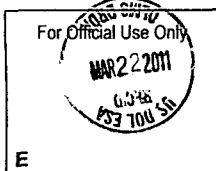


# FORM LM-21

## 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


448416

1. File Number C- <input type="text" value="4.6.1"/>	2. Period Covered By This Report From: <input type="text" value="10/01/2010"/> Through: <input type="text" value="09/30/2010"/>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Joseph H Alex"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="Consultant"/>	Name <input type="text"/>
Organization <input type="text" value="Workforce 200 Concepts, Inc."/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text" value="3302 Gordon Avenue"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Monroe"/>	Street <input type="text"/>
State <input type="text" value="LA"/> ZIP Code + 4 <input type="text" value="71202 5212"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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 	18. Signed _____
Title <input type="text" value="President"/>	Title <input type="text" value="Treasurer"/>
On <input type="text" value="03/16/2011"/> Date <input type="text" value="334-324-4003"/> Telephone Number	On <input type="text"/> Date <input type="text"/> Telephone Number

Name of Person Filing: Joseph H. Alex	File Number C- 461
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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>O'Reilly Auto Parts,</u>	P.O. Box, Building and Room Number, if any <u>233 So. Patterson Avenue</u>
Trade Name <u></u>	Street <u>233 So. Patterson Avenue</u>
Attention To <u>Phillip</u> <input type="checkbox"/> <u>Thompson</u>	City <u>Springfield</u>
Title <u>VP, Human Resources</u>	State <u>MO</u> <u>65802</u> ZIP Code + 4 <u>2298</u>

5.b. Termination Date 02/27/2011 5.c. Amount 9,367.43

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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>Joseph H Alex</u>	<u>7,500</u>	<u>1,867.43</u>		9. Office and Administrative Expenses <u>0</u>
<u></u>	<u></u>	<u></u>		10. Publicity <u>0</u>
<u></u>	<u></u>	<u></u>		11. Fees for Professional Services <u>0</u>
<u></u>	<u></u>	<u></u>		12. Loans Made <u>0</u>
<u></u>	<u></u>	<u></u>		13. Other Disbursements <u>0</u>
8. Total disbursements to officers and employees: <u>9,367.43</u>				14. Total Disbursements (Sum of Items 8-13) <u>9,367.43</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>Workforce 200 Concepts, Inc.</u>	15.b. Trade Name, If any: <u></u>
15.c. To Whom Paid Name <u>Joseph H. Alex</u> Title <u>Consultant</u> Organization <u>Workforce-2000-Concepts, Inc.</u>  P.O. Box, Building and Room Number, if any <u></u> Street <u>3302 Gordon Avenue</u> City <u>Monroe</u> State <u>Mississippi</u> <u>71202</u> ZIP Code + 4 <u>5212</u>	15.d. Amount <u>7,500.00</u>  15.e. Purpose <u>Supervisor and Management Union Avoidance Training and Consulting. Also, small and large group meetings for union avoidance meetings.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>\$9,367.43</u>	