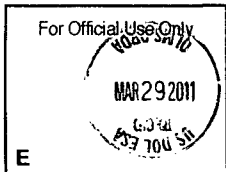


# FORM LM-21

## 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

453207

1. File Number C- 729	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1 / 1 / 2009	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2009
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Jacquelyn OBrien	Name
Title consultant	Title
Organization	Organization
P.O. Box, Building and Room Number, if any PO Box 306	P.O. Box, Building and Room Number, if any
Street 32 Water St	Street
City Stonington	City
State Connecticut ZIP Code + 4 06378	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>Jacquelyn OBrien</u> President Title Sole Proprietor (if other title, see instructions)	18. Signed _____ Treasurer Title _____ (if other title, see instructions)
On <u>03 / 19 / 2011</u> Date <u>860 961 0550</u> Telephone Number	On <u>/ /</u> Date _____ Telephone Number

Name of Person Filing:	File Number C-
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<b>B. Statement of Receipts</b> 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 Employee Solutons Inc for Redding Care Cente	P.O. Box, Building and Room Number, if any PO Box 67166
Trade Name	Street 5108 Cumberland Pl NW
Attention To Josephine Zamora	City Albuquerque
Title President	State New Mexico ZIP Code + 4 87120
5.b. Termination Date 06/2008	5.c. Amount \$21,900
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$21,900	

<b>C. Statement of Disbursements</b> 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	
Jacquelyn OBrien	21,900	0	21,900	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: 21,900			14. Total Disbursements (Sum of Items 8-13) 21,900	

<b>D. Schedule of Disbursements for Reportable Activity</b> 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 ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	