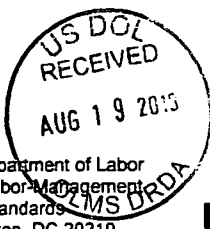


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210



FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

This report is mandatory under P.L. 85-257, 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)

For Official Use Only

MAY 21 2015

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

625732

1. File Number C-

753

2. Period Covered
By This Report
From:

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

7/7/14

Through:

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

7/7/15

A. Person Filing

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

Name

JAMES

C

MISERACIO

Title

PRESIDENT

Organization

LABOR EDUCATORS LLC

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

Street

325 WALNUT ST.

City

BRIDGEWATER

State

MA

ZIP Code + 4

02324

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

JL

Title

President

President

(if other title, see instructions)

18. Signed

Title

Treasurer

Treasurer

(If other title, see instructions)

On

5/16/2014

Date

774 271 2765

Telephone Number

On

Date

Telephone Number

37

Name of Person Filing:	File Number C- <u>753</u>
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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>SUPERMARKET ASSOCIATES</u>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<u>533 DOHERTY AVE.</u>
Attention To	<u>STEFANI</u> <input type="checkbox"/> <u>LANKFORD</u>	City	<u>MOSEJO</u>
Title	<u>H.R.</u>	State	<u>CA.</u> ZIP Code + 4 <u>95380</u>
5.b. Termination Date <u>8-27-14</u>		5.c. Amount <u>25,138.86</u>	
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	
<u>JOHN</u> <input type="checkbox"/> <u>CEVALLOS</u>	<u>19,977</u>	<u>24,785.99</u>	<u>22,457.99</u>	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:			<u>22,457.99</u>	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:		15.b. Trade Name, If any:	
15.c. To Whom Paid		15.d. Amount	
Name <input type="checkbox"/> <input type="checkbox"/>		<input type="text"/>	
Title <input type="text"/>			
Organization <input type="text"/>			
P.O. Box, Building and Room Number, if any		15.e. Purpose	
<input type="text"/>			
Street <input type="text"/>			
City <input type="text"/>			
State <u>Washington</u> ZIP Code + 4 <input type="text"/>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			