

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

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)

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

453204

1. File Number C-

728

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01 / 01 / 2007

Through:

Month/Day/Year  
(mm/dd/yyyy)

12 / 31 / 2007

### A. Person Filing

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

Name Versala D Parish

Title Consultant

Organization n/a

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

Street 28920 Cullen Drive

City Romulus

State Michigan ZIP Code + 4 48174

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

Title Other (Specify)

Consultant

President  
(if other title, see  
instructions)

18. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

03 / 23 / 2011

Date

248-225-4432

Telephone Number

On

/ /

Date

Telephone Number

Name of Person Filing: <b>Versala Parish</b>	File Number <b>C-</b>
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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.

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5.a. Name and Address of Employer (including trade name, if any):

Employer **Employee Solutions, Inc. (Palm Beach)**

Trade Name

Attention To **Josephine Zamora**

Title **President**

Mailing Address:

P.O. Box, Building and Room Number, if any  
**PO Box 67166**

Street **5108 Cumberland Pl NW**

City **Albuquerque**

State **New Mexico**      ☒ ZIP Code + 4 **87120**

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5.b. Termination Date **July 2007**

5.c. Amount **0 (Never received any \$5)**

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6. TOTAL RECEIPTS FROM ALL EMPLOYERS **0**

**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.

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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.

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15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State <input checked="" type="radio"/> ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	