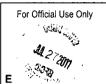
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 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

1 . File Number C- 2004 404 2008 Through: 12 / 31 / 2008

A. Person Filing			
3. Name and mailing address (include Zl	P Code):	4. Any other address where	records necessary to verify this report are kept:
Name Alex	Casillas	Name	
Title Consultant		Title	
Organization Action Resources	3	Organization	
P.O. Box, Building and Room Number 223	; if any	P.O. Box, Building and Ro	oom Number, if any
Street 1119 S. Mission Road	i	Street	
City Fallbrook		City	
State California	ZIP Code + 4 92028	State	ZIP Code + 4
	Sia	natures	

Each of the undersigned declares, urder 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

President (if other title, see instructions)

President (if other title, see instructions)

Title Treasurer (If other title, see instructions)

On On Date Telephone Number

Date Telephone Number

B. Statement of Receipts Report or services	, ,	ion with labor relat	ions advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (i	ncluding trade name, if any).		Mailing Address:
		P.O. Box	, Building and Room Number, if any
Employer T.D. Desert	Development, L.P.		
Trade Name Rancho La	Quinta Country Club	Street	79-301 Las Cascadas
Attention To Grady	Sparks	City	La Quinta

State California

5.c. Amount 41,386

File Number C- 00040

ZIP Code + 4

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 41,386

Name of Person Filing: Alex Casillas

Title

5.b. Termination Date 2008

C. Statement	of Disbursements	Report all disbursements to the employers listed in		reporting organiza	ation in connection with labor relations advice	or services rendered
7. Disbursemer (a) Name	nts to Officers and Empl	oyees: (b) Salary	(c) Expenses	(d) Totals		
Alex	Casillas	38,450	2,936	41,386	9. Office and Administrative Expenses	· · · · · · · · · · · · · · · · · · ·
					10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	- 12 - 1
			!		13. Other Disbursements	
8. Total disbu	rsements to officers ar	nd employees:		41,386	14. Total Disbursements (Sum of Items 8-13)	41,386

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 0
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 AC	TIVITY 0

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		 ,		
Name of Person Filing:	: Alex Casillas	File Number C-	00040	

5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer The Timken Company	P.O. Box, Building and Room Number, if any
Trade Name Timken Boring Specialties	Street 1835 Dueber Street
Attention To Thomas E Stone	City Canton
Title	State Ohio ZIP Code + 4 03103
5.b. Termination Date 2008	5.c. Amount 47,464

C. Statement	t of Disbursements		isbursements oyers listed in		he reportir	ng organiza	ation in connection with labor relations advice or	services rendered
7. Disburseme (a) Name	nts to Officers and Empl	oyees:	(b) Salary	(c) Expens	ses (d) Tota	nis		
Alex	Casillas		42,233	5,2	31	47,464	Office and Administrative Expenses	
							10. Publicity	
							11. Fees for Professional Services	
							12. Loans Made	
							13. Other Disbursements	
8. Total disbu	rsements to officers ar	nd employees	:		•	47,464	14. Total Disbursements (Sum of Items 8-13)	47,464

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 0
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	

Name of Person Filing: Alex Casillas		File Number C-	00040	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
a. Traine and Address of Employer (modaling trade mains, it arry).	P.O. Box	k, Building and Room Number, if any	
Employer Western Refining Wholesale, Inc.			
Trade Name	Street	123 West Mills Street	
Attention To Scott Stevens	City	El Paso	
Title	State	Texas	ZIP Code + 4 79901
b. Termination Date 2008	5.c. Amo	ount 21,941	

C. Statement	of Disbursements	Report all disburs to the employers I			eporting organiza	ation in connection with labor relations advice of	or services rendered
7. Disbursemer (a) Name	nts to Officers and Empl	oyees: (b) S	alary	(c) Expenses	(d) Totals		
Alex	Casillas	1	7,855	4,086	21,941	Office and Administrative Expenses	
						10. Publicity	
						11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	
8. Total disbur	sements to officers a	nd employees:			21.941	14. Total Disbursements (Sum of Items 8-13)	21,941

D. Schedule of Disbursements for Reportable Activity	se this Schedule to report only disbursements made for the purposes described in Part D of th structions.				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount 0				
Name	15.e. Purpose				
Title					
Organization					
P.O. Box, Building and Room Number, if any					
Street					
City					
State ZIP Code + 4					

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Name of Person Filing: ALEX CASILLAS				File Number	C - 0040		
B. Statement of Receipts Report all receipts from employer or services.	ers in connection	n with labor relat	ions advice or ser	vices regardles	s of the purpos	es of	the advice
5.a. Name and Address of Employer (including trade name, if any	·).		Mailing Address				
Employer (**	men der sperioes opposities and a sumpaint proper security	P.O. Box	, Building and Roo	om Number, if an	y	estiliareness.	***************************************
Employer Hann & Hann, Inc.	madamakakakidette tetako - ardari amiromanakideta miromanakidetakidetakidetakonandikideta 1	Ctroot		namentum variantisti en Parian superioren esta	ngganarah (sa Kayah nanan ngantan masa asa) a Mahanarah (sa Kayah nanan nga - asa - asa sa sa sa sa sa sa sa	, 1000000 1000000000 14 pagasta paneere	
Trade Name		Street	12307 Washi	ngton Ave.	manaritanista manaritanista da sa	Site day in a second	
Attention To Terry Hann		City	Rockville	and the second s			
Title		State	Maryland		ZIP Code	+4	20852
5.b. Termination Date 02/11/2008	Contract Con	5.c. Amo	unt 9,361				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,361							
<u> </u>							
C. Statement of Disbursements Report all disbursements to the employers liste		e reporting organ	nization in connec	tion with labor re	elations advice	or se	rvices rendered
to the employers liste 7. Disbursements to Officers and Employees:	O III Fail o.						
(a) Name (b) Salary	y (c) Expenses	s (d) Totals					
Alex Casillas 7,2	255 2,10	9,36	9. Office and	Administrative I	Expenses		ot an extension the another above as
		***************************************	10. Publicity				
		d3	11. Fees for F	Professional Ser	vices		kananagan kanangan k Kanangan kanangan ka
And the contraction of the contr			12. Loans Ma	de			
			13. Other Dis	bursements			
8. Total disbursements to officers and employees:		9,36	14. Total Disbu	ursements (Sum	of Items 8-13)		9,361
D. Schedule of Disbursements for Reportable Activity	Hee this Sci	hodule to report	only disbursemer	ets made for the	numosas das	criber	in Part D of the
D. Golledgie of Dissurgements for Reportable Flammy	instructions.		Only dispulsemen	ILS made for the	brithoses nes	SHDec	In Part Doi the
15.a. Employer Name:		15.b. Tra	ade Name, If any:				
					1500 100 140 000 140 000 140 140 140 140 1		
15.c. To Whom Paid		15.d. Am	ount :				
Name			Lmanaharata				
Accommendation of the control of the		15.e. Pu	rpose	1450 166 7064000000000000000000000000000000000	••••••••••••••••••••••••••••••••••••••	dia opingo od selso	
Title		Hamily (Apple Apple)				•	
Organization	namen alder men en skilde kriste for de kriste great de g				il V		
P.O. Box, Building and Room Number, if any			*			, .	
F.O. Box, building and room rumber, it any						* .	
Street						2 -	
City	***************************************						
			•		, au		
State Washington ZIP Code +	(all-indexes-co-aboum-on-co-		ann de salt se anni anni anni dheast		ter a til det til star at star fra det star at star fra det star fra det star fra det star fra de star fra de s	n de seus estates esta	· · ·
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE A	CTIVITY					<u> </u>	

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Name of Person Filing: Alex Casillas File Number C- 00040

B. Statement of Receipts Report all receipts from employers in connection or services.	n with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer Volvo Construction Equipment & Services	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name Attention To Mary Popovich	Street 1467 Route 31 City Annandale
Title	State New Jersey ZIP Code + 4 08801
5.b. Termination Date 2008	5.c. Amount 39,750
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 39,750	

C. Statement of Disbursements Report all disbursements made to the employers listed in Part B				by the reporting organization in connection with labor relations advice or services rendered				
7. Disbursements to Officers and Employees: (a) Name		oyees: (b) Salary	(c) Expe	(c) Expenses (d) Totals				
Alex	Casillas	32,50	0 4,	500	37,000	Office and Administrative Expenses	1,500	
						10. Publicity		
						11. Fees for Professional Services	1,250	
						12. Loans Made		
						13. Other Disbursements		
8. Total disbur	sements to officers ar	nd employees:	•		37,000	14. Total Disbursements (Sum of Items 8-13)	39,750	

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D o instructions.		
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 0	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State ZIP Code + 4	i ,	

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