

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)

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

453205

1. File Number C- 728	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2008	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2008
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A. Person Filing

3. Name and mailing address (include ZIP Code):

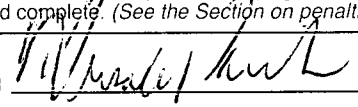
Name **Versala D Parish**
Title **Consultant**
Organization **n/a**
P.O. Box, Building and Room Number, if any
Street **28920 Cullen Drive**
City **Romulus**
State **Michigan** ☒ ZIP Code + 4 **48174**

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  President
Title **Other (Specify)** ☒
Consultant
On 03 / 23 / 2011 248-225-4432
Date Telephone Number

18. Signed _____ Treasurer
Title **Treasurer** ☒
On / / _____
Date Telephone Number

Name of Person Filing: Versala Parish	File Number C-
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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). Employer Employee Solutions, Inc. (St. Luke's) Trade Name Attention To Josephine Zamora Title President	Mailing Address: P.O. Box, Building and Room Number, if any PO Box 67166 Street 5108 Cumberland Pl NW City Albuquerque State New Mexico ZIP Code + 4 87120
5.b. Termination Date December 2008	5.c. Amount 6,058
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9658	

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		
				9. 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:	
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: Versala Parish	File Number C-
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Employee Solutions, Inc. (Redding)</p> <p>Trade Name</p> <p>Attention To: Josephine Zamora</p> <p>Title President</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>PO Box 67166</p> <p>Street 5108 Cumberland Pl.NW</p> <p>City Albuquerque</p> <p>State New Mexico</p> <p>ZIP Code + 4 87120</p>
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5.b. Termination Date June 2008	5.c. Amount 3,600
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<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>
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5.b. Termination Date	5.c. Amount
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<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>
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5.b. Termination Date	5.c. Amount
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<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>
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5.b. Termination Date	5.c. Amount
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