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: 08-31-2016

This report is mandatory under P.L. 88-257, as emended. Feilure to comply may result in criminal prosecution, fires, or civil penalties as provided by 29 U.S.C. 439 or 440.

Requised of peaking, producing 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

	i7 222	552465	To postadounad	Month/Day/Year	I	Month/Day/Year			
1 . File Number C- 623		2. Period Covered By This Report From:	(mm\ddyyyy) 01 / 01 / 2013	7	(mm/dn/yyyy)				
			rion.	101/ 01/ 2013	Through;	12/31/2013			
A. Person	Filing					-			
Name and mailing address (include ZIP Code):			4. Any other address where records necessary to verify this report are kept						
Name	Walter J Fi	tzhenry	Name						
Title	Title Principal/Owner			Title					
Organization wjf & associates, llc			Organization	Organization					
P.O. Box, Building and Room Number, if any			P.O. Box, Building and Room Number, if any						
Ξ									
Street 2	28305 Katie		Street						
City C	Chesterfield		City						
State M	lichigan	ZIP Code + 4 48047	State	**	ZIP Cod	0+4			
		Slan	atures			-			
Each of the	undersigned declares, under penalty of			information submitted in th	is report (inc	liziting the			
information	contained in any accompanying doct d complete. (See the Section on pend	uments) has been examined by t	he signatory and is, to the	he best of the undersigne	d's knowledg	e and belief, true,			
_	Wille J. fil	President	18. Signed			_ Treasurer			
17. Signed		(if other title, see instructions)		asurer		(If other title, see instructions)			
17. Signed Title		1 /							
Title	Principal/Owner /26,/2014 586-219-26	, ,		, <u>-</u> -					

Name of Person Filing: Walter Fitzhenry				File Number C-				
B. Statement of Receipts Report all receipts from or services.	n employers ir	n connection w	ith labor relation	is advice or serv	ices regardless of the purpos	es of the advice		
5.a. Name and Address of Employer (including trade na			Mailing Address:					
Employee	- :	P.O. Box, B	P.O. Box, Building and Room Number, if any					
Employer HIE Detroit Mortgage C			<u></u>					
Trade Name Holiday Inn Express - Detroit				Street 1020 Washington Blvd				
Attention To Scott Hall				City Detroit				
Title General manager			State M:	ichigan	ZIP Code	+4 48226		
5.b. Termination Date December, 2013		1	5.c. Amount	8,551				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	8,551							
					<u>-</u>			
C. Statement of Disbursements Report all di	sbursements overs listed in t	made by the re	porting organiza	ation in connecti	on with labor relations advice	or services rendered		
7. Disbursements to Officers and Employees:	yers isted in i	ran 8.						
(a) Name	(b) Salary	(c) Expenses (c	d) Totals					
09/17/2013	2,000		2,000	9. Office and	Administrative Expenses			
10/21/2013	1,420		1,420	10. Publicity				
11/18/2013	2,510		2,510	11. Fees for P	rofessional Services			
12/12/2013	2,621		2,621	12. Loans Mad	e			
	<u> </u>	<u> </u>		13. Other Dist	ursements			
8. Total disbursements to officers and employees	:		8,551	14. Total Disbu	sements (Sum of Items 8-13)	8,551		
D. Schedule of Disbursements for Reportable	Activity	Use this Sche instructions.	dule to report or	nty disbursement	ts made for the purposes des	cribed in Part D of the		
15.a. Employer Name:			15.b. Trade	Name, If any:	·			
HIB Detroit Mortgage Company		Ho	Holiday Inn Express - Detroit					
15.c. To Whom Paid	<u></u>	** 	-+	int 8,551		 -		
Name Walter J Fitzhenry								
Title Principal/Owner			` -	15.e. Purpose				
	J	:person	Train and advise the management and supervisory personnel of Holiday Inn Express - Detroit in NLRB					
Organization wjf & associaates, 11	<u>c</u>	· · · · · · · · · · · · · · · · · · · 	election	on law. Com gies regard	sult and advise man ling representation	agement in		
			election	ons with It	OE Local 234 and UN	ITEHERE Local		
P.O. Box, Building and Room Number, if any		24. Dei	24. Develope and prepare informational materials and conduct communication meetings with					
Street		<u>i</u>		ees as nece		. 3.		
Street 28305 Katie								
City Chesterfield			Ti e			,		
State Michigan Z	IP Code + 4 4	48047	71:			ļ		

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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 8,551