U.S. Department of Labor Office of Labor-Management Standards Washington; DC 20210

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form approved Office of Management, and Budget, No. 1245-0003 . Expires 10-31-2013

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. ns, 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)



RECEPTION ONLY	· · · · · · · · · · · · · · · · · · ·
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT	
MAY - 9 2013	
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1 : File Number C- 770	2. Period Covered By This Report Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy)
	From: 01/01/2012 Through: 12/31/2012
A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Angel Cornejo	Name
Title. F-O	Title
Organization Finacle Labor Relations	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 1427 dent st	Street
City escalon	City
State California ZIP Code + 4 95320	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).	
47 00004	10.01
17. Signed President (if other title; see	18. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
On Date Telephone Number	On Date Telephone Number

Name of Person Filing: Angel Cornejo	File Number C-	
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor, relations, advice: or, services regardless of the purposes of the advice	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P:O: Box; Building and Room Number, if any	
Employer Labor Relations Institute	Po Box 1529	
Trade Name LRI	Street 7850 South Elm Plaza	
Attention To Phillip Wilson	City Broken Arrow	
Title President	State Oregon ZIP Code + 4 74103	
nue Frestoent	State Oregon 2ir Code: 4 1/4:105	
5b. Termination Date	5.c. Amount	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		
10		
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered	
7. Disbursements to Officers and Employees:		
(a) Name (b) Salary (c) Expenses (d)	[otals	
	Office and Administrative Expenses	
	10. Publicity	
	11. Fees for Professional Services	
	12 Loans Made	
	13. Other Disbursements	
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	le to report only disbursements made for the purposes described in Part D of the	
15:a. Employer Name:	15.b, Trade Name, If any:	
Pinnacle Food Group LLC		
15.c. To,Whom Paid	15.d. Amount 15, 932	
Name Angel Cornejo		
Title President	15.e. Purpose	
	Engaged to communicate to employees regarding excersisin their rights to organize and bargain	
Organization Pinnacle Labor Relations	collectively	
P.O. Box, Building and Room Number, if any		
,,,		
Street 1427 Dent St		
City. Escalon		
State California ZIP Code + 4 95320		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 15, 932		