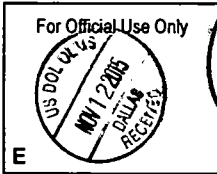


# FORM LM-21

## 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. 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

601312

1. File Number C-	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
65880	From:	01 / 01 / 2013		12 / 31 / 2013

<b>A. Person Filing</b>	
<b>3. Name and mailing address (include ZIP Code):</b>	
Name	Amed D Santana
Title	President
Organization	Santana International, Inc
P.O. Box, Building and Room Number, if any	Suite 103
Street	1810 George Dieter Dr
City	El Paso
State	Texas
ZIP Code + 4	79936
<b>4. Any other address where records necessary to verify this report are kept:</b>	
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	18. Signed	Treasurer
Title	President	Title	Treasurer
On	11 / 06 / 2015	On	/ /
Date	915-215-3725	Date	
Telephone Number		Telephone Number	

Name of Person Filing: Amed Santana	File Number C-
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b> Employer Arena Communications Trade Name Attention To Julio Pablos Title President	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any Street 279 Shadow Mountain City El Paso State Texas ZIP Code + 4 79912
<b>5.b. Termination Date</b> October 2013	<b>5.c. Amount</b> 19,000
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 19,000	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(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	
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>	

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b>		<b>15.b. Trade Name, if any:</b>
<b>15.c. To Whom Paid</b>		<b>15.d. Amount</b>
Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State Washington ZIP Code + 4		<b>15.e. Purpose</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		