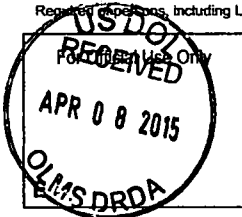


# FORM LM-21

## 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.

Regulated employers, 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

589715

1. File Number C- <input type="text" value="00676"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2014"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Carlos"/> <input type="text" value="Ortiz"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="President"/>	Name <input type="text"/>
Organization <input type="text" value="Solutions Labor Relations Consultants"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text" value="7426 Cherry Ave Suite 210-106"/>	Street <input type="text" value="312 N Belmont Ave"/>
City <input type="text" value="Fontana"/>	City <input type="text" value="Los Angeles"/>
State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92336"/>	State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="90026"/>

### 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 <input type="text" value="President"/>		Title <input type="text" value="Treasurer"/>	
On <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> <input type="text" value="909 910-5575"/>	Date Telephone Number	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	Date Telephone Number

Name of Person Filing: Carlos Ortiz

File Number C- 00676

**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:

P.O. Box, Building and Room Number, if any

Employer See Attached

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

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

Carlos	Ortiz	117,393		117,393	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:				117,393	14. Total Disbursements (Sum of Items 8-13)	117,393

**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:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

**Solutions Labor Relations Consultants  
LM-21 (1/1/2014 to 12/31/2014)  
Item B 5 Statement of Receipts  
File Number C-00676**

Jacob M Monty  
Latino Labor Persuaders  
150 W. Parker Rd. Fourth Floor  
Houston TX 77076

Work Performed at:

Sysco New Mexico

Comanche Road

Albuquerque NM 77076

10/01/2012

\$15,438.62

Julio Pablos  
Arena Communications Services

Work Performed At:

Amigos Logistics

5221 S. Millard Ave

Chicago Illinois 60032

12/21/2013

\$ 37,759.18

Julio Pablos  
Arena Communications Services

Work Performed At:

Katch Kan USA

4515 Smith Road

Von Ormy TX 78073

09/15/2014

\$60,006.07

Peter A List  
Kulture Consulting  
759 Bloomfield Ave.# 301  
West Caldwell NJ 07006

Work Performed At:

CLP Resources

1015 A Street

Tacoma Washington 98402

11//27/13

\$4,189.61

Total

\$117,393.48