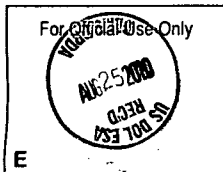


# FORM LM-21

## 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

433636

1. File Number C- 00556	2. Period Covered By This Report From: 04/19/2005 Through: 05/04/2005
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### A. Person Filing

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

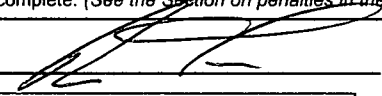
Name    
Title   
Organization   
P.O. Box, Building and Room Number, if any  
  
Street   
City   
State  ZIP Code + 4

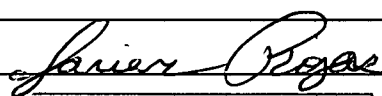
#### 4. Any other address where records necessary to verify this report are kept:

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  President  
(if other title, see instructions)  
Title

18. Signed  Treasurer  
(If other title, see instructions)  
Title

On 07/01/2005 313-218-0371  
Date Telephone Number

On 07/01/2005   
Date Telephone Number

Name of Person Filing: Javier Rojas

File Number C- 00556

**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 National Beef

Trade Name

Street

Attention To Mike

Eckman

City

Title

CEO

State

Kansas

ZIP Code + 4

67801-9018

5.b. Termination Date 1/8/2010

5.c. Amount 348,421

-348,421

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 348,421

348,421

**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

Johan	Pena	29,250	1,012	30,262	9. Office and Administrative Expenses	0
Alex	Santana	58,500	2,087	60,587	10. Publicity	
Fernando	Rivera	58,500	16,960	75,460	11. Fees for Professional Services	
Luz	Ceballos	9,000	1,202	10,202	12. Loans Made	
Miriam	Navarro	33,750	3,177	36,927	13. Other Disbursements	
8. Total disbursements to officers and employees:				213,438	14. Total Disbursements (Sum of Items 8-13)	213,438

Two pages

Total 348,421

**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:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Javier Rojas

File Number C- 00556

**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 National Beef

Trade Name

Street

Attention To

Mike

Eckman

City

Dodge City

Title

CEO

State

Kansas

ZIP Code + 4

67801-9018

5.b. Termination Date

1/8/2010

5.c. Amount

348,421

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 348,421

**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

Ines	Murray	22,600	1,365	23,965	9. Office and Administrative Expenses	0
Amed	Santana	80,900	6,512	87,412	10. Publicity	0
Jason	Rodriguez	21,150	2,456	23,606	11. Fees for Professional Services	
		0	0	0	12. Loans Made	
		0	0	0	13. Other Disbursements	
8. Total disbursements to officers and employees:				134,983	14. Total Disbursements (Sum of Items 8-13)	134,983

Two pages Total 348,421

**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:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY