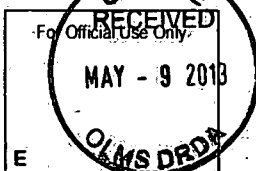


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No: 1245-0003  
Expires 10-31-2013

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

528913

1. File Number C: <u>776</u>	2. Period Covered By This Report From: <u>01/01/2012</u> Through: <u>12/31/2012</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Angel</u> <u>Cornejo</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>CEO</u>	Name <u></u>
Organization <u>Pinnacle Labor Relations</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	Organization <u></u>
Street <u>1427 dent st</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>escalon</u>	Street <u></u>
State <u>California</u> ZIP Code + 4 <u>95320</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

### 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> Title <u>President</u> On <u>5/1/2013</u> Date <u>209-838-3714</u> Telephone Number	18. Signed <u></u> Title <u>Treasurer</u> On <u></u> Date <u></u> Telephone Number
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Name of Person Filing: Angel Cornejo	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):

Employer: Labor Relations Institute	P.O. Box, Building and Room Number, if any: Po Box 1529
Trade Name: LRI	Street: 7850 South Elm Plaza
Attention To: Phillip <input type="checkbox"/> Wilson <input type="checkbox"/>	City: Broken Arrow
Title: President	State: Oregon ZIP Code + 4: 74103

5.b. Termination Date:  5.c. Amount:

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: Eddy Packing</p>	<p>15.b. Trade Name, if any: <input type="text"/></p>
<p>15.c. To Whom Paid</p> <p>Name: Angel <input type="checkbox"/> Cornejo <input type="checkbox"/></p> <p>Title: President</p> <p>Organization: Pinnacle Labor Relations</p> <p>P.O. Box, Building and Room Number, if any: <input type="text"/></p> <p>Street: 1427 Dent St.</p> <p>City: Escalon</p> <p>State: California ZIP Code + 4: 95320</p>	<p>15.d. Amount: 6,437</p> <p>15.e. Purpose</p> <p>Engaged to communicate to employees regarding excersisin their rights to organize and bargain collectively</p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 6,437