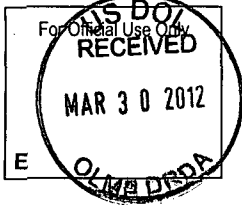


FORM LM-21

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

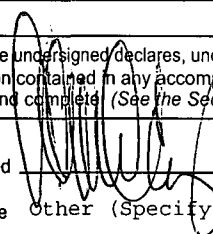
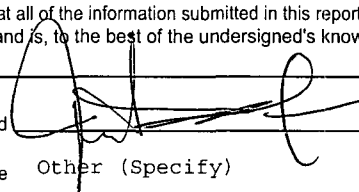
490983

| | | | | |
|-------------------------|--|--|----------|--|
| 1. File Number C- 00738 | 2. Period Covered By This Report From: | Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2011 | Through: | Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2011 |
|-------------------------|--|--|----------|--|

| | |
|--|---|
| A. Person Filing | |
| 3. Name and mailing address (include ZIP Code): Name Alice Cruz Title Manager Organization Latino Labor Persuaders P.O. Box, Building and Room Number, if any Suite 400 Street 150 West Parker Road City Houston State Texas ZIP Code + 4 77076-2951 | 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 Other (Specify) Manager On 3/29/2012 (281) 493-5529 Date Telephone Number | President (if other title, see instructions) | 18. Signed  Title Other (Specify) Manager On 3/29/2012 (281) 493-5529 Date Telephone Number | Treasurer (If other title, see instructions) |
|--|--|---|--|

| | |
|-----------------------------------|----------------------|
| Name of Person Filing: Alice Cruz | File Number C- 00738 |
|-----------------------------------|----------------------|

| | |
|--|--|
| 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: P.O. Box, Building and Room Number, if any |
| Employer PDQ Temporaries | |
| Trade Name | Street 2807 S. Westmoreland |
| Attention To Troy Mummo | City Dallas |
| Title Representative | State Texas ZIP Code + 4 75233-1313 |
| 5.b. Termination Date 07/01/2011 | 5.c. Amount 0 |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0 | |

| | | | | | |
|--|------------|--------------|------------|---|---|
| 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 | | |
| Carlos Ortiz | 0 | 0 | 0 | 9. Office and Administrative Expenses | 0 |
| | 0 | 0 | 0 | 10. Publicity | 0 |
| | 0 | 0 | 0 | 11. Fees for Professional Services | 0 |
| | 0 | 0 | 0 | 12. Loans Made | 0 |
| | 0 | 0 | 0 | 13. Other Disbursements | 0 |
| 8. Total disbursements to officers and employees: | | | 0 | 14. Total Disbursements (Sum of Items 8-13) | 0 |

| | | |
|---|--|---|
| 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: Not Applicable | 15.b. Trade Name, If any: | |
| 15.c. To Whom Paid | 15.d. Amount 0 | |
| Name Luis Camarena | 15.e. Purpose | |
| Title Labor Consultant | To lawfully communicate to the employees of Freedman Meats factual information about labor organizations and about the collective bargaining process and to attempt -- without any threats or adverse consequences or any promises of benefits -- to persuade the employees of Freedman Meats to freely choose to refrain from designating any labor organization to represent them for the purposes of collective bargaining. | |
| Organization Not Applicable | | |
| P.O. Box, Building and Room Number, if any | | |
| Street 1975 Alderbrook Pl. | | |
| City Chula Vista | | |
| State California ZIP Code + 4 91913-2325 | | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0 | | |

| | |
|-----------------------------------|----------------------|
| Name of Person Filing: Alice Cruz | File Number C- 00738 |
|-----------------------------------|----------------------|

| | |
|---|---|
| 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: Not Applicable | 15.b. Trade Name, If any: |
| 15.c. To Whom Paid Name Laura Garcia Title Labor Consultant Organization Not Applicable P.O. Box, Building and Room Number, if any Street 2805 Meade Dr. City Grand Prairie State Texas ZIP Code + 4 75052-8344 | 15.d. Amount 0 15.e. Purpose To lawfully communicate to the employees of Freedman Meats factual information about labor organizations and about the collective bargaining process and to attempt -- without any threats or adverse consequences or any promises of benefits -- to persuade the employees of Freedman Meats to freely choose to refrain from designating any labor organization to represent them for the purposes of collective bargaining. |

| | |
|---|-----------------------------------|
| 15.a. Employer Name: | 15.b. Trade Name, If any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 15.e. Purpose |

| | |
|---|-----------------------------------|
| 15.a. Employer Name: | 15.b. Trade Name, If any: |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4 | 15.d. Amount 15.e. Purpose |