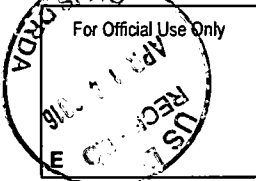


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

619904

1. File Number C- 65644	2. Period Covered By This Report From: 01 / 01 / 2015 Through: 12 / 31 / 2015
-------------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Javier Rivera-Carbone Title President Organization Rivera Carbone PC P.O. Box, Building and Room Number, if any 905 Calle Negocio #75754 Street City San Clemente State California ZIP Code + 4 92673	4. Any other address where records necessary to verify this report are kept: Name Javier Rivera-Carbone Title President Organization Rivera Carbone PC P.O. Box, Building and Room Number, if any Street 9891 Irvine Ctr. Dr. Ste. 200 City Irvine State California ZIP Code + 4 92618

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 Javier Rivera Carbone President
Title President (if other title, see instructions)

18. Signed Javier Rivera Carbone Treasurer
Title Treasurer (If other title, see instructions)

On 03/31/2016 949.487.6244
Date Telephone Number

On 03/31/2016 949.487.6244
Date Telephone Number

Name of Person Filing: Javier Rivera-Carbone	File Number C- 65644
--	----------------------

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 United Rentals, Inc. Trade Name Attention To Peter M Meany Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 4900 Upshur St. City Blandensburg State Maryland ZIP Code + 4 20710
5.b. Termination Date 9/30/2015	5.c. Amount 11,794
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 22,778	

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		
Javier Rivera-Carbone	16,780	3,812	20,592	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:			20,592	14. Total Disbursements (Sum of Items 8-13)	20,592

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	15.d. Amount	
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: Javier Rivera-Carbone	File Number C- 65644
--	----------------------

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	Sutter Health	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2200 River Plaza Drive
Attention To:	Monique Moniz	City	Sacramento
Title		State	California
		ZIP Code + 4	95883
5.b. Termination Date		5.c. Amount	
05/31/2015		10,984	

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	

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	

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	

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	

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	