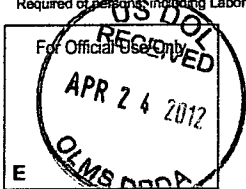


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

49673

1. File Number C- 461	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2011		12 / 31 / 2011

A. Person Filing

3. Name and mailing address (include ZIP Code): Name Joseph H Alex Title Consultant Organization Workforce 2000 Concepts P.O. Box, Building and Room Number, if any Street 3302 Gordon Avenue City Monroe State Louisiana ZIP Code + 4 71202-5212	4. Any other address where records necessary to verify this report are kept: Name N/A Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
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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>Joseph H. Alex</u> Title Sole Proprietor President (if other title, see instructions)	18. Signed <u>Joseph H. Alex</u> Title Treasurer Treasurer (If other title, see instructions)
On <u>10 / 27 / 2011</u> Date	On <u>10 / 27 / 2011</u> Date
<u>334-324-4003</u> Telephone Number	<u>334-324-4003</u> Telephone Number

Name of Person Filing: Joseph Alex	File Number C- 46100
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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: P.O. Box, Building and Room Number, if any	
Employer Workforce 2000 Concepts		Street 3302 Gordon Avenue	
Trade Name		City Monroe	
Attention To Joseph H Alex		State Louisiana	
Title Consultant		ZIP Code + 4 71202-5212	
5.b. Termination Date October 17, 2011		5.c. Amount 4,854	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,854			

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	
Joseph H Alex	4,500	354	4,854	9. Office and Administrative Expenses 0
	0	0	0	10. Publicity 0
	0	0	0	11. Fees for Professional Services 0
	0	0	0	12. Loans Made 0
	0	0	0	13. Other Disbursements 0
8. Total disbursements to officers and employees:			4,854	14. Total Disbursements (Sum of Items 8-13) 4,854

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: Workforce 2000 Concepts	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joseph H Alex Title Consultant Organization Workforce 2000 Concepts P.O. Box, Building and Room Number, if any Street 3302 Gordon Avenue City Monroe State Louisiana ZIP Code + 4 71202-5212	15.d. Amount 0 15.e. Purpose Persuader Service
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0	