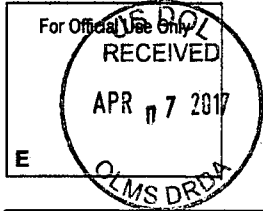


FORM LM-21

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

646388

1. File Number C- 00742	2. Period Covered By This Report From: 01/01/2016 Through: 12/31/2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	William D Leopardi
Title	President
Organization	Leopardi Labor Solutions, Inc.
P.O. Box, Building and Room Number, if any	
Street	28161 Haria
City	Mission Viejo
State	California ZIP Code + 4 92692
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 <i>William D. Leopardi</i> Title President On 03/30/2017 949-637-3207 Date Telephone Number	18. Signed _____ Title Treasurer On _____ Date Telephone Number
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Name of Person Filing: William Leopardi	File Number C- 00742
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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 <input type="text" value="See Attached"/>		P.O. Box, Building and Room Number, if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text"/>	
Attention To <input type="text"/>	<input type="checkbox"/>	City <input type="text"/>	
Title <input type="text"/>		State <input type="text"/>	ZIP Code + 4 <input type="text"/>

5.b. Termination Date <input type="text" value="Dec 31, 2016"/>	5.c. Amount <input type="text" value="119,276"/>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <input type="text" value="119,276"/>

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			
William <input type="checkbox"/> D <input type="checkbox"/> Leopardi	15,000	9,103	24,103	9. Office and Administrative Expenses	4,118	
<input type="checkbox"/>				10. Publicity	0	
<input type="checkbox"/>				11. Fees for Professional Services	1,600	
<input type="checkbox"/>				12. Loans Made		
<input type="checkbox"/>				13. Other Disbursements		
8. Total disbursements to officers and employees:			24,103	14. Total Disbursements (Sum of Items 8-13)	29,821	

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

2016 LM-21

William D. Leopardi

Leopardi Labor Solutions, Inc.

C-00742

B. Statement of Receipts

1. Fountain Valley Regional Medical Center

Janice Thayer

Senior Director Labor Relations

17100 Euclid

Fountain Valley, CA 92708

Term date 23-May-16

Amount \$54,333

2. Oregon Shakespeare Festival

Cythia Ryder

Executive Director.

15 South Pioneer Street

Ashland, OR 97520

Term date 5-Jul-16

Amount \$60,391

3. Smith's Brothers Farms

Dusty Highland

President

264901 79th Ave South

Kent, WA 98032

Term date 15-Aug-16

Amount \$3,651

4. West Coast Industries

Ron Liss

President

750 Battery Street

Los Angeles, CA 94111

Term date 4-Sep-16

Amount \$450

5. Zoo Printing

Jorge Martinez

Director of Human Resources

C/O Manatt Phelps & Phillips

Los Angeles, CA

Term date 2-Sep-16

Amount \$450

Total \$119,276