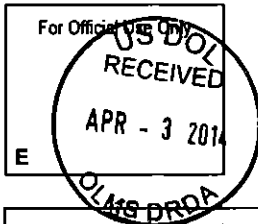


FORM LM-21

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. 438 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

552982

1. File Number C- 65644	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2013	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2013
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A. Person Filing

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

Name Javier Rivera-Carbone
Title President
Organization Rivera Carbone PC
P.O. Box, Building and Room Number, if any
PO Box 339
Street
City San Juan Capistrano
State California ZIP Code + 4 92693

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

Name
Title
Organization Rivera Carbone PC
P.O. Box, Building and Room Number, if any
Street 30200 Rancho Viejo Road, Suite A
City San Juan Capistrano
State California ZIP Code + 4 92675

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 Javier Rivera Carbone President
Title President (if other title, see instructions)

18. Signed Javier Rivera Carbone Treasurer
Title Treasurer (If other title, see instructions)

On 03 / 31 / 2013 (949) 487-6244
Date Telephone Number

On 03 / 31 / 2013 (949) 487-6244
Date Telephone Number

Name of Person Filing: Javier Rivera-Carbone	File Number C- 65644
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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 Jeld-Wen Millworks (OR)	P.O. Box, Building and Room Number, if any
Trade Name	Street 62845 Boyd Access Road
Attention To Lee Bouck	City Bend
Title General Manager	State Oregon ZIP Code + 4 97701
5.b. Termination Date	5.c. Amount 5,788
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 84,604	

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		
Javier Rivera-Carbone	74,092	0	74,092	9. Office and Administrative Expenses	0
	0	0	0	10. Publicity	0
	0	0	0	11. Fees for Professional Services	0
	0	0	0	12. Loans Made	0
	0	0	0	13. Other Disbursements	10,512
8. Total disbursements to officers and employees:			74,092	14. Total Disbursements (Sum of Items 8-13)	84,604

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		

Name of Person Filing: Javier Rivera-Carbone		File Number C- 65644	
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 Jeld-Wen Bend Windows		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 62845 Boyd Access Road	
Attention To: Brett Calvin		City Bend	
Title General Manager		State Oregon ZIP Code + 4 97701	
5.b. Termination Date		5.c. Amount 10,621	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Jeld-Wen Vista		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2760 Progress Street	
Attention To:		City Vista	
Title		State California ZIP Code + 4 92081	
5.b. Termination Date		5.c. Amount 1,606	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Jeld-Wen Fiber of Oregon		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3309 Lakeport Blvd.	
Attention To: Ed Reed		City Klamath Falls	
Title General Manager		State Oregon ZIP Code + 4 97601	
5.b. Termination Date		5.c. Amount 17,785	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Jeld-Wen Millworks		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3307 Lakeport Blvd.	
Attention To:		City Klamath Falls	
Title General Manager		State Oregon ZIP Code + 4 97601	
5.b. Termination Date		5.c. Amount 12,773	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Doncasters, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 36 Spring Lane	
Attention To: Joe Comeau		City Farmington	
Title Director, Human Resources		State Connecticut ZIP Code + 4 06032	
5.b. Termination Date 05/01/2013		5.c. Amount 15,909	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Jeld-Wen Stayton Windows (OR)		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2044 Deschutes Drive	
Attention To: Rick Lee		City Stayton	
Title General Manager		State Oregon ZIP Code + 4 97383	
5.b. Termination Date		5.c. Amount 1,627	

Name of Person Filing: Javier Rivera-Carbone		File Number C- 65644	
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 Kiss Products, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 57 Seaview Blvd.	
Attention To: David Cho		City Port Washington	
Title Director, Legal Counsel		State New York ZIP Code + 4 11050	
5.b. Termination Date 07/24/2013		5.c. Amount 6,802	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Gerdau Reinforcing Steel, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2306 B Street NW	
Attention To: Erik Garth		City Auburn	
Title General Manager		State Washington ZIP Code + 4 98001	
5.b. Termination Date 08/13/2013		5.c. Amount 4,093	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer White Lodging Services Corp.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 701 E. 83rd Ave	
Attention To: Harold Morgan		City Merrillville	
Title General Manager		State Indiana ZIP Code + 4 46410	
5.b. Termination Date 12/13/2013		5.c. Amount 7,600	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	