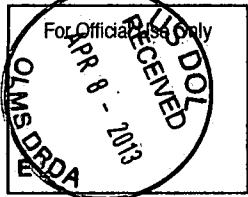


FORM LM-21

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

525674

1. File Number C- <u>710</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		<u>1/1/12</u>		<u>12/31/12</u>

A. Person Filing

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

Name SCOTT MICHEL

Title

Organization

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

Street 819 HERMAN RD

City HORSHAM

State PA ZIP Code + 4 19044

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

Name

Title

Organization

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

Street

City

State ZIP Code + 4

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 Scott Michel President
(If other title, see instructions)
Title President

18. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 3/31/13 215-359-7155
Date Telephone Number

On 1/1 _____
Date Telephone Number

Name of Person Filing:

SCOTT MICHEL

File Number C-

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:

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

Employer

Trade Name

Attention To

Title

Street

City

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

102,985.00

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

				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:				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 Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <i>Scott Michel</i>	File Number C-
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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.
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15.a. Employer Name: Daniel C. Tanney, Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 1,500 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Campbell Soup Company	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 4,250 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: World Imports	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 1,500 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:

Scott Maher

File Number C-

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: PSC Metals - Garn	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 32,431
	15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Next Generation Vending, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 11,189
	15.e. Purpose