epartment of Labor 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.

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

| E 1013 511952 | |
|--|---|
| 1. File Number C- 750 | 2. Period Covered Month/Day/Year (mm/dd/yyyy.) By This Report From: Month/Day/Year (mm/dd/yyyy.) |
| | 01/01/2012 12/31/2012 |
| 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 CONNIE 5 OLIVER | Name |
| Title LABOR RELATIONS SPECIALIST | Title |
| Organization | Organization BURDZINGKI + PARTNER INC. |
| P.O., Box, Building and Room Number, if any Street 11 FAIRWAY DUNES LANCE City 1566 OF PALMS | P.O. Box, Building and Room Number, if any Street 2393 HICKORY MARK DR. City DAYTON |
| State SOUTH CAROLINA ZIP Code +4 29451 | State 0 H 10 ZIP Code + 4 H 5 H 5 8 |
| | atures |
| Each of the undersigned declares, under penalty of perjury and other applicable penaltinformation contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions). | ties of law, that all of the information submitted in this report (including the lesignatory and is, to the best of the undersigned's knowledge and belief, true, |
| 17. Signed Conxu S Olwin President (if other title, see instructions) LABOR RELATIONS SPECIALIST | 18. Signed Treasurer (If other title, see instructions) |
| On 01/16/2013 843-886-4703 Telephone Number | On Date Telephone Number |
| | |

| Name | of Person | Filing: | • | |
|------|-----------|---------|---|--|

Connie Oviver

File Number C-

| B. Statement of Receipts Report all receipts from or services. | n employers in | connection wil | th labor relations | s advice or services regardless of the p | urposes of the advice | |
|--|--|--|--|---|--|--|
| 5.a. Name and Address of Employer (including trade name, if any). | | | Mailing Address: P.O. Box, Building and Room Number, if any | | | |
| Trade Name Attention To ZACH 1 Title DIV15100 MA | elgar. | Den | City $ ho$ | 2023 N. 20th AVI HOLNIX RIZONA ZIPO | Code + 4 85027 | |
| 5.b. Termination Date AUGUST 18 | , 2012 | A charge | 5.c. Amount | 124682.32 | | |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS | _ | | | <u> </u> | | |
| C. Statement of Disbursements Report all d to the emplo 7. Disbursements to Officers and Employees: (a) Name. | isbursements'r byers listed in f | nade by the re Part B. | | ation in connection with labor relations a | advice or services rendered | |
| CAMPLE & DUIVER | | 1832.36 | 3032.34 | 9. Office and Administrative Expenses | was no being the a manage of the control about the design of the control about the c | |
| 001111111111111111111111111111111111111 | | | 4339.20 | 10. Publicity | garant (de construente de management que mayor est de construent de cons | |
| The state of the s | | 60.00 | | 11. Fees for Professional Services | September 1 - Angelein paliti sembelin dan kengan sebengan sebengan sebengah dan sebenjah dan se | |
| The second secon | | | | 12. Loans Made | | |
| The state of the s | | | | 13. Other Disbursements | The control of the co | |
| 8. Total disbursements to officers and employees |): : | 80 | 631.56 | 14. Total Disbursements (Sum of Items 8 | 3=13) | |
| D. Schedule of Disbursements for Reportable | Activity | Use this Sche instructions. | <u> </u> | nly disbursements made for the purpose | es described in Part D of the | |
| 15.a. Employer Name: | and the second of the second o | n jaman nggan na awalin in ana an a dipanent dan an dig | 15.b. Trad | 15.b. Trade Name, If,any. | | |
| Excellentation of the contract | enine meneral meneral per experience de la companya | | | 19 de jour dans het spronger onder oarste ook daar hand dat de stranger onder oar verste oar oan de se oarden o | A Company of the Comp | |
| 15,c. To Whom Paid | | es dispublications | 15.d. Amoi | int | | |
| Name | ing transfer or or or or or or or | | 15.e. Purp | DSC, | egy e ne districtive de la se la friende selective (se la la la section descriptiva de la reference and comple La completación de la se la friende selectiva (se la la la section descriptiva de la reference and completación | |
| Organization P.O. Box, Building and Room Number, if any | | | en me den de la mije de l'america à constant. | | | |
| Street | | 10 | TO THE STATE OF TH | | | |
| State Washington | ZIP Code + 4 | i ga para pertang palakan terperangan perangan perangan kalah dalah dari Pengan persangan perangan pengangan pengan | | entralista in contratte e in propriation que es establica de la contrata en contrata en contrata en contrata e | ويهريش استار بالمردن بسيامي والقوط بالأمام معمي السيافي يعيسم معمد | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPO | ORTABLE ACT | IVITY | | | | |