

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

559102

1. File Number C- <u>268</u>	2. Period Covered By This Report From: <u>08/01/2011</u> Through: <u>08/01/2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Eduardo R Padilla</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Owner</u>	Name
Organization <u>Epc Consulting</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>3620 Lomacitas Ln</u>	P.O. Box, Building and Room Number, if any
City <u>Bonita</u>	Street
State <u>California</u> ZIP Code + 4 <u>91902</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> Title <u>President</u> On <u>06/30/2014</u> <u>619-518-1473</u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number
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Name of Person Filing:	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 <u>Santa Anita Convalescent Hospital</u>	P.O. Box, Building and Room Number, if any		
Trade Name	Street <u>5522 Greenwood Ave</u>	City <u>Aradisa</u>	
Attention To	City	State <u>California</u> ZIP Code + 4 <u>91007</u>	
Title			
5.b. Termination Date <u>09/2011</u>		5.c. Amount <u>\$2,450</u>	
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			
<u>Edwardo R Padilla</u>	<u>\$2,450</u>		<u>\$2,450</u>	9. Office and Administrative Expenses		
				10. Publicity		
				11. Fees for Professional Services		
				12. Loans Made		
				13. Other Disbursements		
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)		

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:	
15.c. To Whom Paid	15.d. Amount	
Name		
Title	15.e. Purpose	
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State <u>Washington</u> ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		