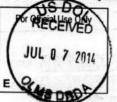
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 08-31-2016

This report is mandatory under P.L. 88-257, 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)



A. Person Filing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 768

2. Period Covered By This Report From:

| Month/Day/Year (mm/dd/yyyr) | Month/Day/Year (mm/dd/yyr) | Mon

Name and mailing address (include ZIP Code): Name Edvardo R Padylk Title Owner Organization Epc Consulting P.O. Box, Building and Room Number, if any	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 3620 Loncutus Ln City Bonita State Californic ZIP Code + 4 91902	Street City State ZIP Code + 4		
ch of the undersigned declares, under penalty of perjury and other anglicable penalty	atures ties of law, that all of the information submitted in this report (including the		
rect, and complete. (See the Section on penalties in the instructions). Signed President Title President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)		
06 / 30 / 2014 6/9-518-1473 Date Telephone Number	On Date Telephone Number		

7.0	Filing:			Light.		File Number C-	
B. Statement o	f Recei	pts Report all receipts or services.	s from employers in	n connection	n with labor relation	ons advice or services regardless of the purp	ooses of the advice
5.a. Name and Ad	idress of	Employer (including tra	de name, if any).	- /4-		Mailing Address:	
Employer	<	1. 1.1 /	, ,		P.O. Box,	Building and Room Number, if any	
Trade Name		ta Anita C	onuglescent	- Hospi			
			3		Street	5522 bricewood fue	
Attention To	,				City	Arcadia	
Title					State	California ZIP Coo	de+4 9/007
5.b. Termination	n Date	09/2011			5.c. Amou	12,450	
6. TOTAL RECE	IPTS F	ROM ALL EMPLOYE				~10	
C. Statement of	f Disbu		all disbursements r	made by the	reporting organia	zation in connection with labor relations advi	ce or senices rendered
		to the el	mployers listed in F	Part B.		The second state of the se	ce of services refluered
 Disbursements (a) Name 	to Office	ers and Employees:	(b) Salary	(c) Expenses	s (d) Totals		
Educado	R	Padilla	\$2,450		\$2,450	Office and Administrative Expenses	
			HA, 750		14750	10. Publicity	
						11. Fees for Professional Services	Market Salah
						12. Loans Made	
Total disbursements to officers and employees:				13. Other Disbursements			
s. rotal dispulsionients to onicers and employees.				100		14. Total Disbursements (Sum of Items 8-13)	
	Disburs	sements for Reporta		Jse this Sch	nedule to report of	nly disbursements made for the purposes de	escribed in Part D of the
D. Schedule of		ements for Reporta		Use this Schinstructions.	nedule to report o	nly disbursements made for the purposes de	escribed in Part D of the
D. Schedule of		ements for Reporta		Use this Schinstructions.		nly disbursements made for the purposes de e Name, If any:	escribed in Part D of the
D. Schedule of		ements for Reporta		Use this Schinstructions.			escribed in Part D of the
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D. Schedule of	Name:	sements for Reporta		Use this Sch instructions.	15.b. Trad	e Name, If any:	escribed in Part D of the
D. Schedule of 15.a. Employer I 15.c. To Whom F	Name:	sements for Reporta		Use this Sch instructions.	15.b. Trad	e Name, If any:	escribed in Part D of the
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D. Schedule of 15.a. Employer I 15.c. To Whom I Name Title Organization P.O. Box, Buil	Name:			Use this Sch instructions.	15.b. Trad	e Name, If any:	escribed in Part D of the
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D. Schedule of 15.a. Employer I 15.c. To Whom I Name Title Organization P.O. Box, Buil	Name:			Use this Sch instructions.	15.b. Trad	e Name, If any:	escribed in Part D of the