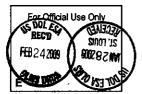
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 09-30-2011

Month/Day/Year

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

1 . File Number C- 659		Month/Day/Year (mm/dd/yyyy)	
	From: 67 / 63 / 8 Through: 67 / 24 /	1 08	
A. Person Filing			
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are	kept:	
Name Jason J. Green	Name		
Title CONSultant	Title		
Organization Green Cowsulting, INC.	Organization		
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any		
Street P.O. Box 1175	Street		
City O'Fallon, St	City		
State MO ZIP Code + 4 63366-1175	State ZIP Code + 4		
Signa	tures		
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).		ue,	
7. Signed Jason J. Broan President	18. Signed Treasurer		
Title President (if other title, see Instructions)	Title Treasurer (If other title, instructions)		
1/29/09 3143974218	On/		
Date Telephone Number	Date Telephone Number		

Name of Person Filing:						
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 Brandywine Sention Living	Mailing Address: P.O. Box, Building and Room Number, if any					
Trade Name Attention To Brenda I Bacon	street 525 Fellowship Road City Mt. Laurel					
Title President	State New Jersey ZIP Code + 4 08054					
5.b. Termination Date 07/24/08	5.c. Amount \$ 10,000					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS # 10,000						

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.					
Disbursements to Officers and Empl (a) Name	nployees: (b) Salary (c) Expenses (d) Totals					
					9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	•
<u> </u>					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers a	nd employees:			•	14. Total Disbursements (Sum of Items 8-13)	

Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part Einstructions.	
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	ı

Form LM-21 (2003)