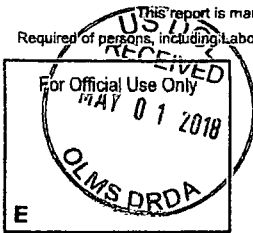


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 07-31-2019

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

676356

1. File Number C-: 65324	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through: 12 / 22 / 2017
		From: 01 / 01 / 2017	

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	William T Herrera
Title	SOLE PROPRIETOR
Organization	PEOPLE SOLUTIONS CONSULTANTS
P.O. Box, Building and Room Number, if any	
Street	23914 Waterhole Lane
City	San Antonio
State	Texas <input checked="" type="checkbox"/> ZIP Code + 4 78261
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	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title Sole Proprietor <input checked="" type="checkbox"/>		Title Treasurer	
On 12 / 22 / 2017	210-988-3845	On / /	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: William Herrera	File Number C- 65324
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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		P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To		City	
Title		State	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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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

8. Total disbursements to officers and employees:	9. Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
	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: Riviana Foods Inc	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount: 99,503.07
Name: Noelia Castro Title: Plant Manager Organization: ARI P.O. Box, Building and Room Number, if any: Street: 2777 Allen Hwy 15 th Floor City: Houston State: TX ZIP Code + 4: 77019	15.e. Purpose: Meeting and Training of Manager, supervisors and employee on the NLRA and communication programs
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	