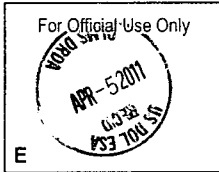


FORM LM-21

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

45691

1. File Number C: <u>674</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2010		12 / 31 / 2010

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Olivia</u> <u>Bell</u> Title <u>Office Manager</u> Organization <u>LRC Strategies, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>13449 Dulles Avenue</u> City <u>Austin</u> State <u>Texas</u> ZIP Code + 4 <u>78729</u>	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 <u>[Signature]</u> Title <u>President</u> President (if other title, see instructions)	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> Treasurer (If other title, see instructions)
On <u>03 / 11 / 2011</u> <u>(512) 249-6200</u> Date Telephone Number	On <u>03 / 11 / 2011</u> <u>(512) 249-6200</u> Date Telephone Number

Name of Person Filing: Olivia Bell	File Number C-
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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: P.O. Box, Building and Room Number, if any	
Employer Robey Stucco			
Trade Name	Street 1634 Old Westminster Pike		
Attention To Rachael Cash	City Westminster		
Title	State Maryland	ZIP Code + 4 21157	
5.b. Termination Date 11/3/10		5.c. Amount 5,680	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 40,805			

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			
Manny Gonzalez	13,950	1,180	15,130	9. Office and Administrative Expenses	10,634	
Annette Raggette	11,500	0	11,500	10. Publicity	176	
Jorge Sandoval	3,000	0	3,000	11. Fees for Professional Services	90	
				12. Loans Made	0	
				13. Other Disbursements		
8. Total disbursements to officers and employees:			29,630	14. Total Disbursements (Sum of Items 8-13) 40,530		

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: LRC Strategies, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Manuel Gonzalez Title Chief Operating Officer Organization LRC Strategies, Inc. P.O. Box, Building and Room Number, if any Street 13449 Dulles Avenue City Austin State Texas ZIP Code + 4 78729	15.d. Amount 15,130 15.e. Purpose To inform employees of their right to support or not support a labor organization.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 29,630	

Name of Person Filing: Olivia Bell	File Number C-
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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	National HealthCare Associates	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	46 Stauderman Avenue
Attention To:	Patricia Thomas	City	Lynbrook
Title		State	New York
		ZIP Code + 4	11563
5.b. Termination Date 4/15/2010		5.c. Amount 35,125	

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	

Name of Person Filing: Olivia Bell	File Number C-
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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.

15.a. Employer Name: LRC Strategies, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Annette Raggette</u> Title <u>Consultant</u> Organization <u>LRC Strategies, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>13449 Dulles Avenue</u> City <u>Austin</u> State <u>Texas</u> ZIP Code + 4 <u>78729</u>	15.d. Amount 11,500 15.e. Purpose To inform employees of their right to support or not support a labor organization.

15.a. Employer Name: LRC Strategies, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Jorge Sandoval</u> Title <u>Consultant</u> Organization <u>LRC Strategies, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>13449 Dulles Avenue</u> City <u>Austin</u> State <u>Texas</u> ZIP Code + 4 <u>78729</u>	15.d. Amount 3,000 15.e. Purpose To inform employees of their right to support or not support a labor organization.

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