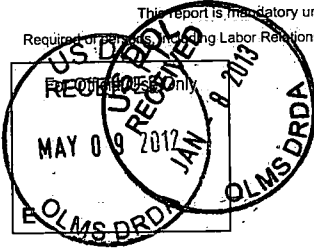


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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 for 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

1. File Number C: 762	2. Period Covered By This Report From: 01/01/08 Through: 12/31/08
------------------------------	--

A. Person Filing.	
3. Name and mailing address (include ZIP Code): Name: Luz Ceballos Title: Organization: P.O. Box, Building and Room Number, if any: Street: 10515 Mildred Street City: El Monte State: California ZIP Code + 4: 91733	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: 91733

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: Luz Ceballos Title: President Labor Consultant On: 05/03/12 Date: 909-434-9147 Telephone Number:	18. Signed: Treasurer Title: Treasurer On: 05/03/12 Date: 909-434-9147 Telephone Number:
--	--

Name of Person Filing: Luz Ceballos	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:	
Employer: HEI Resorts		P.O. Box, Building and Room Number, if any	
Trade Name:		Street:	
Attention To: Hurst Nigel		City:	
Title: President		State: ZIP Code + 4:	
5.b. Termination Date: December, 2008		5.c. Amount: 49,500	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 49,500			

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