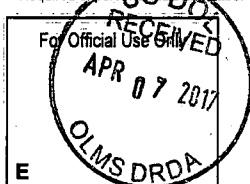


FORM LM-21

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 performing Labor Relations Consulting 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

646142

1. File Number C- <u>382</u>	2. Period Covered By This Report From: <u>01/01/2016</u> Through: <u>12/31/2016</u>
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A. Person Filing

3. Name and mailing address (include ZIP Code): Name <u>Henry</u> <u>Arès</u> Title <u>Management Consultant</u> Organization <u>Pasadena Consulting</u> P.O. Box, Building and Room Number, if any <u>Suite 490</u> Street <u>3579 Foothill Blvd.</u> City <u>Pasadena</u> State <u>California</u> ZIP Code + 4 <u>91107</u>	4. Any other address where records necessary to verify this report are kept: Name <u></u> Title <u></u> Organization <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>
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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 <u>[Signature]</u> President (if other title, see instructions) Title <u>Other (Specify)</u> <u>Management Consultant</u> On <u>03/25/2017</u> <u>(626) 710-4523</u> Date Telephone Number	18. Signed <u></u> Treasurer (if other title, see instructions) Title <u>Treasurer</u> On <u></u> <u></u> Date Telephone Number
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Name of Person Filing: Henry Ares

File Number C- 382

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 Tava Corporation

Suite 306

Trade Name

Street

3268 Governor Drive

Attention To

City

San Diego

Title

State

California

ZIP Code + 4 92122

5.b. Termination Date 09/23/2016

5.c. Amount 24,390

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,390

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:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

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

Street

City

State

Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY