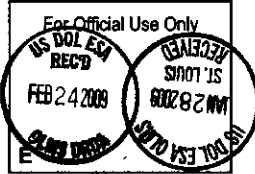


FORM LM-21

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. 438 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

398583

1. File Number C- 659	2. Period Covered By This Report From: 02/03/08 Through: 07/24/08	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Jason J. Greer Title Consultant Organization Greer Consulting, Inc. P.O. Box, Building and Room Number, if any Street P.O. Box 1175 City O'Fallon, IL State MO ZIP Code + 4 63066-1175	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 Jason J. Greer Title President President (if other title, see instructions)	18. Signed _____ Title Treasurer Treasurer (if other title, see instructions)
On 1/29/09 3143974218 Date Telephone Number	On / / _____ Date Telephone Number

