

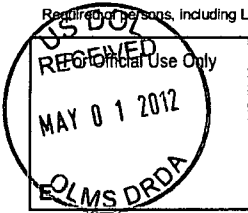
FORM LM-21

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

496077

1. File Number C- 761	2. Period Covered By This Report From: 01/01/2009 Through: 12/31/2009
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Fernando A Rivera Title _____ Organization _____ P.O. Box, Building and Room Number, if any 340 Street 12223 Highland Ave City Rancho Cucamonga State California ZIP Code + 4 91739	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 President On 03/31/2010 909-904-1474 Date Telephone Number	18. Signed _____ Title Treasurer On _____ Date Telephone Number
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Name of Person Filing: Fernando Rivera	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 HEI Hotels and Resorts P.O. Box, Building and Room Number, if any

Trade Name HEI Street 101 Merritt 7 Corporate Park

Attention To Nigel ☐ Hurst City Norwalk

Title President State Connecticut ZIP Code + 4 06851

5.b. Termination Date December 2008 5.c. Amount 7,400

6. TOTAL RECEIPTS FROM ALL EMPLOYERS ~~7,400~~ 62,400

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	
Fernando <input type="checkbox"/> A <u>Rivera</u>	<u>62,400</u>		<u>62,400</u>	9. Office and Administrative Expenses <input type="checkbox"/>
<input type="checkbox"/> <u></u>				10. Publicity <input type="checkbox"/>
<input type="checkbox"/> <u></u>				11. Fees for Professional Services <input type="checkbox"/>
<input type="checkbox"/> <u></u>				12. Loans Made <input type="checkbox"/>
<input type="checkbox"/> <u></u>				13. Other Disbursements <input type="checkbox"/>
8. Total disbursements to officers and employees:	<u>62,400</u>			14. Total Disbursements (Sum of Items 8-13) <u>62,400</u>

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:</p> <p><u></u></p> <p>15.c. To Whom Paid</p> <p>Name <input type="checkbox"/> <u></u> <input type="checkbox"/> <u></u></p> <p>Title <u></u></p> <p>Organization <u></u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u>Washington</u> ZIP Code + 4 <u></u></p>	<p>15.b. Trade Name, If any:</p> <p><u></u></p> <p>15.d. Amount <u></u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Statements of Receipts 5.a. continuation...

2 Sisters Food Group

Jeremy Chew, President

15555 Meridian Parkway

Riverside CA 92518

Termination Date September, 2009 Amount 26,050

Paramount Meadows Nursing Center

Jo Ellen Zayer

7039 Alondra Blvd

Paramount CA 90723

Termination Date October 15, 2008 Amount 11,300

Halsted Communications

Kirk Halsted

13 Commerce Drive

Ballston SPA

New York 12020-3631

Termination August, 2009 Amount 17,650