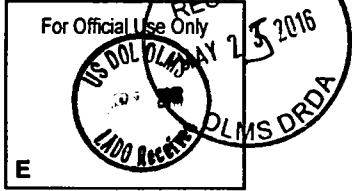


FORM LM-21  
**RECEIPTS AND DISBURSEMENTS REPORT**

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**

1. File Number C- 00400

623932  
2. Period Covered  
By This Report  
From:

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

01 / 01 / 2014

Through:

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

12 / 31 / 2014

**A. Person Filing**

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

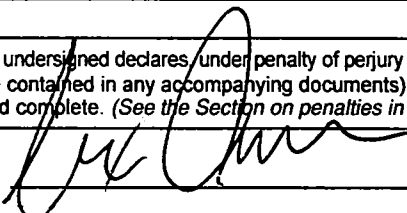
Name Alex Casillas  
Title Consultant  
Organization Action Resources  
P.O. Box, Building and Room Number, if any  
Street 1374 S. Mission Road #411  
City Fallbrook  
State California ZIP Code + 4 92028

**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   
Title Sole Proprietor President  
(if other title, see instructions)

18. Signed \_\_\_\_\_  
Title Other (Specify) Treasurer  
(If other title, see instructions)

On 03 / 08 / 2016 8189999990  
Date Telephone Number

On / /  
Date Telephone Number

33

Name of Person Filing:

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).

Employer Taylor Farms

Trade Name

Attention To Alan

Applonie

Title

Mailing Address:

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

Street 1820 N. MacArthur Drive

City Tracy

State California

ZIP Code + 4 95376

5.b. Termination Date September 2014

5.c. Amount 281506

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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	20882.70	23501.80		9. Office and Administrative Expenses	22,506
Cesar	Lopez	101,250	15963.65		10. Publicity	
Mario	Vargas	28,000	4857.91		11. Fees for Professional Services	
Michael	Casillas	28,000	2894.94		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.

15.a. Employer Name:

Taylor Farms

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Alex Casillas

Title Consultant

Organization Action Resources

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

Street 1820 N. MacArthur Drive

City Tracy

State California

ZIP Code + 4 95376

15.d. Amount 281506

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

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 Bodycote IMT, Inc.

Trade Name

Street 4605 Northwest Pacific Rim Blvd.

Attention To Joseph Dyer

City Camas

Title General Manager

State Washington

ZIP Code + 4 98607

5.b. Termination Date June 2014

5.c. Amount 30,827.00

**6. TOTAL RECEIPTS FROM ALL EMPLOYERS****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	20882.70	23501.80		9. Office and Administrative Expenses	22,506
Cesar	Lopez	101,250	15963.65		10. Publicity	
Mario	Vargas	28,000	4857.91		11. Fees for Professional Services	
Michael	Casillas	28,000	2894.94		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.

15.a. Employer Name:

Taylor Farms

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount 117,213.65

Name Cesar Lopez

15.e. Purpose

Title Consultant

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Organization

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

Street 29390 Oakmont Ct.

City Murrieta

State California

ZIP Code + 4 92563

**16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**

Name of Person Filing:

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 GNP Company

Trade Name

Street 4150 Second Street South - Suite 200

Attention To

City St. Cloud

Title

State Minnesota ZIP Code + 4 56301

5.b. Termination Date June 2014

5.c. Amount 35,524

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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	20882.70	23501.80		9. Office and Administrative Expenses	22,506
Cesar	Lopez	101,250	15963.65		10. Publicity	
Mario	Vargas	28,000	4857.91		11. Fees for Professional Services	
Michael	Casillas	28,000	2894.94		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.

15.a. Employer Name:

Taylor Farms

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Mario Vargas

Title Consultant

Organization

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

Street 15229 Portico Lane

City Fontana

State California ZIP Code + 4 92336

15.d. Amount 32,857.91

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

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

Trade Name

Attention To

Title

Street

City

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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	20882.70	23501.80		9. Office and Administrative Expenses	22,506
Cesar	Lopez	101,250	15963.65		10. Publicity	
Mario	Vargas	28,000	4857.91		11. Fees for Professional Services	
Michael	Casillas	28,000	2894.94		12. Loans Made	
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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:

Taylor Farms

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Michael Casillas

Title Consultant

Organization

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

Street 3321 Berkeley Ave.

City Los Angeles

State California

ZIP Code + 4 90026

15.d. Amount 30,894.94

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

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

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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	20882.70	23501.80		9. Office and Administrative Expenses	22,506
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Mario	Vargas	28,000	4857.91		11. Fees for Professional Services	
Michael	Casillas	28,000	2894.94		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.

15.a. Employer Name:

Bodycote IMT, Inc.

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount 30,827

Name Alex

Casillas

15.e. Purpose

Title Consultant

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Organization Action Resources

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

Street 1374 S. Mission Rd. #411

City Fallbrook

State California

ZIP Code + 4 92028

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

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

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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	20882.70	23501.80		9. Office and Administrative Expenses	22,506
Cesar	Lopez	101,250	15963.65		10. Publicity	
Mario	Vargas	28,000	4857.91		11. Fees for Professional Services	
Michael	Casillas	28,000	2894.94		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.

15.a. Employer Name:

GNP Company

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount 35524.00

Name Alex

Casillas

15.e. Purpose

Title Consultant

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Organization

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

Street 1374 S. Mission Rd. #411

City Fallbrook

State California

ZIP Code + 4 92028

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY