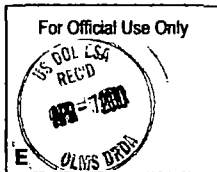


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 88-257, 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

426 725

1. File Number C- 674	2. Period Covered By This Report From: 09/11/2009 Through: 10/09/2009
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A. Person Filing

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

Name **Carlos** ☐ **Ortiz**
Title **President**
Organization **Solutions Labor Relations Consultants**
P.O. Box, Building and Room Number, if any
Street **7426 Cherry Avenue, Suite 210-106**
City **Fontana**
State **California** ZIP Code + 4 **92336**

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 **[Signature]** President
Title **President**
(if other title, see instructions)

On **03/28/2010** **909-910-5575**
Date Telephone Number

18. Signed _____ Treasurer
Title **Treasurer**
(if other title, see instructions)

On _____
Date Telephone Number

Name of Person Filing: Carlos Ortiz	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	Republic CVT Regional MRF	P.O. Box, Building and Room Number, if any	
Trade Name		Street	1131 N. Blue Gum Street
Attention To	Jerry <input type="checkbox"/> Vincent <input type="checkbox"/>	City	Anaheim
Title	Company Attorney	State	California
		ZIP Code + 4	92806

5.b. Termination Date	10-09-2009	5.c. Amount	33,885
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	33,885
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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		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9. Office and Administrative Expenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		10. Publicity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11. Fees for Professional Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		12. Loans Made
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		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.

15.a. Employer Name: Solutions Labor Relations Consultants	15.b. Trade Name, if any:
15.c. To Whom Paid Name: Carlos <input type="checkbox"/> Ortiz <input type="checkbox"/> Title: President Organization: Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any: Street: 7426 Cherry Avenue, Suite 210-106 City: Fontana State: California ZIP Code + 4: 92336	15.d. Amount: 33,885 15.e. Purpose Hold employee meetings to inform them of their rights under section (7) of the NLRA guide and answer questions pertaining to the union using NLRB documents and union documents for questions and answers.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	