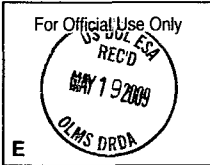


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

395740

1. File Number C- 660	2. Period Covered By This Report From: 01/01/2007 Through: 12/31/2007
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name **Josephine** **Zamora**
Title **President**
Organization **Total Business Solutions, Inc.**
P.O. Box, Building and Room Number, if any
P.O. Box 67787
Street
City **Albuquerque**
State **New Mexico** ZIP Code + 4 **87193**

4. Any other address where records necessary to verify this report are kept:

Name **Josephine** **Zamora**
Title **President**
Organization **Total Business Solutions, Inc.**
P.O. Box, Building and Room Number, if any
5108 Cumberland Pl. NW.
Street
City **Albuquerque**
State **New Mexico** ZIP Code + 4 **87120**

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 Josephine Zamora President (if other title, see instructions) Title President	18. Signed Josephine Zamora Treasurer (If other title, see instructions) Title Treasurer
On 5/19/09 505-681-8100 Date Telephone Number	On 5/19/09 505-681-8100 Date Telephone Number

Name of Person Filing: Josephine Zamora	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	Employee Solutions, Inc.	P.O. Box, Building and Room Number, if any	P.O. Box 67166
Trade Name		Street	
Attention To	Josephine Zamora	City	Albuquerque
Title		State	New Mexico
		ZIP Code + 4	87193

5.b. Termination Date	April 2007	5.c. Amount	40,550
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 40,550

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:		15.b. Trade Name, If any:	
Employee Solutions, Inc.			
15.c. To Whom Paid		15.d. Amount	
Name		32,800	
Title			
Organization		15.e. Purpose	
About Business, Inc.		National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.	
P.O. Box, Building and Room Number, if any			
Street			
City			
State			
6483 S Xenophon St.		80127	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 32,800