

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

550110

1. File Number C- 00738	2. Period Covered By This Report From: 01/01/2013 Through: 12/31/2013
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Jacob M Monty Title Manager Organization Latino Labor Peruaders LLC P.O. Box, Building and Room Number, if any Fourth Floor Street 150 W Parker Rd City Houston State Texas ZIP Code + 4 77076-2951	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) Manager On 03/27/2014 713-637-4704 Date Telephone Number	18. Signed _____ Title Other (Specify) On _____ Date Telephone Number
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Name of Person Filing: Jacob Monty	File Number C- 00738
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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 Hall's Culligan Water - Culligan of Sylmar P.O. Box, Building and Room Number, if any

Trade Name Street 15580 Rexford Street

Attention To Chris ☐ Layton City Sylmar

Title Consumer Services Professional State California ZIP Code + 4 91342-1263

5.b. Termination Date March 29, 2013 5.c. Amount 121,799

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 265,811

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		
Jacob <input checked="" type="checkbox"/> M Monty	124,500	0	124,500	9. Office and Administrative Expenses	14,608
Gerri <input type="checkbox"/> Ransom	37,916	0	37,916	10. Publicity	0
Alma <input checked="" type="checkbox"/> A Cruz	3,999	0	3,999	11. Fees for Professional Services	76,021
<input type="checkbox"/> <u></u>				12. Loans Made	0
<input type="checkbox"/> <u></u>		0	0	13. Other Disbursements	0
8. Total disbursements to officers and employees:				166,415	14. Total Disbursements (Sum of Items 8-13) 257,044

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: Hall's Culligan Water - Culligan of Sylmar

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Carlos ☐ Ortiz

Title Consultant

Organization Solutions Labor Relations Consultants

P.O. Box, Building and Room Number, if any Suite #210-106

Street 7426 Cherry Ave.

City Fontana

State California ZIP Code + 4 92336-4221

15.d. Amount 31,246

15.e. Purpose

Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 122,118

Name of Person Filing: Jacob Monty		File Number C-00738	
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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 IFCO Systems, N.A., Inc.	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 13100 Northwest Freeway		
Attention To: David <input type="checkbox"/> Russell <input type="checkbox"/>	City Houston		
Title President-North America	State Texas	ZIP Code + 4	77040-6310
5.b. Termination Date December 23, 2012		5.c. Amount 96,948	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Katch Kan, USA	P.O. Box, Bldg., Room No., if any		
Trade Name	P.O. Box 1669		
Attention To: Mark <input type="checkbox"/> Fischer <input type="checkbox"/>	Street		
Title Executive Vice President	City Montgomery		
	State Texas	ZIP Code + 4	77356-1669
5.b. Termination Date November 8, 2012		5.c. Amount 4,643	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Leopardi Labor Solutions, Inc.	P.O. Box, Bldg., Room No., if any		
Trade Name on behalf of Emmanuel Medical Ctr	Street 28161 Haria		
Attention To: William <input type="checkbox"/> D Leopardi <input type="checkbox"/>	City Mission Viejo		
Title	State California	ZIP Code + 4	92692
5.b. Termination Date January 7, 2013		5.c. Amount 42,421	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount 0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Jacob Monty	File Number C- 00738
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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: Leopardi Labor Solutions on behalf of EMC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos <input type="checkbox"/> Ortiz <input type="checkbox"/> Title Consultant Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite #210-106 Street 7426 Cherry Ave. City Fontana State California ZIP Code + 4 92336-4221	15.d. Amount 12,811 15.e. Purpose Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

15.a. Employer Name: IFCO Systems N.A., Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos <input type="checkbox"/> Ortiz <input type="checkbox"/> Title Consultant Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite #210-106 Street 7426 Cherry Ave. City Fontana State California ZIP Code + 4 92336-4221	15.d. Amount 29,904 15.e. Purpose Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

15.a. Employer Name: Packers Sanitation Services, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos <input type="checkbox"/> Ortiz <input type="checkbox"/> Title Consultant Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Suite #210-106 Street 7426 Cherry Ave. City Fontana State California ZIP Code + 4 92336-4221	15.d. Amount 1,500 15.e. Purpose Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

Name of Person Filing: Jacob Monty	File Number C- 00738
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: <div style="border: 1px solid black; padding: 2px;">Hall's Culligan Water - Culligan of Sylmar</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">Laura</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Garcia</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, If any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">2805 Meade Dr.</div> City <div style="border: 1px solid black; padding: 2px;">Grand Prairie</div> State <div style="border: 1px solid black; padding: 2px;">Texas</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">75052</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">22,883</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions. </div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Hall's Culligan Water - Culligan of Sylmar</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">William</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Herrera</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">9427 Rested Grove Lane</div> City <div style="border: 1px solid black; padding: 2px;">Houston</div> State <div style="border: 1px solid black; padding: 2px;">Texas</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">77095</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">7,287</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions. </div>

15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Katch Kan, USA</div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 2px;">William</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">Herrera</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">9427 Rested Grove Lane</div> City <div style="border: 1px solid black; padding: 2px;">Houston</div> State <div style="border: 1px solid black; padding: 2px;">Texas</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">77095</div>	15.d. Amount <div style="border: 1px solid black; padding: 2px;">16,487</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions. </div>