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. 1215-0188 Expires 09-30-2011

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

414249						
1 . File Number C-00618	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) 101/101/2009 Through: 12/31/2009					
A. Person Filing						
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:					
Name Josephine Zamora	Name Josephine Zamora					
Title President	Title President					
Organization Employee Solutions, Inc.	Organization Employee Solutions, Inc.					
P.O. Box, Building and Room Number, if any P.O. Box 67166	P.O. Box, Building and Room Number, if any					
Street	Street 5108 Cumberland Pl. NW.					
City Albuquerque	City Albuquerque					
State New Mexico ZIP Code + 4 87193	State New Mexico ZIP Code + 4 87120					
	atures					
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 President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions) President					
On Date 505-681-8100 Telephone Number	On 1/26/2010 505-681-8100 Date Telephone Number					

TERMINAL REPORT

Name of Person I	-iling:	Josephine Zamora					File	Number C- 00618]	
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 Redding Care Center					P.O. Box, Building and Room Number, if any					
Trade Name			Street 2	490 Court Stre	et					
Attention To	Jo	e IIIM	iceli			City R	Redding			
	100				<u>-1</u>	h	alifornia	ZIP Code +	4 105001	
Title	!					State Ca	atitornia	JZIF Code +	4 (90001	
5.b. Termination Date 6/08			5.c. Amount [74,391							
6. TOTAL RECE	IPTS	FROM ALL EMPLOYERS	209,865			1:01=1				
							· · · · · · · · · · · · · · · · · · ·			
C. Statement of	Dist				the rep	orting organiz	ation in connection w	th labor relations advice of	or services rendered	
7 Diebureamente	to Off	to the emp icers and Employees:	oyers listed in I	rail D.						
(a) Name	10 011	icers and Employees.	(b) Salary	(c) Exper	nses (d)	Totals				
Josephine		Zamora	131,940			131,940	9. Office and Admir	nistrative Expenses	3,839	
			1				10. Publicity		01	
and the second s							11. Fees for Profes	sional Services	0'.	
							12. Loans Made			
							13. Other Disburse	ments	01	
8. Total disburse	ment	s to officers and employee	s:			131,940	14. Total Disburseme	nts (Sum of Items 8-13)	135,779	
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	e Name, If any:			
Redding	J Ca	re Center								
15.c. To Whom Paid					15.d. Amou	unt 21,900				
Name	Jac	kie Ob	rien			15.e. Purpo				
Title							William Control of the Control of th	about their righ	ts under the	
Land and the state of the state					National Labor Relations Act to form, join or					
Organization					assist labor organizations, to bargain collectively or engage in other activity for their					
				mutual	mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy					
P.O. Box, Building and Room Number, if any				of the	workforce and	encourage employ				
				inform	ed and to vote	•	1			
									### ### ### ### ### ### ### ### ### ##	
City Ston	ing					_			• • • • • • • • • • • • • • • • • • •	
State Conn	ect.	icut	ZIP Code + 4	06378				Name and the same of the same		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 74,086										

Form LM-21 (2003)

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TERMINAL REPORT

Name of Person Filing: Josephine Zamora	File Number C- 00618					
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, Bldg., Room No., if any						
Employer Trinity Health - St. Agnes	F.O. BOX, Bldg., HOUTH N	io., ii ariy				
Trade Name	Street 27870 Cabot	Drive				
Attention To: Anita Lechner Bosch	City Novi					
Title	State Michigan	ZIP Code + 4 48377				
5.b. Termination Date 11/08	5.c. Amount 6,500					
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:						
Employer Windsor Gardens Convalescent Hospital	P.O. Box, Bldg., Room N	o., if any				
CONTRACT OF THE PROPERTY OF TH	Street 915 S. Cren	shaw Blyd				
Trade Name Attention To: Eduardo Aguinaga	City Los Angeles	Andreas and the second				
Title	State California	ZIP Code + 4 90019				
11116	California					
5.b. Termination Date 5/08	5.c. Amount 10,659					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres					
Employer St. Luke's Episcopal Health System	P.O. Box, Blda., Room N	lo., if any				
	Street 3100 Main S					
Trade Name Attention To: Debbie Mahannah		CIEC				
process and the second	City Houston State Texas	ZIP Code + 4 77030				
Title	State Texas	ZIF Code + 4 //030				
5.b. Termination Date 12/08	5.c. Amount 58,319					
5.b. Termination Date 12/08 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres					
5.a. Name and Address of Employer (including trade name, if any).						
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center	Mailing Addres	lo., if any				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name	Mailing Addres P.O. Box, Bldg., Room N Street 442 Hampton	lo., if any				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess	Mailing Addres P.O. Box, Bidg., Room N Street 442 Hampton City Stockton	lo., if any Street				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess Title	Mailing Addres P.O. Box, Bldg Room N Street 442 Hampton City Stockton State California	lo., if any				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess	Mailing Addres P.O. Box, Bidg., Room N Street 442 Hampton City Stockton	lo., if any Street				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess Title	Mailing Addres P.O. Box, Bldg., Room N Street 442 Hampton City Stockton State California 5.c. Amount 59,996 Mailing Addres	Street ZIP Code + 4 95204 ss:				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess Title 5.b. Termination Date 6/08 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box, Bldg Room N Street 442 Hampton City Stockton State California 5.c. Amount 59,996	Street ZIP Code + 4 95204 ss:				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess Title 5.b. Termination Date 6/08 5.a. Name and Address of Employer (including trade name, if any). Employer	Mailing Addres P.O. Box, Bldg Room N Street 442 Hampton City Stockton State California 5.c. Amount 59,996 Mailing Addres P.O. Box, Bldg Room N	Street ZIP Code + 4 95204 ss:				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Title 5.b. Termination Date 6/08 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	Mailing Addres P.O. Box, Bldg., Room N Street 442 Hampton City Stockton State California 5.c. Amount 59,996 Mailing Addres P.O. Box, Bldg., Room N Street	Street ZIP Code + 4 95204 ss:				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess Title 5.b. Termination Date 6/08 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	Mailing Addres P.O. Box, Bldg Room N Street 442 Hampton City Stockton State California 5.c. Amount 59,996 Mailing Addres P.O. Box, Bldg Room N	Street ZIP Code + 4 95204 ss: lo if any				
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5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess Title 5.b. Termination Date 6/08 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	Mailing Addres P.O. Box, Bidg., Room N Street 442 Hampton City Stockton State California 5.c. Amount 59,996 Mailing Addres P.O. Box, Bidg., Room N Street City	Street ZIP Code + 4 95204 ss: lo if any				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess Title 5.b. Termination Date 6/08 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Addres P.O. Box, Bldg., Room N Street 442 Hampton City Stockton State California 5.c. Amount 59,996 Mailing Addres P.O. Box, Bldg., Room N Street City State	Street ZIP Code + 4 95204 SS: Ioif anv ZIP Code + 4				
5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess Title 5.b. Termination Date 6/08 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	Mailing Addres P.O. Box, Bldg Room N Street 442 Hampton City Stockton State California 5.c. Amount 59,996 Mailing Addres P.O. Box. Bldg Room N Street City State 5.c. Amount Mailing Addres	Street ZIP Code + 4 95204 SS: Ioif anv ZIP Code + 4				
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5.a. Name and Address of Employer (including trade name, if any). Employer Hampton Care Center Trade Name Attention To: Ken Cess Title 5.b. Termination Date 6/08 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Trade Name Including trade name, if any).	Mailing Addres P.O. Box, Bldg., Room N Street 442 Hampton City Stockton State California 5.c. Amount 59,996 Mailing Addres P.O. Box, Bldg., Room N Street City State 5.c. Amount Mailing Addres P.O. Box, Bldg., Room N Street City State 5.c. Amount Mailing Addres P.O. Box, Bldg., Room N	Street ZIP Code + 4 95204 SS: Ioif anv ZIP Code + 4				

TERMINAL REPORT Name of Person Filing: Josephine Zamora File Number C-00618 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: Trinity Health - St. Agnes 15.d. Amount 2,600 15.c. To Whom Paid Bienvendido Rabano Name 15.e. Purpose To educate employees about their rights under the Title National Labor Relations Act to form, join or Organization assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy P.O. Box, Building and Room Number, if any of the workforce and encourage employees to be informed and to vote. Street 6801 Rook Drive City Huntington Beach State California ZIP Code + 4 92647 15.a. Employer Name: 15.b. Trade Name, If any: Hampton Care Center 15.d. Amount 12,700 15.c. To Whom Paid Bienvendido Rabano Name 15.e. Purpose Title To educate employees about their rights under the National Labor Relations Act to form, join or Organization assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy P.O. Box, Building and Room Number, if any of the workforce and encourage employees to be informed and to vote. Street 6801 Rook Drive City Huntington Beach ZIP Code + 4 92647 State California 15.b. Trade Name, If any: 15.a. Employer Name: St. Luke's Episcopal Health System 15.d. Amount 7,215 15.c. To Whom Paid Cortis Jill Name 15.e. Purpose Title To educate employees about their rights under the National Labor Relations Act to form, join or Organization assist labor organizations, to bargain collectively or engage in other activity for their P.O. Box, Building and Room Number, if any mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be Street 2340 Indianwood Rd. informed and to vote.

Lake Orion

State Michigan

ZIP Code + 4 48362

TERMINAL REPORT Name of Person Filing: Josephine Zamora File Number C- 00618 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: St. Luke's Episcopal Health System 15.c. To Whom Paid 15.d. Amount 1,050 Negroni Juan Name 15.e. Purpose To educate employees about their rights under the Title National Labor Relations Act to form, join or Organization! assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy P.O. Box, Building and Room Number, if any of the workforce and encourage employees to be informed and to vote. Street 53 Blueberry Hill Weston ZIP Code + 4 06883 State Connecticut 15.a. Employer Name: 15.b. Trade Name, If any: St. Luke's Episcopal Health System 15.d. Amount 1,500 15.c. To Whom Paid Jeanne Schmid Name 15.e. Purpose Title To educate employees about their rights under the National Labor Relations Act to form, join or Organization Jeanne B. Schmid Consulting, Inc. assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy P.O. Box, Building and Room Number, if any of the workforce and encourage employees to be informed and to vote. Street 9 Whitpain Drive City Ambler ZIP Code + 4 19002 State Pennsylvania 15.a. Employer Name: 15.b. Trade Name, If any: St. Luke's Episcopal Health System 15.d. Amount 7,438 15.c. To Whom Paid Pilonero Name 15.e. Purpose Title To educate employees about their rights under the National Labor Relations Act to form, join or Organization The Joseph Group assist labor organizations, to bargain collectively or engage in other activity for their P.O. Box, Building and Room Number, if any mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be Street 216 Eggler Road informed and to vote. Jeffersonville

ZIP Code + 4 12748

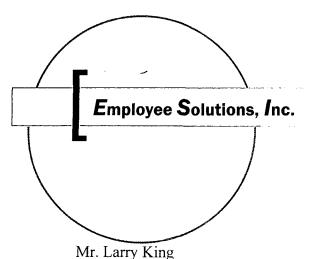
State New York

TERMINAL REPORT File Number C- 00618 Name of Person Filing: Josephine Zamora 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: St. Luke's Episcopal Health System 15.d. Amount 3,763 15.c. To Whom Paid Parish Versala Name 15.e. Purpose To educate employees about their rights under the Title National Labor Relations Act to form, join or assist labor organizations, to bargain Organization collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy P.O. Box, Building and Room Number, if any of the workforce and encourage employees to be informed and to vote. Street 28920 Cullen Dr. City Romulus State Michigan ZIP Code + 4 48174 15.a. Employer Name: 15.b. Trade Name, If any: Hampton Care Center 15.d. Amount 18,080 15.c. To Whom Paid Ernest Zuniga Name 15.e. Purpose To educate employees about their rights under the Title National Labor Relations Act to form, join or Organization assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy P.O. Box, Building and Room Number, if any of the workforce and encourage employees to be informed and to vote. Street 7037 Lanto Street Commerce ZIP Code + 4 90040 State California 15.b. Trade Name, If any: 15.a. Employer Name: Windsor Gardens Convalescent Hospital 15.d. Amount 4,160 15.c. To Whom Paid Name 15.e. Purpose Title To educate employees about their rights under the National Labor Relations Act to form, join or Organization assist labor organizations, to bargain collectively or engage in other activity for their P.O. Box, Building and Room Number, if any mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be Street 7037 Lanto Street informed and to vote. Commerce

State California

ZIP Code + 4 90040

	RMINAL REPORT				
Name of Person Filing: Josephine Zamora	File Number C- 00618				
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:				
Redding Care Center					
15.c. To Whom Paid	15.d. Amount 3,680				
Name Ernest Zuniga	15.e. Purpose				
Title	To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.				
Organization					
P.O. Box, Building and Room Number, if any					
Street 7037 Lanto Street					
City Commerce					
State California ZIP Code + 4 90040					
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount				
Name	And the second s				
Title	15.e. Purpose				
Organization					
P.O. Box, Building and Room Number, if any					
Street					
City					
State ZIP Code + 4					
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount				
Name	15.e. Purpose				
Title					
Organization					
P.O. Box, Building and Room Number, if any					
Street					
City 1					





Mr. Larry King
Chief
Division of Reports, Disclosure and Audits
U.S. Department of Labor
Office of Labor Management Standards
200 Constitution Avenue, NW, Room N-1519
Washington, DC 20210

January 26, 2010

RE: Termination of LM-20/21 filer ESI (OLMS File # C-00618)

Dear Mr. King:

I am writing to request the termination of the LM-20/21 file number for Employee Solutions Incorporated (aka "ESI") file number C-00618. Effective 12/31/09 ESI is no longer in operation. Attached to this letter, please find the terminal LM-21 report I completed for ESI covering January 1, 2009 – December 31, 2009 (the date of ESI's termination).

Thank you for your assistance with this matter.

Best regards,

Josephine Zamora