

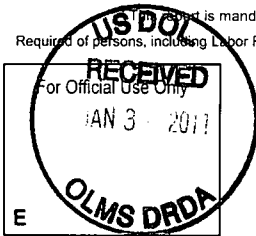


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

441379

1. File Number C- 00400 1	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2008		12 / 31 / 2008

A. Person Filing

3. Name and mailing address (include ZIP Code):

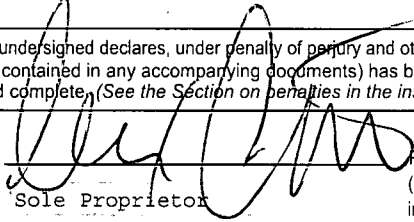
Name Alex Casillas
Title Proprietor
Organization Action Resources
P.O. Box, Building and Room Number, if any
#223
Street 1119 S. Mission Road
City Fallbrook
State California ZIP Code + 4 92028

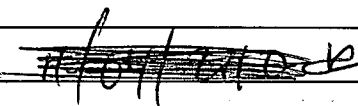
4. Any other address where records necessary to verify this report are kept:

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)
Title Sole Proprietor

18. Signed  Treasurer
(If other title, see instructions)
Title Treasurer

On 11 / 04 / 2010 818-999-9990
Date Telephone Number

On / /
Date Telephone Number

Name of Person Filing: Alex Casillas	File Number C- 00400
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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 The Timken Company Trade Name Timken Boring Specialties Attention To Thomas E Stone Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 1835 Dueber Ave. City Canton State Ohio ZIP Code + 4
5.b. Termination Date November 2008	5.c. Amount 47,464
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 47,464	

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		
	0	0	0	9. Office and Administrative Expenses	0
				10. Publicity	
				11. Fees for Professional Services	0
				12. Loans Made	
				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.
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 0	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		

Name of Person Filing: Alex Casillas

File Number C- 00400

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 Volvo Construction Equipment & Services

Trade Name

Street 1467 Route 31

Attention To Mary

Popovich

City Annandale

Title

State New Jersey

ZIP Code + 4 08801

5.b. Termination Date 02/13/2008

5.c. Amount 47,464

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 47,464

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

Alex Casillas	32,500	4,500	37,000	9. Office and Administrative Expenses	1,500
				10. Publicity	
				11. Fees for Professional Services	1,250
				12. Loans Made	
				13. Other Disbursements	0
8. Total disbursements to officers and employees:			37,000	14. Total Disbursements (Sum of Items 8-13)	39,750

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 0

Name

15.e. Purpose

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0