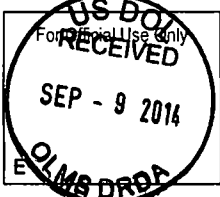


FORM LM-21

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

561307

1. File Number C- <u>66103</u>	2. Period Covered By This Report From: <u>06</u> / <u>01</u> / <u>2014</u> Through: <u>07</u> / <u>31</u> / <u>2014</u>
--------------------------------	---

A. Person Filing

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

Name RICARDO TORRES
Title _____
Organization _____
P.O. Box, Building and Room Number, if any _____
Street 670 POST RD STE 310
City SCARSDALE
State New York ZIP Code + 4 10583

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 <u>[Signature]</u> Title <u>President</u> <input checked="" type="checkbox"/> On <u>09</u> / <u>04</u> / <u>2014</u> <u> </u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On <u> </u> / <u> </u> / <u> </u> <u> </u> Date Telephone Number
--	---

Name of Person Filing: RICARDO TORRES	File Number C-
---------------------------------------	----------------

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	MANHATTAN CABINETRY	P.O. Box, Building and Room Number, if any	
Trade Name	A1 MANHATTANT CUST. FURN.	Street	9-03 44 RD
Attention To	TAKIS	City	LONG ISLAND CITY
Title	MANAGER	State	New York ZIP Code + 4 11101

5.b. Termination Date	6/2014	5.c. Amount	2,000
-----------------------	--------	-------------	-------

6. TOTAL RECEIPTS FROM ALL EMPLOYERS	2,000
--------------------------------------	-------

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	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

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
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State	
Washington ZIP Code + 4	
15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	