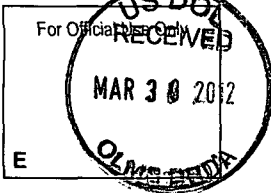


FORM LM-21

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

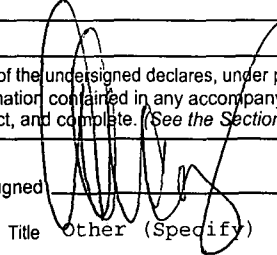
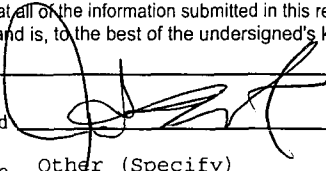
490989

1. File Number C- 00738	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2011		12 / 31 / 2011

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Alice Cruz	Name
Title Manager	Title
Organization Latino Labor Persuaders	Organization
P.O. Box, Building and Room Number, if any Suite 400	P.O. Box, Building and Room Number, if any
Street 150 West Parker Road	Street
City Houston	City
State Texas ZIP Code + 4 77076-2951	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 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title Other (Specify) Manager		Title Other (Specify) Manager	
On 3/29/2012	281-493-5529	On 3/29/2012	281-493-5529
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Alice Cruz	File Number C- 00738
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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 IFCO SYSTEMS N.A., INC.	P.O. Box, Building and Room Number, if any
Trade Name	Street 13100 Northwest Freeway
Attention To David S Russell	City Houston
Title President	State Texas ZIP Code + 4 77040-6340
5.b. Termination Date 10/18/2011	5.c. Amount 154,304
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 154,304	

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		
Carlos Ortiz	13,000	7,553	20,553	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	0
8. Total disbursements to officers and employees:			20,553	14. Total Disbursements (Sum of Items 8-13)	20,553

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:	
Not Applicable		
15.c. To Whom Paid	15.d. Amount 25,280	
Name Laura Garcia	15.e. Purpose	
Title Labor Consultant	To lawfully communicate to the employees of Freedman Meats factual information about labor organizations and about the collective bargaining process and to attempt -- without any threats or adverse consequences or any promises of benefits -- to persuade the employees of Freedman Meats to freely choose to refrain from designating any labor organization to represent them for the purposes of collective bargaining.	
Organization Not Applicable		
P.O. Box, Building and Room Number, if any		
Street 2805 Meade Dr.		
City Grand Prairie		
State Utah ZIP Code + 4 75052-8344		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 48,004		

Name of Person Filing: Alice Cruz	File Number C- 00738
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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.
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15.a. Employer Name: Not Applicable	15.b. Trade Name, If any:
15.c. To Whom Paid Name Johan Pena Title Labor Consultant Organization Not Applicable P.O. Box, Building and Room Number, if any Apartment 1 Street 261 NW 57th Avenue City Miami State Florida ZIP Code + 4 33126-4857	15.d. Amount 22,724 15.e. Purpose To lawfully communicate to the employees of Freedman Meats factual information about labor organizations and about the collective bargaining process and to attempt -- without any threats or adverse consequences or any promises of benefits -- to persuade the employees of Freedman Meats to freely choose to refrain from designating any labor organization to represent them for the purposes of collective bargaining.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose