

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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

388 429

1. File Number C-

622

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01 / 01 / 2007

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2007

A. Person Filing

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

Name John K Henderson
Title Sole Proprietor
Organization Henderson Labor Relations
P.O. Box, Building and Room Number, if any
Street 1242 Berkeley St. #14
City Santa Monica
State CA ZIP Code + 4 90404

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

President
(If other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

31.3.09 360 463 3554
Date Telephone Number

On

1 / 1
Date Telephone Number

Name of Person Filing: John K Henderson - Henderson Labor Relations	File Number C- 622
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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 American Medical Response		P.O. Box, Building and Room Number, if any	
Trade Name		Street 600 South Syracuse Way #200	
Attention To David Bonelli		City Greenwood Village	
Title U.A. Labor Relations		State CO	ZIP Code + 4 80111
5.b. Termination Date		5.c. Amount \$ 120,950.00	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 146,375			

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: Adrian Ortiz		15.b. Trade Name, if any:	
15.c. To Whom Paid		15.d. Amount 16,250	
Name Adriana Ortiz		15.e. Purpose Persuader Services	
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street 5489 Stagecoach Dr.			
City Fontana			
State Washington CA		ZIP Code + 4 92336	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY \$ 16,250			

B. Statement of Receipts

5a.	Allied Waste Services, Inc.	18500 North Allied Way
	Dorian Long	Phoenix
		AZ 85054

5c. \$ 25,425