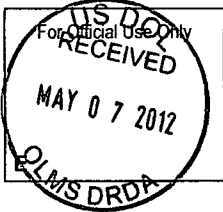


This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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**

496950

1. File Number C- <b>765</b>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		<b>01</b> / <b>01</b> / <b>2010</b>		<b>12</b> / <b>31</b> / <b>2010</b>

### A. Person Filing

3. Name and mailing address (include ZIP Code):		4. Any other address where records necessary to verify this report are kept:	
Name	Heidi J Fisher	Name	
Title		Title	
Organization		Organization	
P.O. Box, Building and Room Number, if any		P.O. Box, Building and Room Number, if any	
Street	24235 Davida	Street	
City	Laguna Niguel	City	
State	California	State	
ZIP Code + 4	92677	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 <u>Neidi G. Fuxner</u>	President	18. Signed _____	Treasurer
Title <u>Sole Proprietor</u>	(if other title, see instructions)	Title <u>Treasurer</u>	(if other title, see instructions)
On <u>4/28/2012</u>	_____	On <u>  </u> / <u>  </u> / <u>  </u>	_____
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Heidi Fisher

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:

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

Employer Country Villa La Mesa

Trade Name

Attention To May

Somrutai

Title

Administrator

Street

5120 W. Goldleaf Circle Suite #400

City

Los Angeles

State

California

ZIP Code + 4 90056

5.b. Termination Date

5.c. Amount

**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

					9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
		2,150	321	2,471	13. Other Disbursements	
8. Total disbursements to officers and employees:				2,471	14. Total Disbursements (Sum of Items 8-13)	2,471

**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 Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

**16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**