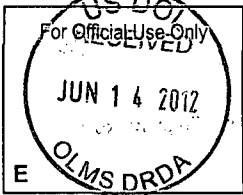


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

498729

1. File Number C- <u>547</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/2011		12/31/2011

A. Person Filing

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

Name: Theresa Feng
Title: VP
Organization: Employee Relations Services
P.O. Box, Building and Room Number, if any
P. O. Box 18122
Street:
City: Anaheim Hills
State: CA ZIP Code + 4: 92817-9998

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 Theresa Feng President
(if other title, see instructions)
Title: President

18. Signed Theresa Feng Treasurer
(if other title, see instructions)
Title: Treasurer

On 6/7/2012 Date
Telephone Number:

On Date
Telephone Number:

Name of Person Filing:	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).		Mailing Address: P.O. Box, Building and Room Number, if any	
Employer Fresh Point of Oklahoma			
Trade Name	Street	3100 NE I-35 Service Rd	
Attention To Brian Thomas	City	Oklahoma	
Title	State	OK	ZIP Code + 4 73111

5.b. Termination Date 3-2011	5.c. Amount 13183.13
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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	
GNE Consulting	7496.10		7496.10	9. Office and Administrative Expenses 5687.03
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			7496.10	14. Total Disbursements (Sum of Items 8-13) 13183.13 13183.13

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	15.e. Purpose
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
