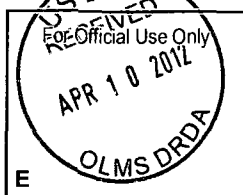


FORM LM-21

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

494280

1. File Number C- 735	2. Period Covered By This Report From: 01 / 01 / 2011 Through: 12 / 31 / 2011
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Dana N Tran	Name Dana N Tran
Title	Title
Organization	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 117 Bernal Road #70-175	Street 6575 Alyssa Drive
City San Jose	City San Jose
State California ZIP Code + 4 95119	State California ZIP Code + 4 95138

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>Dana N. Tran</u> President (if other title, see instructions) Title President	18. Signed _____ Treasurer (If other title, see instructions) Title Treasurer
On <u> </u> / <u> </u> / <u> </u> <u> </u> Date Telephone Number	On <u> </u> / <u> </u> / <u> </u> <u> </u> Date Telephone Number

Name of Person Filing: Dana Tran

File Number C- 735

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 Trade Name

Street

Attention To 

City

Title

State

ZIP Code + 4

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,173

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

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		10. Publicity	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		11. Fees for Professional Services	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	14,173	0	14,173	13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:					14,173	14. Total Disbursements (Sum of Items 8-13)	14,173

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY