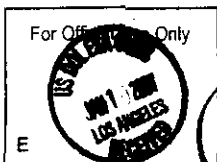


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- ~~358880~~ 325243
571

Person Filing

2. Name and mailing address (include ZIP Code):

Name James Lauria
Title President
Organization MGS Mgmt Consulting Inc
P.O. Box, Bldg., Room No., if any
Street 41822 Calle Bandito Suite 2
City Murietta
State California ZIP Code + 4 92562

3. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

4. Date fiscal year ends:

3 / 06

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Wayne Jiminez
Organization Wayne Jiminez Concrete
Trade Name, if any
P.O. Box, Bldg., Room No., if any 70
Street 7951 Arlington Ave
City Riverside
State Calif ZIP Code + 4 92503

7. Date entered into:

12 / 01 / 2005

8. Name of person(s) through whom made:

Name Wayne Jiminez
Name Jose Jiminez
Name
Name
Name

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 Section VII on penalties in the instructions.)

13. Signed

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 1-8-07 951-304-9230
Date Telephone Number

On _____
Date Telephone Number

Name of Person Filing: <u>MGS Management Consulting Inc</u>	File Number C-
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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):

Employer: Wayne Jiminez Concrete Inc

Trade Name: Jiminez Concrete

Attention To: Wayne J Jiminez

Title: Owner

Mailing Address:

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

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

5.b. Termination Date: 2-1-06

5.c. Amount: 7406.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: 7406.00

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 <u>855.00</u>
				10. Publicity <u>—</u>
				11. Fees for Professional Services <u>100.00</u>
				12. Loans Made <u>—</u>
				13. Other Disbursements <u>955.00</u>
8. Total disbursements to officers and employees: <u>0</u>				14. Total Disbursements (Sum of Items 8-13): <u>1910.00</u>

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: John Cevallos

15.b. Trade Name, If any: _____

15.c. To Whom Paid:

Name: John Cevallos

Title: _____

Organization: _____

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

Street: 16538 San Juan Pl

City: Victorville

State: Washington Calif ZIP Code + 4: 92392

15.d. Amount: 6451

15.e. Purpose: Provide Bilingual persuader services

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: 6451