and Room Number, if any P.O. Box 67166
Trade Name	Street 5108 Cumberland Place NW
Attention To Josephine Zamora	City Albuquerque
Title President	State New Mexico ZIP Code + 4 87120
5.b. Termination Date 08/2008	5.c. Amount 100
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 100	

C. Statement of Disbursements	Report all disbursement to the employers listed in	s made by the reporting org n Part B.	ganization in connection with labor relations advice or services rendered
 Disbursements to Officers and Emp (a) Name 	loyees: (b) Salary	(c) Expenses (d) Totals	
: : : : : : : : : : : : : : : : : : : :			Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
8. Total disbursements to officers a	nd employees:		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 o instructions.			
15.a. Employer Name:	15.b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Amount		
Name	15.e. Purpose		
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State Washington ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC			

Form LM-21 (2003)

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Name of Person Filing: Susannah Squitieri	File Number C-		
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice o	r services regardless of the purposes of the	
5.a. Name and Address of Employer (including trade name, if any). Employer Employee Solutions Inc for Down River	Mailing Addres P.O. Box, Bldg., Room N P.O. Box 67	lo., if any	
	••		
Trade Name Attention To: Josephine Zamora	Street 5108 Cumberland Place NW City Albuquerque		
Title President	State New Mexico	ZIP Code + 4 87120	
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5.b. Termination Date 05/2007	5.c. Amount 0		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box, Bldg., Room N		
Employer			
Trade Name	Street		
Attention To:	City	710.0	
Title	State	ZIP Code + 4	
5.b. Termination Date	5.c. Amount		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box, Bldg., Room N		
Employer			
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date	5.c. Amount		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box, Bldg., Room N		
Employer		· Comment of the comm	
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date	5.c. Amount		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box. Blda Room N		
Employer			
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date	5.c. Amount		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box. Blda Room N		
Employer		•	
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date	5.c. Amount		