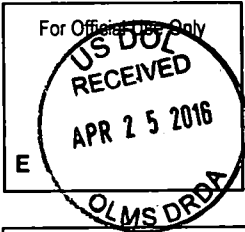


FORM LM-21  
**RECEIPTS AND DISBURSEMENTS REPORT**

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

6/9/94


1. File Number C- 66923	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		1 / 1 / 2015		12 / 31 / 2015

**A. Person Filing**

<b>3. Name and mailing address (include ZIP Code):</b>  Name Simon E Jara  Title  Organization  P.O. Box, Building and Room Number, if any  Street 10380 Rochelle Avenue City Santee State California ZIP Code + 4 92071	<b>4. Any other address where records necessary to verify this report are kept:</b>  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street City State ZIP Code + 4
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**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 President	President (if other title, see instructions)	18. Signed _____ Title Treasurer	Treasurer (If other title, see instructions)
On / / Date	Telephone Number	On / / Date	Telephone Number

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 International Labor Relations

Trade Name ILR

Attention To James Teague

Title President

Mailing Address:

P.O. Box, Building and Room Number, if any

Street

City

State ZIP Code + 4

5.b. Termination Date

5.c. Amount 80562.50

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

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:

ILR

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Simon E SANA

Title

Organization

P.O. Box, Building and Room Number, if any

Street 10380 Rochelle Ave

City Santee

State Washington CA ZIP Code + 4 92071

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY