

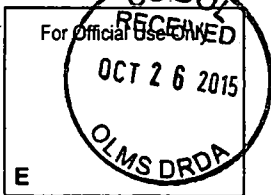
FORM LM-21

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

628242

| | | |
|--|--|--|
| 1. File Number C- <input type="text" value="744"/> | 2. Period Covered By This Report From: <input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2015"/> | Through: <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
|--|--|--|

| | |
|---|--|
| A. Person Filing | |
| 3. Name and mailing address (include ZIP Code): | |
| Name <input type="text" value="Patrick"/> <input type="text" value="Grossi"/> | 4. Any other address where records necessary to verify this report are kept: |
| Title <input type="text" value="Partner"/> | Name <input type="text"/> |
| Organization <input type="text" value="glj consulting, llc"/> | Title <input type="text"/> |
| P.O. Box, Building and Room Number, if any <input type="text"/> | Organization <input type="text"/> |
| Street <input type="text" value="1700 Friedensburg Rd."/> | P.O. Box, Building and Room Number, if any <input type="text"/> |
| City <input type="text" value="Reading"/> | Street <input type="text"/> |
| State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19606"/> | City <input type="text"/> |
| | State <input type="text"/> ZIP Code + 4 <input type="text"/> |

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 | President (if other title, see instructions) | 18. Signed <input type="text" value="N/A"/> | Treasurer (If other title, see instructions) |
| Title <input type="text" value="Managing Partner"/> | | Title <input type="text" value="Other (Specify)"/> <input type="text" value="No such officer"/> | |
| On <input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2015"/> | Telephone Number <input type="text" value="860-965-4335"/> | On <input type="text"/> | Telephone Number <input type="text"/> |

Name of Person Filing: Patrick Grossi

File Number C-

744

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 Burlington Mall MGMT LLC

Trade Name

Street

9103 Alta Dr., Suite 204

Attention To

Jacqueline

S

Ackerman

City

Las Vegas

Title

Attny.

State

Nevada

ZIP Code + 4

89145

5.b. Termination Date

10/1/15

5.c. Amount

2,747.45

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

Patrick Grossi 1666.64 1,080.81 2,747.45

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:

2,747.45

14. Total Disbursements (Sum of Items 8-13)

2,747.45

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:

GLJ CONSULTING

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

2,747.45