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)

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Forgradie	THE INSTRUCTIONS CAREFUL	LY REFORE PREPARIN	IĞ THIS REPORT	
RECEIVED	THE INSTRUCTIONS CAREFUL	ET BEFORE FREFARIN	A Maria Maria	
APR 8 - 2013				
i PA. #1	525(de4			
WIND DOWN	225447	2. Period Covered	Month/Day/Year	Month/Day/Year
1 . File Number C-		By This Report	(mm/dd/yyyy) 	(mm/dd/yyy) : 12 / 31 / 2012
		110/11.	7/ 67 / 5879 se	- (22) / (23)
A. Person Filing				· <u>-</u>
-3Name and mailing address (include ZIP Code): '	-4-Any other address wh	ere records necessary to verif	y this report are kept:
Name Terry Fe	na	Name		
Title VP		Title		1
Organization Employee Relations Se	ervices Int'l	Organization		
P.O. Box, Building and Room Number, if any		P.O. Box, Building an	d Room Number, if any	
P O Box 18122				
Street		Street		
City Anaheim Hills		City		
State California	ZIP Code + 4 92817-9998	State	ZIP C	ode + 4
	Signa			· · · · · · · · · · · · · · · · · · ·
Each of the undersigned declares, under penalty of information contained in any accompanying docu correct, and complete. (See the Section on penalty)	ments) has been examined by the	es of law, that all of the infor signatory and is, to the be	mation submitted in this report (i est of the undersigned's knowle	ncluding the edge and belief, true,
17 Signed Jems Jens				~
	President (if other title, see	18. Signed	<u> </u>	Treasurer (If other title, see
Tite: President	instructions)	Title Treasur	rer	instructions)
50/5-/52-524-49	C TI AC			1
On Date Telephone Nun	<u>8 - 11 - 19 - 1 - 1</u>	On L/L/L	Telephone Number	
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CONTRACTOR CONTRACTOR	:	· · ·		
e No garane	:	•. •		
Form LM-21 (2003)				Page 1 of 2

Name of Person Filing: Terry Feng						File Number C-		
B. Statement of Receipts Report all receipts from or services.	m employers in	connectio	on wi	th labor relatio	ns advice or serv	ices regardless of the purp	oses	of the advice:
5.a. Name and Address of Employer (including trade r	name, if any).				Mailing Address:			
Employer See attached		-		P.O. Box, I	Building and Roon	n Number, IT any		 1
Trade Name				Street	-/			
Attention To			l	City [······································	· · ·]		
Attention to			_	· · L				[]
Title				State N	lew Mexico	ZIP Cod	e + 4	
5.b. Termination Date				5.c. Amou	nt 277,165			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	277,165					-		 .
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99.								
			ne re	porting organiz	zation in connecti	on with labor relations advi	ce or	services rendered
	loyers listed in P	ran 6.						
7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expense	es (d) Totals				
GNE Consulti	70,735		0	70,735	9. Office and	Administrative Expenses		107,040
C\$C Consulti	45,258		0	45,258	10. Publicity		İ	0
Bill Herrera	14,132		0	14,132	11. Fees for Pr	ofessional Services		
Hector Flore	40,000		0	40,000	12. Loans Mad	e		
					13. Other Disb	ursements		
8. Total disbursements to officers and employee	s:	1		170,125	14. Total Disbur	sements (Sum of Items 8-13		277,165
D. Schedule of Disbursements for Reportable	- Activity (Llas this C		lula to societic	nly diabymamant	n made for the numerous d	ib	and in Part D of the
D. Schedule of Disbursements for Reportable		instruction		iule to report o	nıy aisbursement	s made for the purposes d	escrib	ed in Part D of the
15.a. Employer Name:				15.b. Trac	le Name, If any:			
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15.c. To Whom Paid				15.d. Amo	unt]		
Name				1.5				
			٦ .	15.e. Purp	ose			
Title			<u></u>	_[]				-
Organization				⅃ ℍ				
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P.O. Box, Building and Room Number, if any	<u>'</u>	\neg						
Street		_						
					•			
City				<u> </u>				
State Washington	ZIP Code + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPO	RTABLE ACTIV	VITY						

Form LM-21 (2003)

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