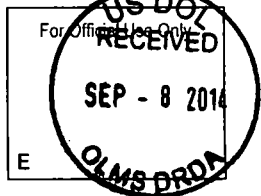


FORM LM-21

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

1. File Number C- <u>66103</u>	2. Period Covered By This Report From: <u>06/01/2014</u> Through: <u>07/31/2014</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>RICARDO</u> <u>TORRES</u>	4. Any other address where records necessary to verify this report are kept:
Title <u></u>	Name <u></u>
Organization <u></u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	Organization <u></u>
Street <u>670 POST RD STE 310</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>SCARSDALE</u>	Street <u></u>
State <u>New York</u> ZIP Code + 4 <u>10583</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

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> President (if other title, see instructions) Title <u>President</u>	18. Signed <u></u> Treasurer (If other title, see instructions) Title <u>Treasurer</u>
On <u>9/3/2014</u> Date <u></u> Telephone Number	On <u></u> Date <u></u> Telephone Number

Name of Person Filing: RICARDO TORRES	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:	
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	15.e. Purpose
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	