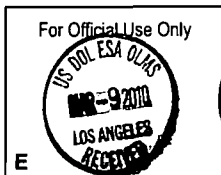


# FORM LM-21

## 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

427353

1. File Number C- <u>639 342894</u>	2. Period Covered By This Report From: <u>01/01/08</u> Through: <u>02/31/08</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>CLIPTON E SMITH</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>CONSULTANT</u>	Name
Organization <u>CE SMITH &amp; ASSOCIATES</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>3713 HILLVIEW WAY</u>	P.O. Box, Building and Room Number, if any
City <u>OCEANSIDE</u>	Street
State <u>CA</u> ZIP Code + 4 <u>92056</u>	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>[Signature]</u>	President	18. Signed _____	Treasurer
Title <u>OWNER</u>	(if other title, see instructions)	Title <u>Treasurer</u>	(If other title, see instructions)
On <u>3/6/10</u>	Date	On <u>1/1</u>	Date
<u>760-724-7256</u>	Telephone Number	<u>                    </u>	Telephone Number

Name of Person Filing: <b>CE SMITH &amp; ASSOCIATES</b>	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	<b>REGIONAL TRANSPORT EXP.</b>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<b>12223 HIGHLAND AVE, STE 470</b>
Attention To	<b>JOSE BAKAJAS</b>	City	<b>RANCHO CUCAGONA</b>
Title	<b>PRESIDENT</b>	State	<b>CA</b>
		ZIP Code + 4	<b>91739</b>

5.b. Termination Date <b>04/07/08</b>	5.c. Amount <b>18,580.00</b>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <b>18,580.00</b>
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**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		
<b>CLIFTON SMITH</b>	<b>17,000</b>	<b>1,580.00</b>	<b>18,580</b>	9. Office and Administrative Expenses	<b>N/A</b>
				10. Publicity	<b>N/A</b>
				11. Fees for Professional Services	<b>N/A</b>
				12. Loans Made	<b>N/A</b>
				13. Other Disbursements	<b>N/A</b>
8. Total disbursements to officers and employees: <b>18,580</b>	<b>18,580</b>			14. Total Disbursements (Sum of Items 8-13)	<b>18,580.00</b>

**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: <b>REGIONAL TRANSPORT EXPRESS</b>  15.c. To Whom Paid Name: <b>CLIFTON E SMITH</b> Title: <b>ADVISOR</b> Organization: <b>CE SMITH &amp; ASSOCIATES</b>  P.O. Box, Building and Room Number, if any  Street  City  State <b>Washington</b> ZIP Code + 4	15.b. Trade Name, If any:  15.d. Amount <b>15,000.00</b>  15.e. Purpose <p style="text-align: center; font-size: 1.2em;"><b>PERSUADER ACTIVITIES, RELATED THERETO</b></p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <b>15,000</b>
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