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)

	Section 203(b) of the cabon-management relations and disclosure Act of 1999, as amended. (ChiroA)
For Official Use Only READ THE INSTRUCTIONS CAREFUL MAY 100 READ THE INSTRUCTIONS CAREFUL AND THE INSTRUCTIONS CAREFUL A	LY BEFORE PREPARING THIS REPORT
1 . File Number C- 1.65	2. Period Covered By This Report From: 01/01/2010 Through: 01/2010 Through: 01/2010
A. Person Filing 3. Name and mailing address (include ZIP Code):	A Any other address where records processary to verify this report are kent:
Name Heidi J Fisher Title	Any other address where records necessary to verify this report are kept: Name Title
P.O. Box, Building and Room Number, if any	Organization P.O. Box, Building and Room Number, if any
Street 24235 Davida City Laguna Niguel	Street City
State California ZIP Code + 4 92677	State ZIP Code + 4
Signa	itures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed Muld Hill President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On Date Telephone Number	On Date 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 sen		n connection wit	n labor relation	s advice or serv	ces regardless of the purpos	ses o	i tile advice		
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Roo					n Number if any				
Employer Country Villa Mar Vista					Triumber, ir any				
Trade Name				.20 W. Gold	leaf Circle Suite	#40	0		
Attention To Fiona	Basa-Reyes		City Lo	os Angeles					
Title Administrator State California 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		.	· · · ·						
(a) Name	(b) Salary	(c) Expenses (d)	lotais						
		-		Office and Administrative Expenses					
				10. Publicity		<u> </u>			
				11. Fees for Professional Services					
		0	0						
	2,100	237	2,337	13. Other Disbursements			<u></u>		
8. Total disbursements to officers and employees: 2,337 14. Total Disbursements (Sum of Items 8-13)						<u> </u>	2,337		
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:									
Total Employer Name.						_			
15.c. To Whom Paid 15.d. Amount									
Name 15.e. Purpose									
Title									
Organization									
P.O. Box, Building and Ro	om Number, if any								
Street									
City									
State Washington	ZIP Code + 4		۱۱ -						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									
10. TO THE BIOGRAPHIC TOTALE INC. TOTALE TOTALE									

Form LM-21 (2003)