U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

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

395739 Month/Day/Year Month/Day/Year (mm/dd/yyyy) 1 . File Number C-2. Period Covered (mm/dd/yyyy) By This Report From: 12/31/2006 01/01/2006 Through: A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Josephine Josephine Zamora Zamora Title President Title President Organization Total Business Solutions, Inc. Organization Total Business Solutions, Inc. P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any P.O. Box 67787 5108 Cumberland Pl. NW. Street Street City City Albuquerque Albuquerque ZIP Code + 4 87120 ZIP Code + 4 87193 New Mexico State New Mexico State 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). President 17. Signe 18. Signe Treasurer (If other title, see (if other title, see Treasure President instructions) Title instructions) 505-681-8100 505-681-8100

On

Telephone Number

Telephone Number

Date



Name of Person Filing: Josephine Zamora	File Number C-	
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	
Employee Solutions, Inc.	P.O. Box 67166	
Trade Name	Street	
Attention To Josephine Zamora	City Albuquerque	
Title	State New Mexico ZIP Code + 4 87193	
5.b. Termination Date April 2007	5.c. Amount 6,450	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,450		
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		
	Office and Administrative Expenses	
	10. Publicity	
	11. Fees for Professional Services	
	12. Loans Made	
	13. Other Disbursements	
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)	
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:	15.b. Trade Name, If any:	
Employee Solutions, Inc.		
15.c. To Whom Paid	15.d. Amount 4,500	
Name Roberta Buesching	15.e. Purpose	
Title	National Labor Relations Act to form, join or	
Organization About Business, Inc.	assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain	
P.O. Box, Building and Room Number, if any	from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.	
Street 6483 S Xenophon St.		
City Littleton		
State Colorado ZIP Code + 4 80127		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 4,500		

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