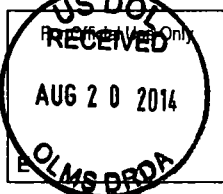


FORM LM-21

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 filers: 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

560474

1. File Number c- <u>66103</u>	2. Period Covered By This Report From: <u>07/01/2014</u> Through: <u>07/31/2014</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>RICARDO</u> <u>TORRES</u>	4. Any other address where records necessary to verify this report are kept:
Title _____	Name _____
Organization _____	Title _____
P.O. Box, Building and Room Number, if any _____	Organization _____
Street _____	P.O. Box, Building and Room Number, if any _____
City _____	Street _____
State _____ ZIP Code + 4 _____	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 <u>Ricardo Torres</u>	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title <u>President</u>		Title <u>Treasurer</u>	
On <u>7/28/2014</u>	Date _____ Telephone Number _____	On _____	Date _____ Telephone Number _____

Name of Person Filing:	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 <u>ASSN OF CAR WASH OWNERS FDC</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street
Attention To <u>STEVE</u> <input type="checkbox"/> <u>ROTELEVI</u>	City
Title <u>PRESIDENT</u>	State ZIP Code + 4

5.b. Termination Date JULY 2014 5.c. Amount 600.-

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$600.-

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	
				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.

<p>15.a. Employer Name:</p> <p> </p>	<p>15.b. Trade Name, If any:</p> <p> </p>
<p>15.c. To Whom Paid</p> <p>Name <input type="checkbox"/> <input type="checkbox"/></p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street</p> <p>City</p> <p>State <u>Washington</u> ZIP Code + 4</p>	<p>15.d. Amount</p> <p> </p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</p>	