

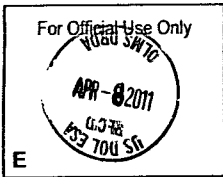
# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009

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

457707

1. File Number C- <u>713</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2010</u> Through: <u>12</u> / <u>31</u> / <u>2010</u>
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### A- Person Filing

3. Name and mailing address (include ZIP Code):  Name <u>Laura</u> <input type="checkbox"/> <u>Garcia</u> Title <u>Labor Consultant</u> Organization _____  P.O. Box, Building and Room Number, if any _____ Street <u>1629 E. Main Street, Suite B</u> City <u>Grand Prairie</u> State <u>Texas</u> ZIP Code + 4 <u>75052</u>	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 _____
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### 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 <u>President</u> On <u>03</u> / <u>29</u> / <u>2011</u> _____ Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number
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Name of Person Filing: Laura Garcia	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 <input type="text" value="Cargill Meat Solutions"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="151 North Main Street"/>
Attention To <input type="text" value="Tanya"/> <input type="checkbox"/> <input type="text" value="Teeter"/>	City <input type="text" value="Wichita"/>
Title <input type="text" value="Director Of Labor Relations"/>	State <input type="text" value="Kansas"/> ZIP Code + 4 <input type="text" value="67228"/>

5.b. Termination Date  5.c. Amount

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	
Laura Garcia <input type="checkbox"/>	30,000	8,972	38,972	9. Office and Administrative Expenses <input type="text"/>
<input type="checkbox"/>		0	0	10. Publicity <input type="text"/>
<input type="checkbox"/>				11. Fees for Professional Services <input type="text"/>
<input type="checkbox"/>				12. Loans Made <input type="text"/>
<input type="checkbox"/>				13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees: 38,972				14. Total Disbursements (Sum of Items 8-13) 38,972

**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.

<p>15.a. Employer Name: <input type="text" value="Cargill Meat Solutions"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p>
<p>15.c. To Whom Paid</p> <p>Name <input type="text" value="Laura"/> <input type="checkbox"/> <input type="text" value="Garcia"/></p> <p>Title <input type="text" value="Labor Consultant"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text" value="1629 E. Main Street, Suite B"/></p> <p>City <input type="text" value="Grand Prairie"/></p> <p>State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="75052"/></p>	<p>15.d. Amount <input type="text" value="38,972"/></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization at the Dayton, Virginia facility.</p> </div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 38,972