

# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-00676

2. Period Covered  
By This Report

Month/Day/Year  
(mm/dd/yyyy)

From:

01/01/2011

Through:

Month/Day/Year  
(mm/dd/yyyy)

12/31/2011

## A. Person Filing

### 3. Name and mailing address (include ZIP Code):

Name Carlos Ortiz

Title President

Organization Solution Labor Relations Consultants

P.O. Box, Building and Room Number, if any

Street 7426 cherry Avenue, Suite 210-106

City Fontana

State California ZIP Code + 4 92336

### 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

Title President

President  
(if other title, see  
instructions)

18. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

03/30/2012

Date

909-910-5575

Telephone Number

On

Date

Telephone Number

Name of Person Filing: Carlos Ortiz

File Number C- 00676

**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 Vicente Alvarado

P.O. Box, Building and Room Number, if any

Trade Name Mi Pueblo Food Center

Street 1025 Montague Ct.

Attention To Hector Salas

City Milpitas

Title Vice President, Human Resources

State California ZIP Code + 4 95035

5.b. Termination Date 05/23/2011

5.c. Amount 27,187

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 27,187

**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		
Carlos Ortiz	22,688	4,499	27,187	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:			27,187	14. Total Disbursements (Sum of Items 8-13)	27,187

**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:

Solution Labor Relations Consultants

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Carlos Ortiz

Title President

Organization Solution Labor Relations Consultants

P.O. Box, Building and Room Number, if any

Street 7426 cherry Avenue, Suite 210-106

City Fontana

State California ZIP Code + 4 92336

15.d. Amount

15.e. Purpose

Inform and educate employees, managers and supervisors regarding their rights, duties and responsibilities under NLRA and NLRB procedures

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY