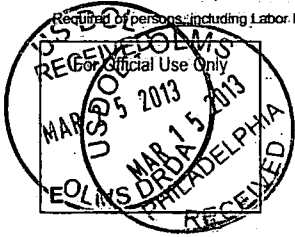


# FORM LM-21

## 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 by 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

519944

1. File Number C-00658	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2012	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2012
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A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name Jason Greer  Title Chief Executive Officer  Organization Greer Consulting, Inc.  P.O. Box, Building and Room Number, if any  Street 6311 Ronald Reagan Drive, Suite 162  City Lake Saint Louis  State Missouri ZIP Code + 4 63367	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 <u>Jason Greer</u> Title Other (Specify) Chief Executive Officer On <u>3/15/2013</u> Date <u>314-397-4218</u> Telephone Number	President (if other title, see instructions)	18. Signed _____ Title Treasurer On <u>   /   /   </u> Date _____ Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Jason Greer	File Number C- 00658
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<b>B. Statement of Receipts</b> 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:
Employer Pratt Industries	P.O. Box, Building and Room Number, if any
Trade Name	Street 1800C Sarasota Parkway
Attention To Victor Columbus	City Conyers
Title	State Georgia ZIP Code + 4 30012
5.b. Termination Date 2/21/2013	5.c. Amount 7,500
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7,500	

<b>C. Statement of Disbursements</b> 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)	

<b>D. Schedule of Disbursements for Reportable Activity</b>		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 0	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		