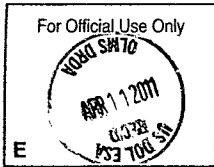


FORM LM-21

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

457671

1. File Number C- <input type="text" value="733"/>	2. Period Covered By This Report From: <input type="text" value="7/7/2009"/> Through: <input type="text" value="7/31/2009"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Ernesto Zuniga"/>	Name <input type="text"/>
Title <input type="text" value="Consultant"/>	Title <input type="text"/>
Organization <input type="text"/>	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text" value="7011 Lantost"/>	Street <input type="text"/>
City <input type="text" value="Commerce"/>	City <input type="text"/>
State <input type="text" value="CA"/> ZIP Code + 4 <input type="text" value="90040"/>	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 <input type="text" value="Ernesto Zuniga"/>	President (if other title, see instructions)
Title <input type="text" value="President Consultant"/>	
On <input type="text" value="7/05/2011"/> <input type="text" value="662) 299-3085"/>	Date Telephone Number
18. Signed <input type="text"/>	Treasurer (If other title, see instructions)
Title <input type="text" value="Treasurer"/>	
On <input type="text"/> <input type="text"/>	Date Telephone Number

Name of Person Filing: <u>Ernesto Zuniga</u>	File Number <u>C-</u>
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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 <u>Employee Solution Inc (Windsor Gardens)</u>	P.O. Box, Building and Room Number, if any <u>67166</u>
Trade Name <u></u>	Street <u>5108 Cumberland</u>
Attention To <u>Josephine</u> <input type="checkbox"/> <u>Zamora</u>	City <u>Albuquerque</u>
Title <u>president</u>	State <u>N.M.</u> ZIP Code + 4 <u>87120</u>

5.b. Termination Date 5/2008 5.c. Amount 4,160.00

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:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

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.

<p>15.a. Employer Name: <input style="width: 90%;" type="text"/></p> <p>15.c. To Whom Paid</p> <p>Name <input style="width: 40%;" type="text"/> <input style="width: 10%; text-align: center;"/> <input style="width: 40%;" type="text"/></p> <p>Title <input style="width: 80%;" type="text"/></p> <p>Organization <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 40%;" type="text"/></p> <p>State <u>Washington</u> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>15.b. Trade Name, If any: <input style="width: 90%;" type="text"/></p> <p>15.d. Amount <input style="width: 40%;" type="text"/></p> <p>15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div></p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>Ernesto Zuniga</u>	File Number <u>C-</u>
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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 <u>Employee Solution Inc. (HamptonCare)</u>	P.O. Box, Building and Room Number, if any <u>67766</u>
Trade Name <u></u>	Street <u>5108 Cumberland place NM</u>
Attention To <u>Josephine Zamora</u>	City <u>Albuquerque</u>
Title <u>president</u>	State <u>N.M.</u> ZIP Code + 4 <u>87120</u>

5.b. Termination Date 6/2008 5.c. Amount 13,080.00

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:

(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.

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

Name of Person Filing: <u>Ernesto Zuniga</u>	File Number <u>C-</u>
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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 <u>Employee Solution Inc. (Bedding Care)</u>	P.O. Box, Building and Room Number, if any <u>67166</u>
Trade Name <u></u>	Street <u>5108 Cumberland place N.M</u>
Attention To <u>Josephine</u> <input type="checkbox"/> <u>Zamora</u>	City <u>Albuquerque</u>
Title <u>president</u>	State <u>N.m</u> ZIP Code + 4 <u>87120</u>

5.b. Termination Date 6/2008 5.c. Amount 3,680.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS All three \$ 25,920.00

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