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 mendatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or olvil 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 1956, as emended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-623	2. Period Covered By This Report	Month/Day/Year (mmtd/yyyy)		Month/Day/Year (mm/dd/yyyy)	
327816	From:	[[/[]/[2006]	Through:	12/31/2006	
A, Person Flling					
Name and mailing address (include ZIP Code):	4. Any other address	s where records necessar	ry to verify t	his report are kept:	
Name WALTER J. FITZHENR-1	Name				
Title P210c(PAL	Title				
Organization wife ASSOCIATES, LLC	Organization				
P.O. Box, Building and Room Number, if any	P.O. Box, Buildin	and Room Number, if a	ny	,	
Street 25250 CHIPPEDDAGE ST.	Street	The second secon		,	
CHY ROSEVILLE	City		- 7 1		
State MICHIGAN ZIP Code +4 48066	State		ZIP Code	+4	
Signa	tures	*************************************			
Each of the undersigned declares, under penalty of perjury and other applicable penaltic information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	se of law, thet all of the i signatory and la, to the	riformation submitted in this best of the undersigned	report (inck s knowledge	iding the and belief, true,	
17. Signed Walter J. Fitherry President (If other title, see	18. Signed			Treasurer (if other title, see	
Title PRINCIPACO Instructions)	Title :	Constitution of the Consti		instructions)	
on 3/29/1206) 586 219-2658	On ////	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Date Telephone Number	Date	Telephone	Number		

Name of Person Filing: Wife ASSOC, ARES, LLC WALTER J. FITZHENDFile Number C-

B. Statement of Receipts Report all receipts from employers in connection with or services.	h labor relations advice or services regardless of the purposes 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
Employer LEVY 120, ANA SLAT CO	P.O. BOX 540
Trade Name LISCO	Street
Attention To LIADA WYATT	City PORTAGE
THE DIRECTOR, HUMAN RESOURCES	State IND LITH A ZIP Code + 4 46365
5.b. Termination Date	5.c. Amount 3,121, 60
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$3, 121.00	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or set to the employers listed in Part B.			inization in connection with labor relations advice or services rendered
7. Disbursements to Officers and Emplo (a) Name	yees: (b) Salary	(c) Expenses (d) Totals	
			Office and Administrative Expenses
			10. Publicity
	-	ı	11. Fees for Professional Services
	<u> </u>	:	12. Loans Made
			13. Other Disbursements
8. Total disbursements to officers an	d employees:		14. Total Disbursements (Sum of Items 8-13)

b. Trade Name, If any:		
15.b. Trade Name, If any:		
LISCO		
15.d. Amount # 3 1 2 1、0 O		
15.s. Purpose		
EDUCATE EMPLOYEES REBARDING		
MEIR RIGHTS UNDER SECTION 7 OF THE NURA.		
OF the NONTY		
. WALKED KROUND ANSWENING EMPLOYER QUESTIONS REMANDING DECENTIFICATION ELECTIONS ACTIVITIES		
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