U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 08-31-2016

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

58810

URDA							
1 . File Number C- 00738	2. Period Covered By This Report From: O1 / O1 / 2014 Through: Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyy)						
A. Person Filing							
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:						
Name Jacob M Monty	Name						
Title Manager	Title						
Organization Latino Labor Persuaders LLC	Organization						
P.O. Box, Building and Room Number, if any Fourth Floor	P.O. Box, Building and Room Number, if any						
Street 150 W Parker Rd.	Street						
City Houston	City						
State Texas ZIP Code + 4 77076	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 or penalties in the instructions).							
17. Signed President (if other title, see instructions) Manager	18. Signed Treasurer (If other title, see instructions)						
On 3/30/20 5(713) 691-7118 Date Telephone Number	On Date Telephone Number						

Name of Person Filing: Jacob Monty						File Number C- 00738	_	
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: P.O. Box, Building and Room Number, if any				
Employer	Employer Sysco New Mexico			 ;	01			
Trade Name				Street	omanche Road NE			
Attention To Wes Bigney			City	lbuquerque				
Title Vice President - Operations				State N	ew Mexico ZIP Code	e + 4 87107		
5.b. Termination Date 10/20/2012					5.c. Amour	t 74,315		
6. TOTAL RECE	IPTS	FROM ALL EMPLOYERS	75,315			,	•	
			_					
								
C. Statement o	f Disb		sbursements i yers listed in l		he rep	porting organiz	ation in connection with labor relations advic	e or services rendered
	to Offi	cers and Employees:						
(a) Name	16.6		(b) Salary	(c) Expens			T	
Jacob		Monty	42,295		0	42,295		5,078
	<u> L_ </u>			<u>L</u>	#		10. Publicity	0
					#		11. Fees for Professional Services	1,900
Francisco de martina de la companio del companio de la companio del companio de la companio del la companio de			[=		12. Loans Made	0
8 Total disburge		to officers and employees	<u> </u>	<u> </u>	ᆚ	40.005	13. Other Disbursements	40.000
8. Total disbursements to officers and employees:				42,295	14. Total Disbursements (Sum of Items 8-13)	49,273		
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the							scribed in Part D of the	
instructions.								
15.a. Employer Name:				15.b. 1rad	15.b. Trade Name, If any:			
Sysco New Mexico					<u> </u>	The state of the s		
15.c. To Whom Paid				15.d. Amo	ınt 15,439			
Name Carlos Ortiz				15.e. Purp	ose			
Title Consultant				Professional fees and expenses related to the				
Organization Solutions Labor Relations Consultants				meetin	ting of employee and supervis gs wherein the employees and dcuated about their rights un	supervisors		
D.O. Boy Buildian and Beam Number 14 and				and NL	RB procedures and provide ans ons posed regarding unions.			
P.O. Box, Building and Room Number, if any Suite #210-106				queber	ons posed regarding unions.			
Street 7426 Cherry Ave.						, , , , , , , , , , , , , , , , , , ,		
City Fontana							an - prison	
L		j 2	P Code + 4 []	2226		-,		. Vzenský demokr
State Cali			P Code + 4			1 L		
i 16. Total dis	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 21,439							

	File Number C- 00738					
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 PDQ Temporaries	P.O. Box, Bldg., Room No., if any					
Trade Name	Street 2807 S. Westmoreland					
Attention To: Troy Mummo	City Dallas					
Title Regional VP	State Texas ZIP Code + 4 75233					
5.b. Termination Date July 1, 2011	5.c. Amount [1,000]					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:					
Employer	P.O. Box, Bldq., 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:					
	P.O. Box. Blda., Room No., if any					
Employer						
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:					
F	P.O. Box, Bldq., Room No., if any					
Employer [
Trade Name	Street					
Attention To:	City					
Attention To:	City ZIP Code + 4					
Title	State ZIP Code + 4					
5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	State ZIP Code + 4 5.c. Amount					
Title 5.b. Termination Date	State ZIP Code + 4 5.c. Amount Mailing Address:					
5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	State ZIP Code + 4 5.c. Amount Mailing Address:					
5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer	State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box, Bldg., Room No., if any					
Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Bldg Room No if any Street					
Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box, Bldg Room No if any Street City					
Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Bldg Room No if any Street City ZIP Code + 4 5.c. Amount ZIP Code + 4					
Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Bldg Room No if any Street City State ZIP Code + 4					
Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Bldg Room No if any Street City State ZIP Code + 4 5.c. Amount Mailing Address:					
Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Bldg Room No if any Street City State ZIP Code + 4 5.c. Amount Mailing Address:					
5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer	State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box, Bldg., Room No., if any					
5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Bldq Room No if anv Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Bldq Room No if anv Street Street Street					

Name of Person Filing: Jacob Monty	File Number C- 00738				
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:				
Sysco New Mexico					
15.c. To Whom Paid	15.d. Amount 6, 000				
Name William , Medrano	15.e. Purpose				
Title Consultant	Professional fees and expenses related to the				
Organization	conducting of employee and supervisory group meetings wherein the employees and supervisors were edcuated about their rights under the NLRA and NLRB procedures and provide answers to				
P.O. Box, Building and Room Number, if any	questions posed regarding unions.				
Street Stahala Dr.					
City E1 Paso					
State Texas ZIP Code + 4 79924					
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					
	The state of the s				
Street					
City					
State ZIP Code + 4					
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 ZIP Code + 4					