

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-200

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.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-549

2. Period Covered
By This Report
From:

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

01/01/2005

Through:

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

12/31/2005

A. Person Filing

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

Name

Title

Organization Direct Labor Training Corporation

P.O. Box, Building and Room Number, if any

Street 502 N. Division Street

City Carson City

State Nevada

ZIP Code + 4 89703

4. Any other address where records necessary to verify this report are kept:

Name

Title

Organization Direct Labor Training Corporation

P.O. Box, Building and Room Number, if any

Street 211 W. Palmetto Drive, #7

City Alhambra

State California

ZIP Code + 4 91801

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 Other (Specify)

Treasurer
(If other title, see
instructions)

V.P. Marketing & Administration

On

06/28/2006

Date

Telephone Number 888-600-4008

On

06/29/2006

Date

Telephone Number 512-306-1665

Name of Person Filing:	File Number C- 549
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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). Employer Pace University Trade Name Attention To Yvonne Ramirez-Lesce Title Vice President Human Resources	Mailing Address: P.O. Box, Building and Room Number, if any Street One Pace Plaza City New York State New York ZIP Code + 4 10038
5.b. Termination Date	5.c. Amount 16,578
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 176,207	

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		
Stacey P Bell	3,896	0	3,896	9. Office and Administrative Expenses	1,214
Manny Gonzalez	27,638	553	28,191	10. Publicity	0
				11. Fees for Professional Services	0
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees:			32,087	14. Total Disbursements (Sum of Items 8-13)	33,301

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 Name Oliver P Bell Title Organization P.O. Box, Building and Room Number, if any Street 1009 Elder Circle City Austin State Texas ZIP Code + 4 78733	15.d. Amount 0 15.e. Purpose To persuade employees on the exercise of the right to support or not support a labor organization.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 10,228	

Name of Person Filing:	File Number C- 549
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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 Exelon Generation Company		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 200 Exelon Way	
Attention To: Robert King		City Kennett Square	
Title		State Pennsylvania	ZIP Code + 4 19348

5.b. Termination Date	5.c. Amount 133,619
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Mercy Hospital		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2215 Turxtun Ave.	
Attention To: Bill Moore		City Bakersfield	
Title		State California	ZIP Code + 4 93301

5.b. Termination Date	5.c. Amount 26,010
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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Name of Person Filing:	File Number C- 549
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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.
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15.a. Employer Name:	15.b. Trade Name, If any:
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">15.c. To Whom Paid</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name Jorge Sandoval Title Organization P.O. Box, Building and Room Number, if any Street 1053 Termino Ave City Long Beach State California ZIP Code + 4 90804 </div> <div style="width: 55%; border-left: 1px solid black; padding-left: 5px;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">15.d. Amount 10,228</div> <div style="padding-top: 5px;"> 15.e. Purpose To persuade employees on the exercise of the right to support or not support a labor organization. </div> </div> </div>	

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