

Name of Person Filing: Terry Feng	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 P.O. Box, Building and Room Number, if any

Trade Name Street

Attention To City

Title State ZIP Code + 4

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 277,165

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	
GNE Consulti <input type="checkbox"/>	<input type="text" value="70,735"/>	<input type="text" value="0"/>	<input type="text" value="70,735"/>	9. Office and Administrative Expenses <input type="text" value="107,040"/>
C\$C Consulti <input type="checkbox"/>	<input type="text" value="45,258"/>	<input type="text" value="0"/>	<input type="text" value="45,258"/>	10. Publicity <input type="text" value="0"/>
Bill Herrera <input type="checkbox"/>	<input type="text" value="14,132"/>	<input type="text" value="0"/>	<input type="text" value="14,132"/>	11. Fees for Professional Services <input type="text"/>
Hector Flore <input type="checkbox"/>	<input type="text" value="40,000"/>	<input type="text" value="0"/>	<input type="text" value="40,000"/>	12. Loans Made <input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees: <input type="text" value="170,125"/>				14. Total Disbursements (Sum of Items 8-13) <input type="text" value="277,165"/>

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.

<p>15.a. Employer Name: <input type="text"/></p> <p>15.c. To Whom Paid</p> <p>Name <input type="text"/> <input type="text"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/></p>	<p>15.b. Trade Name, if any: <input type="text"/></p> <p>15.d. Amount <input type="text"/></p> <p>15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div></p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Form LM-21
Statement of Receipts

Name and address of employer	Termination Date	Amount
St. Catherine Healthcare 5123 Juan Tabo Blvd N.C. Albuquerque, NM 87111 Attn: Lisa Johnson	6-29-2012	\$73,992.27
RC Power, Inc. 20 S. Santa Cruz Ave #320 Los Gatos, CA 95030 Attn: Chris Dawes	10-16-2012	\$16,382.66
Telecare Corporation 1080 Marina Village Parkway #100 Alameda, CA 94501 Attn: Marcie Atchison	02-08-2012	\$101,235.00
ETC Hotels Casa Del Mar One Pico Blvd Santa Monica, CA 90405 Attn: Geme Ortiz-Cardenas	10-19-2012	\$85,555.00
Total		\$277,164.93