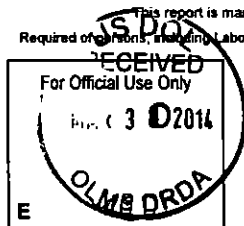


# FORM LM-21

## 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

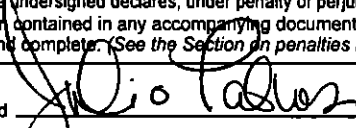
550114

1. File Number C-65358	2. Period Covered By This Report From: 01/01/2013 Through: 12/31/2013
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	Julio <input type="checkbox"/> Pablos
Title	Manager
Organization	Arena Communications
P.O. Box, Building and Room Number, if any	Suite 205
Street	279 Shadow Mountain
City	El Paso
State	Texas ZIP Code + 4 79912
4. Any other address where records necessary to verify this report are kept:	
Name	<input type="checkbox"/>
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 	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title	Managing Partner	Title	Treasurer
On	03/28/2014 (915) 449-8373	On	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Julio Pablos	File Number C- 65358
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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 Amigo's Logistics	P.O. Box, Building and Room Number, if any
Trade Name Amigo's Foods	Street 5221 S. Millard Ave
Attention To Manny <input type="checkbox"/> Rangel	City Chicago
Title Chief Financial Officer	State Illinois ZIP Code + 4 60632

5.b. Termination Date 12/21/2013 5.c. Amount 15,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 66,548

**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		
Julio Pablos	816	0	816	9. Office and Administrative Expenses	5,891
				10. Publicity	0
				11. Fees for Professional Services	23,000
				12. Loans Made	0
				13. Other Disbursements	
8. Total disbursements to officers and employees: 816				14. Total Disbursements (Sum of Items 8-13)	29,707

**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.

<p>15.a. Employer Name: TruBlue</p> <p>15.c. To Whom Paid</p> <p>Name Carlos <input type="checkbox"/> Ortiz</p> <p>Title Consultant</p> <p>Organization Solutions Labor Relations Consultant</p> <p>P.O. Box, Building and Room Number, if any Suite 210-106</p> <p>Street 7426 Cherry Ave.</p> <p>City Fontana</p> <p>State California ZIP Code + 4 92336-4221</p>	<p>15.b. Trade Name, If any: Fresenius Medical Care, NA</p> <p>15.d. Amount 14,537</p> <p>15.e. Purpose</p> <p>Conduct employee and supervisory group meetings, on behalf of TruBlu, to inform and educate participants about their rights, duties and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices and union rules and finances.</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 50,007

Name of Person Filing: Julio Pablos	File Number C- 65358
<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">TruBlue</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; padding: 2px;">Fresenius Medical Care, NA</div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Laura</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Garcia</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; padding: 2px;"></div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;"></div> Street <div style="border: 1px solid black; padding: 2px;">2805 Meade Dr.</div> City <div style="border: 1px solid black; padding: 2px;">Grand Prairie</div> State <div style="border: 1px solid black; padding: 2px;">Texas</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">75052-8344</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">8,260</div>  15.e. Purpose <div style="border: 1px solid black; padding: 5px;">           Conduct employee and supervisory group meetings, on behalf of TruBlu, to inform and educate participants about their rights, duties and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices and union rules and finances.         </div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Cali Carting</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; padding: 2px;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Amed</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Santana</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; padding: 2px;">Santana International Inc.</div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;"></div> Street <div style="border: 1px solid black; padding: 2px;">5908 Via Cuesta Driv</div> City <div style="border: 1px solid black; padding: 2px;">El Paso</div> State <div style="border: 1px solid black; padding: 2px;">Texas</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">79912</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">20,351</div>  15.e. Purpose <div style="border: 1px solid black; padding: 5px;">           Held meetings with employees to inform them of their section (7) rights to answer questions pertaining to union using NLRB documents and union documents for questions and answers.         </div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Amigo's Logistics</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; padding: 2px;">Amigo's Foods</div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Laura</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Garcia</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; padding: 2px;"></div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;"></div> Street <div style="border: 1px solid black; padding: 2px;">2805 Meade Dr.</div> City <div style="border: 1px solid black; padding: 2px;">Grand Prairie</div> State <div style="border: 1px solid black; padding: 2px;">Texas</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">75052</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">6,859</div>  15.e. Purpose <div style="border: 1px solid black; padding: 5px;">           Held meetings with employees to inform them of their section (7) rights to answer questions pertaining to union using NLRB documents and union documents for questions and answers.         </div>

Name of Person Filing: Julio Pablos		File Number C- 65358	
<b>B. Statement of Receipts</b> 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).			
Employer TruBlue		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name Fresenius Medical Care, NA		Street 920 Winter Street	
Attention To: Erin S Martino		City Waltham	
Title Asst. General Counsel		State Massachusetts ZIP Code + 4 02451-1547	
5.b. Termination Date 03/29/2013		5.c. Amount 27,397	
5.a. Name and Address of Employer (including trade name, if any).			
Employer Cali Carting		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name		Street 450 Bergen Ave.	
Attention To: John F Cali		City Kearney	
Title President		State New Jersey ZIP Code + 4 07032	
5.b. Termination Date 10/15/2013		5.c. Amount 24,151	
5.a. Name and Address of Employer (including trade name, if any).			
Employer		Mailing Address: 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).			
Employer		Mailing Address: 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).			
Employer		Mailing Address: 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).			
Employer		Mailing Address: 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).			
Employer		Mailing Address: 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	