

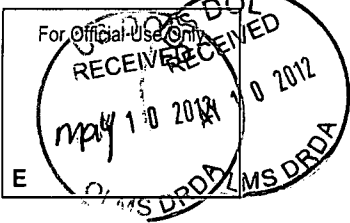
# FORM LM-21

## 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

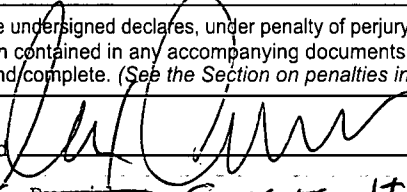
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1. File Number C-00400	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2011	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2011
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Alex Casillas Title Consultant Organization Action Resources  P.O. Box, Building and Room Number, if any 223 Street 1119 S. Mission Road City Fallbrook State California ZIP Code + 4 92028	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  Title President CONSULTANT On 05 / 02 / 2012 818-999-9990 Date Telephone Number	18. Signed _____ Title Treasurer On ____ / ____ / ____ Date Telephone Number
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Name of Person Filing: Alex Casillas

File Number C- 00400

**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 EBI, LLC

Trade Name

Street 745 Kentuck Road

Attention To Lukasz Pol

City Danville

Title Operations Manager

State Virginia

ZIP Code + 4 24540

5.b. Termination Date October, 2012

5.c. Amount 33,571

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 33,571

**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		
Alex Casillas	26,000	7,571	33,571	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:				33,571	14. Total Disbursements (Sum of Items 8-13) 33,571

**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

15.e. Purpose

Name

Title

Organization

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

Street

City

State Washington ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0