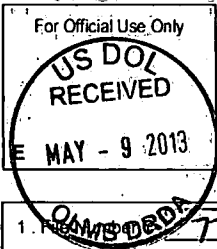


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
From:	01/01/2012		12/31/2012

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Angel <input type="checkbox"/> Cornejo
Title	CEO
Organization	Pinnacle Labor Relations
P.O. Box, Building and Room Number, if any	
Street	1427 dent st
City	escalon
State	California
ZIP Code + 4	95320
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	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On <input checked="" type="checkbox"/> 1/1/2013	209-838-3714	On <input type="checkbox"/> 1/1/	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Angel Cornejo	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).

Employer: Pacific labor Relations	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name: PLR	Street: 502 s 15th st
Attention To: Peter <input type="checkbox"/> Quist	City: Boise
Title:	State: Idaho ZIP Code + 4: 83702

5.b. Termination Date: 5.c. Amount:

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	
				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.

<p>15.a. Employer Name: Stampede Meat</p> <p>15.c. To Whom Paid</p> <p>Name: Angel <input type="checkbox"/> Cornejo</p> <p>Title: President</p> <p>Organization: Pinnacle Labor Relations</p> <p>P.O. Box, Building and Room Number, if any:</p> <p>Street: 1427 Dent St</p> <p>City: Escalon</p> <p>State: California ZIP Code + 4: 95320</p>	<p>15.b. Trade Name, If any:</p> <p>15.d. Amount: 26,000</p> <p>15.e. Purpose: Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 26,000