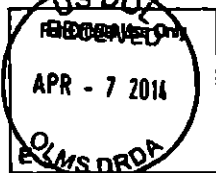


FORM LM-21

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.

Recipient: 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. (LMROA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

555291

1. File Number C- <u>623</u>	2. Period Covered By This Report From: <u>01/01/2013</u> Through: <u>12/31/2013</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Walter J Fitzhenry</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Principal/Owner</u>	Name _____
Organization <u>wjfa associates, llc</u>	Title _____
P.O. Box, Building and Room Number, if any _____	Organization _____
Street <u>28305 Katie</u>	P.O. Box, Building and Room Number, if any _____
City <u>Chesterfield</u>	Street _____
State <u>Michigan</u> ZIP Code + 4 <u>48047</u>	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>Walter J. Fitzhenry</u> President Title <u>Other (Specify)</u> <u>Principal/Owner</u> (if other title, see instructions)	18. Signed _____ Treasurer Title <u>Treasurer</u> (if other title, see instructions)
On <u>03/26/2014</u> <u>586-219-2658</u> Date Telephone Number	On <u> / / </u> <u> </u> Date Telephone Number

Name of Person Filing: Walter Fitzhenry	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>Alro Steel Corporation</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>3100 E. High Street</u>	
Attention To <u>David</u> <u>Zontek</u>		City <u>Jackson</u>	
Title <u>Vice President - Human Resources</u>		State <u>Michigan</u> ZIP Code + 4 <u>49204</u>	
5.b. Termination Date <u>Sept, 2013</u>		5.c. Amount <u>11,088</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>11,088</u>			

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		
Walter <u>J</u> <u>Fitzhenry</u>	<u>5,100</u>	<u>711</u>	<u>5,811</u>	9. Office and Administrative Expenses	
Walter <u>J</u> <u>Fitzhenry</u>	<u>2,400</u>	<u>250</u>	<u>2,650</u>	10. Publicity	
Walter <u>J</u> <u>Fitzhenry</u>	<u>2,400</u>	<u>227</u>	<u>2,627</u>	11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			<u>11,088</u>	14. Total Disbursements (Sum of Items 8-13)	<u>11,088</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>Alro Steel Corporation</u>		15.b. Trade Name, if any: _____	
15.c. To Whom Paid		15.d. Amount <u>11,088</u>	
Name <u>Walter</u> <u>J</u> <u>Fitzhenry</u>		15.e. Purpose <u>Train management of Alro Steel Corporation in union election law and develop strategies and materials regarding representation decertification election. Conduct informational meetings with management and employees</u>	
Title <u>Principal/Owner</u>			
Organization <u>wjf & associates, llc</u>			
P.O. Box, Building and Room Number, if any _____			
Street <u>28305 Katie</u>			
City <u>Chesterfield</u>			
State <u>Michigan</u> ZIP Code + 4 <u>48047</u>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>11,088</u>			