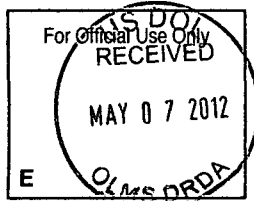


FORM LM-21

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

496960

1. File Number C- 710	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1 / 01 / 2011	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2011
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name **Scott Michel**

Title

Organization

P.O. Box, Building and Room Number, if any

Street **819 Herman Rd.**

City **Horsham**

State **Pennsylvania** ☒ ZIP Code + 4

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 *Scott Michel* President
Title **Sole Proprietor** ☒
(if other title, see instructions)

18. Signed _____ Treasurer
Title **Treasurer** ☒
(if other title, see instructions)

On 4 / 24 / 2012 215 359 7155
Date Telephone Number

On / / _____
Date Telephone Number

Name of Person Filing: <u>Scott Michel</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>stericycle</u> Trade Name Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>6264 McKisson Ave.</u> City <u>St. Louis</u> State <u>Missouri</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>63147</u>
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5.b. Termination Date <u>2/17/11</u>	5.c. Amount <u>2616.55</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<u>\$142803.00</u>
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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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State <u>Other</u> <input checked="" type="checkbox"/> ZIP Code + 4	15.d. Amount 15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

Scott Michel

File Number C-

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: Bob's Discount Furniture	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 35,208 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Cash's Scrap Metal & Iron	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 31,975 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: DSC Logistics	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 6,326 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:

Scott Michel

File Number C-

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: Hitachi Metals Automotive Components, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 33,364 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Inzi Controls Alabama, inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 4,074 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Merrill Communications, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 22,432 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:

Scott Michel

File Number C-

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: National Lumber Company	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 20,410 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: O'Reilly Auto Parts	15.b. Trade Name, if any:
15.c. To Whom Paid Name Scott Michel Title Organization P.O. Box, Building and Room Number, if any Street 819 Herman Road City Horsham State PA ZIP Code + 4 19044	15.d. Amount 9,896 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.