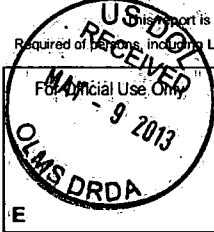


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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

528909

1. File Number C- <u>774</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2012</u> Through: <u>12</u> / <u>31</u> / <u>2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Angel</u> <u>Cornejo</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>CEO</u>	Name <u></u>
Organization <u>Pinnacle Labor Relations</u>	Title <u></u>
P.O. Box, Building and Room Number, if any: <u></u>	P.O. Box, Building and Room Number, if any: <u></u>
Street <u>1427 dent st</u>	Street <u></u>
City <u>escalon</u>	City <u></u>
State <u>California</u> ZIP Code + 4 <u>95320</u>	State <u></u> ZIP Code + 4 <u></u>

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>[Signature]</u> Title <u>President</u> On <u>5/1</u> / <u>12</u> / <u>2012</u> <u>209-838-3714</u> Date Telephone Number	President (If other title, see instructions)	18. Signed <u></u> Title <u>Treasurer</u> On <u></u> / <u></u> / <u></u> <u></u> Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Angel Cornejo	File Number C-
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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	Pacific labor Reltaions	P.O. Box, Building and Room Number, if any	
Trade Name	PLR	Street	502 s 15th st
Attention To	Peter <input type="checkbox"/> Quist	City	Boise
Title		State	Idaho
		ZIP Code + 4	83702

5.b. Termination Date		5.c. Amount	
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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
				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:
Pine Ridge Meat	
15.c. To Whom Paid	15.d. Amount
Name: Angel <input type="checkbox"/> Cornejo	45,000
Title: President	15.e. Purpose:
Organization: Pinnacle Labor Relations	Engaged to communicate to employees regarding excersising thei rights to organize and bargain collectively
P.O. Box, Building and Room Number, if any	
Street: 1427 Dent St	
City: Escalon	
State: California	ZIP Code + 4: 95320

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 45,000
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