

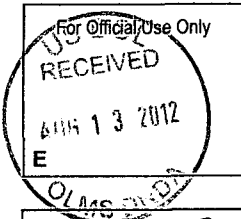
# FORM LM-21

## 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

502137

|                       |                                              |                                |          |                                |
|-----------------------|----------------------------------------------|--------------------------------|----------|--------------------------------|
| 1. File Number C- 776 | 2. Period Covered<br>By This Report<br>From: | Month/Day/Year<br>(mm/dd/yyyy) | Through: | Month/Day/Year<br>(mm/dd/yyyy) |
|                       |                                              | 12/06/10                       |          | 12/31/11                       |

| A. Person Filing                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Name and mailing address (include ZIP Code):<br><br>Name Simon Jara<br><br>Title owner<br><br>Organization<br><br>P.O. Box, Building and Room Number, if any<br><br>Street 10380 Rochelle Ave<br><br>City Santee<br><br>State CA ZIP Code + 4 92071 | 4. Any other address where records necessary to verify this report are kept:<br><br>Name<br><br>Title<br><br>Organization<br><br>P.O. Box, Building and Room Number, if any<br><br>Street<br><br>City<br><br>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      | President<br>(if other title, see instructions) | 18. Signed _____ | Treasurer<br>(If other title, see instructions) |
| Title President |                                                 | Title Treasurer  |                                                 |
| On 8/7/12       | On / /                                          | Date             | Date                                            |
| Date            | Telephone Number                                | Telephone Number |                                                 |

|                                          |                |
|------------------------------------------|----------------|
| Name of Person Filing: <u>Simon Jara</u> | File Number C- |
|------------------------------------------|----------------|

|                                                                                                                                                                                                             |                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Statement of Receipts</b> 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).<br><br>Employer <u>Labor Relations Institute</u><br>Trade Name <u>LRI</u><br>Attention To <u>Phillip Wilson</u><br>Title <u>President</u> | Mailing Address:<br>P.O. Box, Building and Room Number, if any<br><u>P.O. Box 1529</u><br>Street <u>7850 South Elm Plaza</u><br>City <u>Broken Arrow</u><br>State <u>OK</u> ZIP Code + 4 |
| 5.b. Termination Date                                                                                                                                                                                       | 5.c. Amount <u>\$9000</u>                                                                                                                                                                |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS                                                                                                                                                                        |                                                                                                                                                                                          |

|                                                                                                                                                                                                    |             |                |                 |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-----------------|---------------------------------------------|
| <b>C. Statement of Disbursements</b> 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>Simon Jara</u>                                                                                                                                                                                  | <u>9000</u> | <u>1687.37</u> | <u>10687.37</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) |

|                                                                                                                                                                                         |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>D. Schedule of Disbursements for Reportable Activity</b> 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<br><br>Name<br><br>Title<br><br>Organization<br><br>P.O. Box, Building and Room Number, if any<br><br>Street<br><br>City<br><br>State <u>Washington</u> ZIP Code + 4 | 15.d. Amount<br><br>15.e. Purpose |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY                                                                                                                                     |                                   |