

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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

459747

1. File Number C- <u>707</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	<u>02</u> / <u>01</u> / <u>2010</u>		<u>01</u> / <u>31</u> / <u>2011</u>

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	<u>Mary L Holden</u>
Title	<u>Sole Proprietor</u>
Organization	<u>Mary L Holden, HR/ER Consultant</u>
P.O. Box, Building and Room Number, if any	
Street	<u>1090 Willow Grove Ct.</u>
City	<u>Rochester Hills</u>
State	<u>Michigan</u> ZIP Code + 4 <u>48307-2588</u>
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>Mary L Holden</u>	President
Title <u>Sole Proprietor</u>	(if other title, see instructions)
On <u>05</u> / <u>09</u> / <u>2011</u>	Date
<u>248 459 5700</u>	Telephone Number
18. Signed _____	Treasurer
Title <u>Treasurer</u>	(If other title, see instructions)
On _____	Date
_____	Telephone Number

Name of Person Filing: Mary Holden	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). Mailing Address:

Employer <u>LRI Consulting Services, Inc.</u>	P.O. Box, Building and Room Number, if any <u></u>
Trade Name <u></u>	Street <u>7850 S. Elm Place</u>
Attention To <u>Phil</u> <u>Wilson</u>	City <u>Broken Arrow</u>
Title <u>President</u>	State <u>Oklahoma</u> ZIP Code + 4 <u>74011</u>

5.b. Termination Date 02/17/2010 5.c. Amount 39,094

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 39,094

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	
<u></u>	<u></u>	<u></u>	<u></u>	9. Office and Administrative Expenses <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	10. Publicity <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements <u></u>
8. Total disbursements to officers and employees: <u></u>				14. Total Disbursements (Sum of Items 8-13) <u></u>

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: <u>LRI Consulting Services, Inc.</u>	15.b. Trade Name, If any: <u></u>
15.c. To Whom Paid Name <u>Mary</u> <u>L</u> <u>Holden</u> Title <u>sole proprietor</u> Organization <u>Mary L. Holden, HR/ER Consultant</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1090 Willow Grove Ct.</u> City <u>Rochester Hills</u> State <u>Michigan</u> ZIP Code + 4 <u>48307-2588</u>	15.d. Amount <u></u> 15.e. Purpose <u>To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Mary Holden	File Number C-
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Trade Name <u></u>	Street <u>7850 S. Elm Place</u>
Attention To <u>Phil</u> <u>Wilson</u>	City <u>Broken Arrow</u>
Title <u>President</u>	State <u>Oklahoma</u> ZIP Code + 4 <u>74011</u>

5.b. Termination Date 4/22/2010 5.c. Amount 9,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,000

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	
<u></u>	<u></u>	<u></u>	<u></u>	9. Office and Administrative Expenses <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	10. Publicity <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements <u></u>
8. Total disbursements to officers and employees: <u></u>				14. Total Disbursements (Sum of Items 8-13) <u></u>

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15.c. To Whom Paid	15.d. Amount <u></u>
Name <u>Mary</u> <u>L</u> <u>Holden</u>	15.e. Purpose <u>To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively.</u>
Title <u>sole proprietor</u>	
Organization <u>Mary L Holden, HR/ER Consultant</u>	
P.O. Box, Building and Room Number, if any <u></u>	
Street <u>1090 Willow Grove Ct.</u>	
City <u>Rochester Hills</u>	
State <u>Michigan</u> ZIP Code + 4 <u>48307-2588</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u></u>	

Name of Person Filing: Mary Holden	File Number C-
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Trade Name <u></u>	Street <u>7850 S. Elm Place</u>
Attention To <u>Phil Wilson</u>	City <u>Broken Arrow</u>
Title <u>President</u>	State <u>Oklahoma</u> ZIP Code + 4 <u>74011</u>

5.b. Termination Date 9/14/2010 5.c. Amount 23,200

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 23,200

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 <u></u>
				10. Publicity <u></u>
				11. Fees for Professional Services <u></u>
				12. Loans Made <u></u>
				13. Other Disbursements <u></u>

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: <u>LRI Consulting Services, Inc.</u>	15.b. Trade Name, if any: <u></u>
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15.c. To Whom Paid Name <u>Mary L Holden</u> Title <u>sole proprietor</u> Organization <u>Mary L Holden, HR/ER Consultant</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1090 Willow Grove Ct</u> City <u>Rochester Hills</u> State <u>Michigan</u> ZIP Code + 4 <u>48307-2588</u>	15.d. Amount <u></u> 15.e. Purpose <u>To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively.</u>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Mary Holden	File Number C-
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Attention To <u>Phil</u> <u>Wilson</u>	City <u>Broken Arrow</u>
Title <u>President</u>	State <u>Oklahoma</u> ZIP Code + 4 <u>74011</u>

5.b. Termination Date 12/8/2010 5.c. Amount 8,800

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,800

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	
<u></u>	<u></u>	<u></u>	<u></u>	9. Office and Administrative Expenses <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	10. Publicity <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements <u></u>
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15.c. To Whom Paid Name <u>Mary</u> <u>L</u> <u>Holden</u> Title <u>sole proprietor</u> Organization <u>Mary L Holden, HR/ER Consultant</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1090 Willow Grove Ct.</u> City <u>Rochester Hills</u> State <u>Michigan</u> ZIP Code + 4 <u>48307-2588</u>	15.d. Amount <u></u> 15.e. Purpose <u>To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively.</u>
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Attention To <u>Phil</u> <u>Wilson</u>	City <u>Broken Arrow</u>
Title <u>President</u>	State <u>Oklahoma</u> ZIP Code + 4 <u>74011</u>

5.b. Termination Date 10/4/2010 5.c. Amount 10,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,500

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	
<u></u>	<u></u>	<u></u>	<u></u>	9. Office and Administrative Expenses <u></u>
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