

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)

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

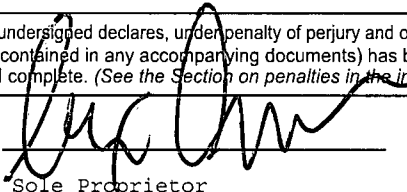
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1. File Number C- 0109410 400	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2008	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2008
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Alex Casillas Title Consultant Organization Action Resources P.O. Box, Building and Room Number, if any 223 Street 1119 S. Mission Road City Fallbrook State California ZIP Code + 4 92028	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street 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  Title Sole Proprietor On 07 / 23 / 2011 Date	President (if other title, see instructions) 818-999-9990 Telephone Number	18. Signed _____ Title Treasurer On / / Date	Treasurer (If other title, see instructions) _____ Telephone Number
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Name of Person Filing: Alex Casillas	File Number C- 00040
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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 T.D. Desert Development, L.P.	P.O. Box, Building and Room Number, if any
Trade Name Rancho La Quinta Country Club	Street 79-301 Las Cascadas
Attention To Grady Sparks	City La Quinta
Title	State California ZIP Code + 4
5.b. Termination Date 2008	5.c. Amount 41,386
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 41,386	

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		
Alex Casillas	38,450	2,936	41,386	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:			41,386	14. Total Disbursements (Sum of Items 8-13)	41,386

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 0	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State	ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		

Name of Person Filing: Alex Casillas	File Number C- 00040
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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 The Timken Company	P.O. Box, Building and Room Number, if any
Trade Name Timken Boring Specialties	Street 1835 Dueber Street
Attention To Thomas E Stone	City Canton
Title	State Ohio ZIP Code + 4 03103
5.b. Termination Date 2008	5.c. Amount 47,464
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 47,464	

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		
Alex Casillas	42,233	5,231	47,464	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:			47,464	14. Total Disbursements (Sum of Items 8-13)	47,464

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 0
Name		15.e. Purpose
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		

Name of Person Filing: Alex Casillas	File Number C- 00040
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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 Western Refining Wholesale, Inc.	P.O. Box, Building and Room Number, if any
Trade Name	Street 123 West Mills Street
Attention To Scott Stevens	City El Paso
Title	State Texas ZIP Code + 4 79901
5.b. Termination Date 2008	5.c. Amount 21,941
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 21,941	

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		
Alex Casillas	17,855	4,086	21,941	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:			21,941	14. Total Disbursements (Sum of Items 8-13)	21,941

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 0
Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4		15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		

Name of Person Filing: ALEX CASILLAS

File Number C- 0040

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 Hann & Hann, Inc.

Trade Name

Street 12307 Washington Ave.

Attention To Terry

Hann

City Rockville

Title

State Maryland

ZIP Code + 4 20852

5.b. Termination Date 02/11/2008

5.c. Amount 9,361

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,361

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

Alex	Casillas	7,255	2,106	9,361	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:				9,361	14. Total Disbursements (Sum of Items 8-13)	9,361

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

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Alex Casillas	File Number C- 00040
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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 Volvo Construction Equipment & Services	P.O. Box, Building and Room Number, if any
Trade Name	Street 1467 Route 31
Attention To Mary Popovich	City Annandale
Title	State New Jersey ZIP Code + 4 08801
5.b. Termination Date 2008	5.c. Amount 39,750
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 39,750	

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		
Alex Casillas	32,500	4,500	37,000	9. Office and Administrative Expenses	1,500
				10. Publicity	
				11. Fees for Professional Services	1,250
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			37,000	14. Total Disbursements (Sum of Items 8-13)	39,750

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 0
Name		15.e. Purpose
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		