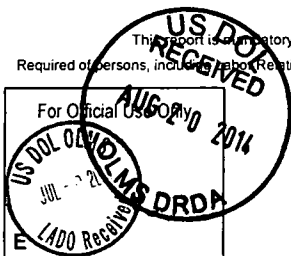


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

560472

1. File Number C- 66105	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		11/11/11		12/31/11

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Diane A Franzese
Title	President
Organization	Franzese & Assoc
P.O. Box, Building and Room Number, if any	
Street	16414 E Duane Ln
City	Scottsdale
State	AZ
ZIP Code + 4	85262
4. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
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	18. Signed _____
Title _____	Title _____
On 7/1/14	On 7/1/14
Date	Date
Telephone Number 480-276-8557	Telephone Number _____

Name of Person Filing: <u>Diane A Franzese</u>	File Number C-
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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).	
Employer <u>Steven Jones</u> Trade Name <u>Saber Mgmt Solutions</u> Attention To _____ Title <u>President</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>167 Willow Oak Ave</u> City <u>Ocean View</u> State <u>Delaware</u> ZIP Code + 4 <u>19970</u>
5.b. Termination Date <u>12-17-11</u>	
5.c. Amount <u>21816</u>	
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	
				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:				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:	
15.c. To Whom Paid	15.d. Amount	
Name _____ Title _____ Organization _____ P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		