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. 1215-0188 Expires 09-30-2011

Month/Day/Year

( mm/dd/yyyy )

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)

45691



1 . File Number C-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

By This Report From: Month/Day/Year

01 / 01 / 2010

Through:

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 Olivia Bell	Name					
Title Office Manager	Title					
Organization LRC Strategies, Inc.	Organization,					
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any					
Street 13449 Dulles Avenue	Street 1					
City Austin	City					
State Texas ZIP Code + 4 78729	State ZIP Code + 4					
Signa Signa	itures					
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 accomplete) accomplete of penalties in the instructions).						
17. Signed President (if other title, see instructions)	Treasurer (If other title, see instructions)					
On 03 / 11 / 2011 (512) 249-6200  Date Telephone Number	On 03 / 11 / 2011 (512) 249-6200  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).	Mailing Address:				
	P.O. Box, Building and Room Number, if any				
Employer Robey Stucco					
Trade Name	Street 1634 Old Westminster Pike				

File Number C-

Attention To Rachael Westminster ZIP Code + 4 21157 Title State Maryland

City

5.b. Termination Date 11/3/10 5.c. Amount 5,680

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 40,805

Name of Person Filing: Olivia Bell

			disbursements made by the reporting organization in connection with labor relations advice or services rendered oyers listed in Part B.						
7. Disbursements (a) Name	s to Officers and Emplo	oyees:	(b) Salary	(c) Expen	ses (d	d) Totals			
Manny	Gonzalez		13,950	1,1	180	15,130	Office and Administrative Expenses	10,634	
Annette	Raggette		11,500		0	11,500	10. Publicity	176	
Jorge	Sandoval		3,000		0	3,000	11. Fees for Professional Services	90	
A SAMPLE OF THE	a same special section of the sectio						12. Loans Made	0	
					ų.	·	13. Other Disbursements	Summer of the state of the stat	
8. Total disburse	ements to officers ar	d employees:				29,630	14. Total Disbursements (Sum of Items 8-13)	40,530	

15.a. Employer N	lama				
	iame.	15.b. Trade Name, If any:			
LRC Str	ategies, Inc.				
15.c. To Whom P	aid	15.d. Amount 15,130			
Name 1	Manuel Gonzalez	15.e. Purpose			
Title	Chief Operating Officer	To inform employees of their right to support or			
Organization [	LRC Strategies, Inc.	not support a labor organization.			
ann a dreamann sa	ding and Room Number, if any Dulles Avenue				
City Austi	.n				
State Texas	ZIP Code + 4	78729			

Form LM-21 (2003)

Name of Person Filing: Olivia Bell	File Number C-			
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5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any			
Employer National HealthCare Associates	A CALL OF THE ABOVE AND ADDRESS OF THE ABOVE ADDRESS OF THE ABOVE AND ADDRESS OF THE ABOVE ADDRESS OF			
Trade Name	Street 46 Stauderman Avenue			
Attention To: Patricia Thomas	City Lynbrook			
Title	State New York ZIP Code + 4 11563			
5.b. Termination Date 4/15/2010	5.c. Amount 35,125			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any			
Employer				
Trade Name	Street			
Attention To:	City			
Title	State ZIP Code + 4			
5.b. Termination Date	5.c. Amount			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
	P.O. Box. Bldg., Room No., if any			
Employer	The Administration of the Control of			
Trade Name	Street			
Attention To:	City State			
Title	State ZIP Code + 4			
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5.b. Termination Date	5.c. Amount			
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5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	Mailing Address: P.O. Box, Bldq., Room No., if any Street			
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	Mailing Address: P.O. Box, Bldg., Room No., if any Street City			
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	Mailing Address: P.O. Box, Bldq., Room No., if any  Street City State ZIP Code + 4			
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date	Mailing Address: P.O. Box, Bldq., Room No., if any  Street City State ZIP Code + 4  5.c. Amount			
5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldq., Room No., if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address:			
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5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Employer  Employer  Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldq., Room No., if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address: P.O. Box, Blda., Room No., if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address: P.O. Box, Blda., Room No., if any  Street City State ZIP Code + 4  5.c. Amount			
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Name of Pers	son Filing: Olivia	Bell		File Number C-			
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: LRC Strategies, Inc.  15.c. To Whom Paid				15.b. Trade Name, If any:  15.d. Amount 11,500			
Name Annette Raggette					15.e. Purpose		
Title Consultant					To inform employees of their right to support or not support a labor organization.		
Organizati	on LRC Strategi	les, In	C.		not support a labor organización.		
P.O. Box, Building and Room Number, if any Street 13449 Dulles Avenue				over the second			
City Au	stin					4	
State Te	CO. COLOR C. C. WANTON CONTROL COLOR CO. C. C. C.		ZIP Code + 4 787	729			
15.a. Employ	er Name: Strategies, Inc		·		15.b. Trade Name, If any:	-	
15.c. To Who		nge u	Candoral		15.d. Amount 3,000		
Name	Jorge		Sandovai		15.e. Purpose		
Title Consultant					To inform employees of their right to support or not support a labor organization.		
Organizatio	Organization LRC Strategies, Inc.				*	\$	
P.O. Box,	Building and Room N	lumber, if	any	<sub>1</sub>	A ARM	· · · · · · · · · · · · · · · · · · ·	
Street	449 Dulles Ave						
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15.a. Employ	er Name:				15.b. Trade Name, If any:		
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15.c. To Whom Paid					15.d. Amount		
Name					15.e. Purpose		
Title						production of the state of the	
Organization						TO SHAPE AND	
P.O. Box, Building and Room Number, if any				noting	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
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