

AMENDED
FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

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).

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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393918

1 File Number C- 00618	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2006		12 / 31 / 2006

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	Josephine Zamora	Name	Josephine Zamora
Title	President	Title	President
Organization	Employee Solutions, Inc.	Organization	Employee Solutions, Inc.
P.O. Box, Building and Room Number, if any	P.O. Box 67166	P.O. Box, Building and Room Number, if any	
Street		Street	5108 Cumberland Pl. NW.
City	Albuquerque	City	Albuquerque
State	New Mexico	State	New Mexico
ZIP Code + 4	87193	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).

<p>17. Signed <u>Josephine Zamora</u> President Title President (if other title, see instructions)</p>	<p>18. Signed <u>Josephine Zamora</u> Treasurer Title Other (Specify) President (If other title, see instructions)</p>
<p>On <u>3/29/09</u> <u>505-681-8100</u> Date Telephone Number</p>	<p>On <u>3/29/09</u> <u>505-681-8100</u> Date Telephone Number</p>

Name of Person Filing Josephine Zamora	File Number C- 00618
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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). Employer Trade Name Attention To Title	Mailing Address: P O Box, Building and Room Number, if any Street City State ZIP Code + 4
5.b Termination Date	5.c. Amount 0
6 TOTAL RECEIPTS FROM ALL EMPLOYERS 117,546	

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		
Josephine Zamora		8,000	8,000	9 Office and Administrative Expenses	1,350
		0	0	10. Publicity	0
		0	0	11. Fees for Professional Services	0
	0	0	0	12. Loans Made	0
		0	0	13. Other Disbursements	176
8. Total disbursements to officers and employees:			8,000	14 Total Disbursements (Sum of Items 8-13)	9,526

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. E-One Inc.	15.b Trade Name. If any	
15 c To Whom Paid	15 d. Amount 7,550	
Name Charlie Bahr Title Organization CVB, Inc. P.O. Box, Building and Room Number, if any Street 1689 Via Sevilla Street City Corona, State California ZIP Code + 4 92881	15.e. Purpose To educate employees about their rights under the 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.	
16 TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 105,635		

Name of Person Filing Josephine Zamora		File Number C-00618	
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 Henry Ford Bi-County Hospital		P O Box, Bldg, Room No., if any	
Trade Name		Street 13355 East Ten Mile	
Attention To: Maureen Henson		City Warren	
Title VP of Human Resources		State Michigan ZIP Code + 4 48089	
5.b. Termination Date 4/06		5 c. Amount 650	
5.a. Name and Address of Employer (including trade name, if any)		Mailing Address:	
Employer Skyway Precision Inc.		P.O. Box, Bldg, Room No., if any	
Trade Name		Street 41225 Plymouth Road	
Attention To: Garry Bonnell		City Plymouth	
Title General Manager		State Michigan ZIP Code + 4 48170	
5.b. Termination Date 9/06		5 c. Amount 61,600	
5.a. Name and Address of Employer (including trade name, if any)		Mailing Address:	
Employer E-One Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3611 SW 20th Street	
Attention To: J. R Blue		City Ocala	
Title VP HR Fire Rescue Group		State Florida ZIP Code + 4 34474	
5 b. Termination Date 2/06		5 c. Amount 35,894	
5.a. Name and Address of Employer (including trade name, if any)		Mailing Address:	
Employer Cedars-Sinai Health System		P.O. Box, Bldg, Room No., if any	
Trade Name		Street 8700 Beverly Blvd.	
Attention To: Jeanne Flores		City Los Angeles	
Title		State California ZIP Code + 4 90048	
5 b. Termination Date 8/08		5 c. Amount 15,914	
5.a. Name and Address of Employer (including trade name, if any)		Mailing Address:	
Employer Tendercare of Frankenmuth		P O Box, Bldg., Room No., if any	
Trade Name		Street 500 W. Genesee	
Attention To: Don Larson		City Frankenmuth	
Title		State Michigan ZIP Code + 4 48734	
5 b. Termination Date 1/06		5.c. Amount 3,488	
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	

Name of Person Filing: Josephine Zamora	File Number C- 00618
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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

15.a. Employer Name E-One, Inc.	15.b. Trade Name, if any.
15.c. To Whom Paid Name Jeanne B Schmid Title Organization Jeanne B. Schmid Consulting, Inc. P.O. Box, Building and Room Number, if any Street 9 Whitpain Drive City Ambler State Pennsylvania ZIP Code + 4 19002	15.d. Amount 4,900 15.e. Purpose To educate employees about their rights under the 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.

15.a. Employer Name: E-One, Inc.	15.b. Trade Name, if any.
15.c. To Whom Paid Name Jose Salgado Jr. Title Organization Jose Salgado Jr. Inc. P.O. Box, Building and Room Number, if any P.O. Box 75806 Street City Tampa State Florida ZIP Code + 4 33675	15.d. Amount 10,300 15.e. Purpose To educate employees about their rights under the 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.

15.a. Employer Name: E-One, Inc.	15.b. Trade Name, if any.
15.c. To Whom Paid Name Rick Torres Title Organization Permanent Solutions Labor Consultants P.O. Box, Building and Room Number, if any Street 19186 Fort Street City Riverview State Michigan ZIP Code + 4 48192	15.d. Amount 8,750 15.e. Purpose To educate employees about their rights under the 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.

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File Number C- 00618

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Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: E-One, Inc.	15.b. Trade Name, if any.
15.c. To Whom Paid Name Susannah J Squitieri Title Organization P.O. Box, Building and Room Number, if any Street 1015 Buckingham City Grosse Pointe Park State Michigan ZIP Code + 4 48230	15.d. Amount 600 15.e. Purpose To educate employees about their rights under the 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.

15.a. Employer Name: Cedars-Sinai Health System	15.b. Trade Name, if any:
15.c. To Whom Paid Name Diana Chaimberlain Title Organization Labor Relations Academy for Management P.O. Box, Building and Room Number, if any Street 105 Golden Eagle Drive City Venetia State Pennsylvania ZIP Code + 4 15367	15.d. Amount 585 15.e. Purpose To educate employees about their rights under the 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.

15.a. Employer Name: Cedars-Sinai Health System	15.b. Trade Name, if any:
15.c. To Whom Paid Name Josephine Zamora Title 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	15.d. Amount 13,200 15.e. Purpose To educate employees about their rights under the 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.

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15.a. Employer Name: Cedars-Sinai Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jill Cortis Title Organization Paint Creek P.O. Box, Building and Room Number, if any Street 2340 Indianwood Rd. City Lake Orion State Michigan ZIP Code + 4 48362	15.d. Amount 300 15.e. Purpose To educate employees about their rights under the 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.

15.a. Employer Name: Tendercare of Frankenmuth	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose Salgado, Jr. Title Organization Jose Salgado, Jr., Inc. P.O. Box, Building and Room Number, if any P.O. Box 75806 Street City Tampa State Florida ZIP Code + 4 33675	15.d. Amount 3,100 15.e. Purpose To educate employees about their rights under the 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.

15.a. Employer Name: Skyway Precision, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Rick Torres Title Organization Permanent Solutions Labor Consultants P.O. Box, Building and Room Number, if any Street 19186 Fort Street City Riverview State Michigan ZIP Code + 4 48192	15.d. Amount 55,650 15.e. Purpose To educate employees about their rights under the 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.

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15.a. Employer Name: Henry Ford Bi-County Hospital	15.b. Trade Name, if any:
15.c. To Whom Paid Name Rick Torres Title Organization Permanent Solutions Labor Consultants P.O. Box, Building and Room Number, if any Street 19186 Fort Street City Riverview State Michigan ZIP Code + 4 48192	15.d. Amount 600 15.e. Purpose To educate employees about their rights under the 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.

15.a. Employer Name: Cedars-Sinai Health System	15.b. Trade Name, if any:
15.c. To Whom Paid Name Susannah J Squitieri Title Organization P.O. Box, Building and Room Number, if any Street 1015 Buckingham City Grosse Pointe Park State Michigan ZIP Code + 4 48230	15.d. Amount 100 15.e. Purpose To educate employees about their rights under the 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.

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