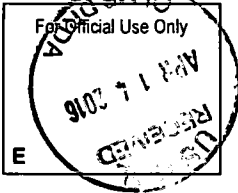


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

619902

1. File Number C- 65644	2. Period Covered By This Report From: 01/01/2014 Through: 12/31/2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: Javier Rivera-Carbone Title: President Organization: Rivera Carbone PC P.O. Box, Building and Room Number, if any: 905 Calle Negocio #75754 Street: City: San Clemente State: California ZIP Code + 4: 92673	4. Any other address where records necessary to verify this report are kept: Name: Javier Rivera-Carbone Title: President Organization: Rivera Carbone PC P.O. Box, Building and Room Number, if any: Street: 9891 Irvine Ctr. Dr. Ste. 200 City: Irvine State: California ZIP Code + 4: 92618

## 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>Javier Rivera Carbone</u> Title: President On: 03/31/2015 Telephone Number: 949.487.6244	18. Signed: <u>Javier Rivera Carbone</u> Title: Treasurer On: 03/31/2015 Telephone Number: 949.787.6244
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Name of Person Filing: Javier Rivera-Carbone	File Number C- 65644
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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). Mailing Address:

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

Trade Name  Street

Attention To  ☐  City

Title  State  ZIP Code + 4

5.b. Termination Date:  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 81,313

**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	
Javier <input type="checkbox"/> Rivera-Carbone	53,429	27,884	81,313	9. Office and Administrative Expenses <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:	81,313			14. Total Disbursements (Sum of Items 8-13) 81,313

**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

Name  ☐

Title

Organization

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

Street

City

State  ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY