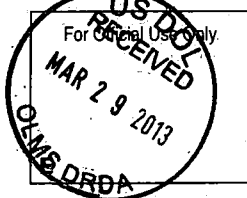


FORM LM-21

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

524803

1. File Number C- 00707	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 03 / 31 / 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 Mary L Holden Title consultant Organization Mary L Holden/ HR/ER Consultant P.O. Box, Building and Room Number, if any Street 1090 Willow Grove Ct City Rochester Hills State Michigan ZIP Code + 4 48307	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> Title Sole Proprietor President (if other title, see instructions)	18. Signed _____ Title Treasurer Treasurer (if other title, see instructions)
On 03 / 23 / 2013 Date	On / / Date
248 459 5700 Telephone Number	_____ Telephone Number

Name of Person Filing:	File Number C- 00707
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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.
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15.a. Employer Name: Niagara Lutheran Health & Rehab Ctr.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Mary Holden Title Organization Mary L Holden HR P.O. Box, Building and Room Number, if any Street 1090 Willow Grove Court City Rochester Hills State MI ZIP Code + 4 48307	15.d. Amount 4,715 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Inventure Foods	15.b. Trade Name, if any:
15.c. To Whom Paid Name Mary Holden Title Organization Mary L Holden HR P.O. Box, Building and Room Number, if any Street 1090 Willow Grove Court City Rochester Hills State MI ZIP Code + 4 48307	15.d. Amount 40,861 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Tendercare West	15.b. Trade Name, if any:
15.c. To Whom Paid Name Mary Holden Title Organization Mary L Holden HR P.O. Box, Building and Room Number, if any Street 1090 Willow Grove Court City Rochester Hills State MI ZIP Code + 4 48307	15.d. Amount 20,646 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:

File Number C- 00 707

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: RosDev Group	15.b. Trade Name, if any:
15.c. To Whom Paid Name Mary Holden Title Organization Mary L Holden HR P.O. Box, Building and Room Number, if any Street 1090 Willow Grove Court City Rochester Hills State MI ZIP Code + 4 48307	15.d. Amount 16,751 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.