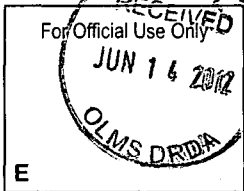


FORM LM-21

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

498730

1. File Number C- <u>547</u>	2. Period Covered By This Report From: <u>01/01/2010</u> Through: <u>12/31/2010</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Theresa</u> <u>Feng</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>VP</u>	Name <u></u>
Organization <u>Employee Relations Services</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u>P.O. Box 18122</u>	Organization <u></u>
Street <u></u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Anaheim Hills</u>	Street <u></u>
State <u>CA</u> ZIP Code + 4 <u>92817-9998</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

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 <u>Theresa Feng</u> Title <u>President</u> On <u>6/7/2012</u> Date <u></u> Telephone Number <u></u>	18. Signed <u>Theresa Feng</u> Title <u>Treasurer</u> On <u></u> Date <u></u> Telephone Number <u></u>
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Name of Person Filing:	File Number C-
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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 Cavallo Point Lodge	P.O. Box, Building and Room Number, if any	1090 Ferguson Rd	
Trade Name	Street	City Sebastopol	
Attention To Peter Heinemann	City	State CA	ZIP Code + 4 95472
Title	State	ZIP Code + 4	

5.b. Termination Date 12-2009	5.c. Amount 19033.86
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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:				9. Office and Administrative Expenses	8033.00
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
GNE Consulting	10230.86	10230.86	10230.86	10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			10230.86	14. Total Disbursements (Sum of Items 8-13)	19033.86

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	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	
ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
