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. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Personstructuding 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)



E AS DROP 494176	LLY BEFORE PREPARING THIS REPORT
1 . File Number C- 70	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyy
A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Mary L Holden	Name
Title HR and ER Consultant	Title
Organization Mary L Holden HR	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 1090 Willow Grove Ct.	Street
City Rochester Hills	City
State Michigan ZIP Code + 4 48307-2548	State ZIP Code + 4
Signa	
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 04/23/2012 2484595700 Date Telephone Number	On Date Telephone Number

Name of Person F	iling:	Mary Holden						File Number C-		
B. Statement of i	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.								of the advice	
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:										
Employer A	P.O. Box, Building and Room Number, if any Employer American Health Corporation									
Trade Name										
Attention To						lls				
Title	Ма	ry L Holden HR				State	Michigan	ZIP Code	+ 4	48307-2548
5.b. Termination	Date			1		5.c. Amo	unt 5,461			
6. TOTAL RECEI	PTS	FROM ALL EMPLOYERS								
			<u> </u>							
C. Statement of I	Disb		isbursements m oyers listed in P	nade by the art B.	repo	rting orgar	nization in connection	on with labor relations advice	e or s	services rendered
	Offi	cers and Employees:								
(a) Name	1		(b) Salary	(c) Expenses	s (d) T	otals	T		_	-
	<u> </u>				4			Administrative Expenses		
					4		10. Publicity		L	
	<u> </u>				4			ofessional Services	<u> </u>	<u> </u>
	1				4		12. Loans Made	=	<u> </u>	
	الـ						13. Other Disb		L	
8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)										
D. Schedule of D	isbu	rsements for Reportable		Jse this Sch	nedule	e to report	only disbursements	s made for the purposes des	crib	ed in Part D of the
15.a. Employer N	ame					15.b. Tra	ade Name, if any:			
`` - 					7	l	· · · · · · · · · · · · · · · · · · ·		\neg	
						45 4 4 11	[1		
15.c. To Whom Paid										
Name 15.e. Purpose										
Title										
Organization			·		\neg					
P.O. Box, Building and Room Number, if any										
Street										
City										
State Washi	ngt	on Z	P Code + 4		\neg					
			<u> </u>	ITY		<u> </u>				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY										

Name of Person Filing: Mary Holde	en			File Nur	nber C-	
B. Statement of Receipts Report all re	eceipts from employers	in connection wit	h labor relation	ns advice or services regar	dless of the purpos	es of the advice
5.a. Name and Address of Employer (included)	ding trade name, if any).			Mailing Address:	¥	
Employer Autumnwood of I	ivonia			Building and Room Number	, ir any	
Trade Name	JIVOIIIA		Street 1	000 Hillow		
	1050 WITIONGIOVE CE					
Attention To Mary	L Holden		City R	ochester Hills		
Title HR/ER Consult	ant		State M	ichigan	ZIP Code -	+ 4 48307-2548
5.b. Termination Date			5.c. Amoun	t 5,000		
6. TOTAL RECEIPTS FROM ALL EMP	PLOYERS 5,000					
C. Statement of Disbursements R	Desert all dishurasmonts	made by the ren	orting organiz	ation in connection with lat	nor relations advice	or continue randored
	the employers listed in		oning organiz	ation in connection with at	DOI TEIALIONS AUVICE	or services refluered
7. Disbursements to Officers and Employe		(.) [Takala			
(a) Name	(b) Salary	(c) Expenses (d)	Totals	Office and Administra	tive Eveneses	
				Office and Administra 10. Publicity	live Expenses	
				11. Fees for Professiona	I Soniose	
				12. Loans Made	ii Services	L
				13. Other Disbursements		
8. Total disbursements to officers and		<u> </u>		14. Total Disbursements (\$		
o. Total dispulsements to officers and t	employees.	<u> </u>		14. Total Disbursements (our or items 6-13)	
D. Schedule of Disbursements for R	eportable Activity		ule to report or	nly disbursements made fo	r the purposes desc	ribed in Part D of the
		instructions.	AC 5 Tool	Name, If any:		
15.a. Employer Name:			15.b. 11au	e Name, it any.		-,
	1445					
15.c. To Whom Paid			15.d. Amou	ınt		
Name			15.e. Purpo	ose		
Title						
Organization			-			1
Organization			-			
D.O. Boy Duilding and Doom Numb	har if any					
P.O. Box, Building and Room Numb	ber, ir arry					
Street						
City						
		···	,			
State Washington	ZIP Code + 4		J			
16. TOTAL DISBURSEMENTS FOR A	LL REPORTABLE ACT	IVITY				

Name of Person Filing:	Mary Holden						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).		r	O Pav	Mailing Address:	Number if one			
P.O. Box, Building and I						Building and noon	rivumber, ir arry			
Trade Name Coo	per University I	Hospital		s	Street	1090 Willow	090 Willow Grove Ct.			
Attention To Mar				City	Rochester Hills					
Title Mar	y L Holden HR			7 s	State [Michigan	ZIP Code	+ 4	48307-2548	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************************************		••••••		_				<u></u>	
5.b. Termination Date				5	.c. Amou	nt 9,438				
6. TOTAL RECEIPTS F	ROM ALL EMPLOYERS	9,438								
C. Statement of Disbu	rsements Report all	disbursements r	nade by the	reportir	ng organ	zation in connection	on with labor relations advice	e or:	services rendered	
	to the emp	loyers listed in F		•	5 0					
 Disbursements to Office (a) Name 	ers and Employees:	(b) Salary	(c) Expenses	(d) Tota	als					
]		9. Office and A	dministrative Expenses			
						10. Publicity				
]		11. Fees for Pro	ofessional Services			
]		12. Loans Made)	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			<u> </u>		13. Other Disbu	ursements	<u> </u>		
8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)										
D. Schedule of Disburs	sements for Reportabl		Jse this Schonstructions.	edule to	o report o	only disbursements	made for the purposes des	scribe	ed in Part D of the	
15.a. Employer Name:				1	5.b. Tra	de Name, If any:				
15.c. To Whom Paid				1	5.d. Amo	ount	<u> </u>			
Name				-	E o Dur					
Title]	5.e. Purp	oose				
Organization									1	
Organization										
P.O. Box, Building ar	nd Room Number, if an	ı								
, i.g. Jox, Building an	100,111,111,111,111,111,111,111	<u></u>							}	
Street										
City										
State Washingto	on	ZIP Code + 4		_]						
	MENTS FOR ALL REPO	ORTABLE ACTIV	/ITY							

Name of Person Filing: Mary Holden	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 Nonni's Food Company	, and in grant and a second a second and a second a second and a second a second and a second and a second a second a second a second a second and a						
Trade Name Street 1	Street 1090 Willow Grove Ct						
Attention To Mary L Holden City R	Rochester Hills						
Title HR, ER Consultant State M	ichigan ZIP Code + 4 48307-2548						
5.b. Termination Date 5.c. Amoun	t 4,462						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,462							
C. Statement of Disbursements Report all disbursements made by the reporting organiz to the employers listed in Part B.	ation 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							
	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 or instructions.	nly disbursements made for the purposes described in Part D of the						
	e Name, If any:						
15.c. To Whom Paid							
Name 15.e. Purpose							
Title							
Organization	1						
P.O. Box, Building and Room Number, if any							
Street							
City							
State Washington ZIP Code + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Name of Person Filing: Mary Holden				File Number C-				
B. Statement of Receipts Report all receipts from em	polovers in connection with	labor relation	s advice or servi	ces regardless of the purpo		of the advice		
or services.								
5.a. Name and Address of Employer (including trade name,	if any).		Mailing Address: cuilding and Room	n Number, if any				
Employer Regency On The Lake	·····							
Trade Name		Street 10	090 Willow	Grove Ct.	_			
Attention To Mary , L Holde	en	City Ro	ochester Hi	lls				
Title HR, ER Consultant		State M	ichigan	ZIP Code	+ 4	48307-2548		
5.b. Termination Date		5.c. Amount	8,242					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
								
C. Statement of Disbursements Report all disbur to the employers	sements made by the repo listed in Part B.	orting organiza	ation in connection	on with labor relations advice	e or s	services rendered		
7. Disbursements to Officers and Employees:								
(a) Name (b)	Salary (c) Expenses (d) T	otals	0.065	desirable Frances	$\overline{}$			
		_	10. Publicity	administrative Expenses	 	<u> </u>		
			<u> </u>	ofessional Services	⊬			
			12. Loans Made		├-	1		
			13. Other Disbi		┢			
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)					
o. Total dispulsements to officers and employees.								
· · · · · · · · · · · · · · · · · · ·		_						
D. Schedule of Disbursements for Reportable Acti	vity Use this Schedul instructions.	e to report on	ly disbursements	s made for the purposes des	scrib	ed in Part D of the		
15.a. Employer Name:		15.b. Trade	Name, If any:					
15 o To Whom Poid		15 d Amou	nt [
15.c. To Whom Paid								
Name		15.e. Purpo	se					
Title						l		
Organization								
P.O. Box, Building and Room Number, if any								
Ctroot						3		
Street								
City						ļ		
State Washington ZIP Co	ode + 4	<u> </u>						
16. TOTAL DISBURSEMENTS FOR ALL REPORTAE	BLE ACTIVITY							