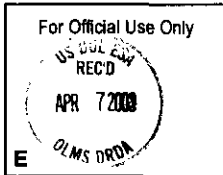


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009

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

360503

1. File Number C- 00618	2. Period Covered By This Report From: 01/01/2007 Through: 12/31/2007
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	Josephine Zamora
Title	President
Organization	Employee Solutions, Inc.
P.O. Box, Building and Room Number, if any	P.O. Box 67166
Street	
City	Albuquerque
State	New Mexico
ZIP Code + 4	87193
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 <u>Josephine Zamora</u> President (if other title, see instructions) Title <u>President</u> On <u>3/28/08</u> <u>505-296-1600</u> Date Telephone Number	18. Signed <u>Josephine Zamora</u> Treasurer (if other title, see instructions) Title <u>Other (Specify)</u> <u>President</u> On <u>3/28/08</u> <u>505-296-1600</u> Date Telephone Number
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Name of Person Filing: Josephine Zamora	File Number C- 00618
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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>Henry Ford Continuing Care</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street <u>19850 Harper</u>
Attention To <u>Ann</u> <u>Kochanski</u>	City <u>Harper Woods</u>
Title	State <u>Michigan</u> ZIP Code + 4 <u>48225</u>

5.b. Termination Date 12/31/06 5.c. Amount 13,353

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 150,909

**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	
N/A		0	0	9. Office and Administrative Expenses 0
		0	0	10. Publicity 0
		0	0	11. Fees for Professional Services 0
		0	0	12. Loans Made 0
		0	0	13. Other Disbursements 0
8. Total disbursements to officers and employees: 0				14. Total Disbursements (Sum of Items 8-13) 0

**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: <u>About Business, Inc.</u></p> <p>15.c. To Whom Paid</p> <p>Name <u></u></p> <p>Title <u></u></p> <p>Organization <u>About Business, Inc.</u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u>6483 S Xenophon St.</u></p> <p>City <u>Littleton</u></p> <p>State <u>Colorado</u> ZIP Code + 4 <u>80127</u></p>	<p>15.b. Trade Name, if any: <u></u></p> <p>15.d. Amount <u>3,900</u></p> <p>15.e. Purpose</p> <p>To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 76,625

Name of Person Filing: Josephine Zamora	File Number C-00618
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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 Cedars-Sinai Health System	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 8700 Beverly Blvd.		
Attention To: Jeanne Flores	City Los Angeles		
Title	State California	ZIP Code + 4	
5.b. Termination Date on-going		5.c. Amount 7,218	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Trinity Health	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 27870 Cabot Drive		
Attention To: Anita Lechner Bosch	City Novi		
Title	State Michigan	ZIP Code + 4	48377
5.b. Termination Date on-going		5.c. Amount 130,338	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount 0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount 0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount 0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Josephine Zamora	File Number C- 00618
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<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.
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<b>15.a. Employer Name:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;">Bienvenido</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Rabano</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">6801 Rook Drive</div> City <div style="border: 1px solid black; padding: 2px;">Huntington Beach</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">92647</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">21,675</div>  <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;">           To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.         </div>

<b>15.a. Employer Name:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;">Jill</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Cortis</div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">2340 Indianwood Rd.</div> City <div style="border: 1px solid black; padding: 2px;">Lake Orion</div> State <div style="border: 1px solid black; padding: 2px;">Michigan</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">48362</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">400</div>  <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;">           To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.         </div>

<b>15.a. Employer Name:</b> <div style="border: 1px solid black; padding: 2px;">Permanent Solutions Labor Consultants</div>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Permanent Solutions Labor Consultants</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">19186 Fort Street</div> City <div style="border: 1px solid black; padding: 2px;">Riverview</div> State <div style="border: 1px solid black; padding: 2px;">Michigan</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">48192</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">15,980</div>  <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;">           To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.         </div>

Name of Person Filing: Josephine Zamora	File Number C- 00618
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<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.
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<b>15.a. Employer Name:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;">Susannah</div> <div style="border: 1px solid black; padding: 2px;">J</div> <div style="border: 1px solid black; padding: 2px;">Squitieri</div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">1015 Buckingham</div> City <div style="border: 1px solid black; padding: 2px;">Grosse Pointe Park</div> State <div style="border: 1px solid black; padding: 2px;">Michigan</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">48230</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">100.</div>  <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;">           To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.         </div>

<b>15.a. Employer Name:</b> <div style="border: 1px solid black; padding: 2px;">Labor Relations Academy for Management</div>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Labor Relations Academy for Management</div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">105 Golden Eagle Drive</div> City <div style="border: 1px solid black; padding: 2px;">Venetia</div> State <div style="border: 1px solid black; padding: 2px;">Pennsylvania</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">15367</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">200.</div>  <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;">           To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.         </div>

<b>15.a. Employer Name:</b> <div style="border: 1px solid black; padding: 2px;">Total Business Solutions, Inc.</div>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Organization <div style="border: 1px solid black; padding: 2px;">Total Business Solutions, Inc.</div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; padding: 2px;">P.O. box 67787</div> Street <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City <div style="border: 1px solid black; padding: 2px;">Albuquerque</div> State <div style="border: 1px solid black; padding: 2px;">New Mexico</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">87193</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">33,800</div>  <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;">           To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.         </div>

**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.

<b>15.a. Employer Name:</b> Paint Creek	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Title Organization Paint Creek  P.O. Box, Building and Room Number, if any Street 2340 Indianwood Rd. City Lake Orion State Michigan ZIP Code + 4 48362	<b>15.d. Amount</b> 600  <b>15.e. Purpose</b> To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

<b>15.a. Employer Name:</b> 	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Title Organization  P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b>

<b>15.a. Employer Name:</b> 	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Title Organization  P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b>