

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. 1215-0188 Expires 11-30-2006

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

Month/Day/Year

1 . File Number C- 587	2. Period Covered By This Report Month/Day/Year (mm/dd/yyyr) Month/Day/Year (mm/dd/yyyr)		
	From: 1 / 1 / 2005 Through: 1 231 /200		
A. Person Filing			
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:		
Name Mr. Nealy Glenn	Name		
Title	Title		
Organization Glenn & Associates	Organization		
P.O. Box, Building and Room Number, if any Street 705 Pavey Avenue City Mt. Vernon State Illinois ZIP Code + 4 62864	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 President President (if other title, see instructions)	18. Signed Clean R. blem Treasurer Title Treasurer (If other title, see instructions)		
On 03/06/2006 618- 244-6410 Date Telephone Number	On 03/106/2006 618-71/1-6410 Date Telephone Number		

Name of Person Filing:	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). Flight Line Logistics	Mailing Address: P.O. Box, Building and Room Number, if any		
Trade Name Attention To Mr. William, Warner Title President	Street 2250 International City Columbus State Ohio ZIP Code	,	
5.b. Termination Date 4/11/2005	5.c. Amount 120000		
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			
N/A	9. Office and Administrative Expenses		
The second secon	10. Publicity		
	11. Fees for Professional Services		
	12. Loans Made	**************************************	
	13. Other Disbursements		
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:		
10.d. Elliphoyer Harro.	The state of the s		
15.c. To Whom Paid	15.d. Amount		
Name Title Organization	15.e. Purpose		
P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Form LM-21 (2003)