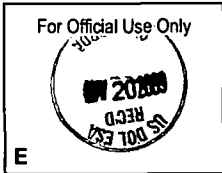


# FORM LM-21

## 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

429716

1. File Number C- 00367	2. Period Covered By This Report From: 01/01/2009 Through: 12/31/2009
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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

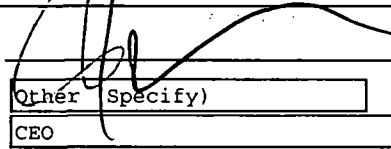
Street


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   
  
On 05/12/2010 949 452-1840  
Date Telephone Number

18. Signed  Treasurer  
(If other title, see instructions)  
Title   
On 05/12/2010 949 452-1840  
Date Telephone Number

Name of Person Filing:

File Number C- 00367

**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 7,943

**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

<input type="text" value="Terren"/>	<input type="checkbox"/>	<input type="text" value="Becker"/>	<input type="text" value="4,000"/>	<input type="text" value="943"/>	<input type="text" value="4,943"/>	9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:					<input type="text" value="4,943"/>	14. Total Disbursements (Sum of Items 8-13)	<input type="text" value="4,943"/>

**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 ZIP Code + 4 15.d. Amount 

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY