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.

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

496958 Month/Dav/Year Month/Day/Year 2. Period Covered 1 . File Number C- 765 (mm/dd/yyyy) (mm/dd/yyyy) By This Report From: 01 / 2011 Through: /31 / 2011 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 Name Heidi J Fisher Title Title Organization Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Street 24235 Davida Street City City Laguna Niguel ZIP Code + 4 92677 California State ZIP Code + 4 State **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 President 18. Signed Treasurer (if other title, see (If other title, see

instructions)

Treasurer

Date

Sole Proprietor

Telephone Number

instructions)

Telephone Number

								
Name of Person Filing: Heidi Fisher					File Number C-			
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 Country Villa Sheraton								
Trade Name			Street 5:	120 W. Goldleaf Circle Suite #400				
Attention To Simeon Robins			City Lo	os Angeles				
Title Administrator •		State Ca	alifornia ZIP Code + 4 90056					
5.b. Termination Date			5.c. Amount					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
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								
		Ì		9. Office and Administrative Expenses		es		
				10. Publicity				
				11. Fees for Professional Services				
		0	0	12. Loans Made				
	1,950	258	2,208	13. Other Disbursements				
8. Total disbursements to officers and employees:			2,208	14. Total Disbursements (Sum of Items 8-13)		8-13)	2,208	
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				15.e. Purpose				
Title			To.e. Furpo)SE				
Organization								
P.O. Box, Building and Room Number, if any								
Street								
Street								
City								
State Washington ZIP C	Code + 4]	·		<u></u>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								

Form LM-21 (2003)