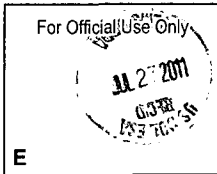


FORM LM-21

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

464134

1. File Number C- 60040 C-460	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2009	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2009
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A. Person Filing

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

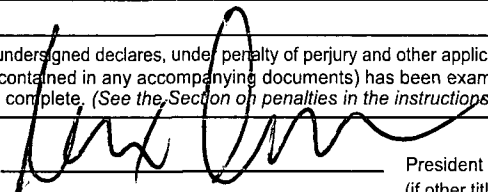
Name Alex Casillas
Title Consultant
Organization Action Resources
P.O. Box, Building and Room Number, if any
223
Street 1119 S. Mission Road
City Fallbrook
State California ZIP Code + 4 92028

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 
Title Sole Proprietor President
(if other title, see instructions)

18. Signed _____
Title Treasurer Treasurer
(If other title, see instructions)

On 07 / 23 / 2011 818-999-9990
Date Telephone Number

On / /
Date Telephone Number

Name of Person Filing: Alex Casillas	File Number C- 00040
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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 Quantem Aviation Services	P.O. Box, Building and Room Number, if any
Trade Name	Street 175 Ammon Drive
Attention To Salvatore Calvino	City Manchester
Title	State New Hampshire ZIP Code + 4 03103
5.b. Termination Date 2008	5.c. Amount 36,550
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 36,550	

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		
Alex Casillas	32,722	3,828	36,550	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:			36,550	14. Total Disbursements (Sum of Items 8-13)	36,550

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		15.d. Amount 0
Name		15.e. Purpose
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		