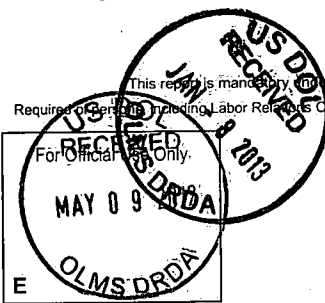


FORM LM-21

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

509208

| | |
|------------------------------|---|
| 1. File Number C: <u>762</u> | 2. Period Covered By This Report From: <u>01/01/09</u> Through: <u>12/31/09</u> |
|------------------------------|---|

| | |
|---|---|
| A. Person Filing | |
| 3. Name and mailing address (include ZIP Code): Name: <u>Luz Ceballos</u> Title: _____ Organization: _____ P.O. Box, Building and Room Number, if any: _____ Street: <u>10515 Mildred Street</u> City: <u>El Monte</u> State: <u>California</u> ZIP Code + 4: <u>91733</u> | 4. Any other address where records necessary to verify this report are kept: Name: _____ 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: <u>Luz Ceballos</u> Title: <u>Other (Specify)</u> <u>Labor Consultant</u> On: <u>05/03/12</u> Date: _____ Telephone Number: <u>909-434-9147</u> | 18. Signed: _____ Title: <u>Treasurer</u> On: _____ Date: _____ Telephone Number: _____ |
|--|---|

| | |
|-------------------------------------|----------------|
| Name of Person Filing: Luz Ceballos | 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:

Employer 2 Sisters P.O. Box, Building and Room Number, if any

Trade Name [REDACTED] Street 15555 Meridian Parkway

Attention To Jeremy Chew City Riverside

Title President State California ZIP Code + 4 92518

5.b. Termination Date September 2009 5.c. Amount 19,550

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 19,550

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 | |
|---|------------|--------------|------------|---|
| | | | | 9. Office and Administrative Expenses |
| | | | | 10. Publicity |
| | | | | 11. Fees for Professional Services |
| | | | | 12. Loans Made |
| | | | | 13. Other Disbursements |
| 8. Total disbursements to officers and employees: | | | | 14. Total Disbursements (Sum of Items 8-13) |

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: <u>[REDACTED]</u> | 15.b. Trade Name, If any: <u>[REDACTED]</u> |
| 15.c. To Whom Paid | 15.d. Amount <u>[REDACTED]</u> |
| Name <u>[REDACTED]</u> | 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| Title <u>[REDACTED]</u> | |
| Organization <u>[REDACTED]</u> | |
| P.O. Box, Building and Room Number, if any <u>[REDACTED]</u> | |
| Street <u>[REDACTED]</u> | |
| City <u>[REDACTED]</u> | |
| State <u>Washington</u> ZIP Code + 4 <u>[REDACTED]</u> | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY | |