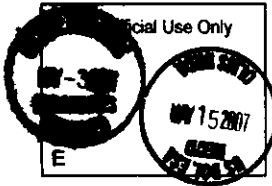


FORM LM-21

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, 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

1. File Number C- <u>400</u> <u>327013</u>	2. Period Covered By This Report From: <u>01 / 01 / 2005</u> Through: <u>12 / 31 / 2005</u>
---	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>ALEX</u> <u>CASILLAS</u> Title <u>CONSULTANT</u> Organization <u>ACTION RESOURCES</u> P.O. Box, Building and Room Number, if any Street <u>3892 Brook Hills Road</u> City <u>Fallbrook</u> State <u>California</u> ZIP Code + 4 <u>92028-8102</u>	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City State 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>[Signature]</u> Title <u>Sole Proprietor</u> President (if other title, see instructions)	18. Signed _____ Title <u>Treasurer</u> Treasurer (If other title, see instructions)
On <u>05 / 02 / 2007</u> Date	On <u>/ /</u> Date
<u>818-999-9990</u> Telephone Number	<u> </u> Telephone Number

Name of Person Filing: ALEX CASILLAS

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 PASKAL LIGHTING

Trade Name

Street 1136 N. Mansfield Ave.

Attention To DANA NEWMAN

City HOLLYWOOD

Title GENERAL COUNSEL

State California

ZIP Code + 4 90028

5.b. Termination Date September 2005

5.c. Amount 13,589

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 13,589

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

Patrick Lopez	6,650		6,650	9. Office and Administrative Expenses	
Alex Casillas	6,939		6,939	10. Publicity	
	0		0	11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			13,589	14. Total Disbursements (Sum of Items 8-13)	13,589

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		15.e. Purpose	
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State		ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			