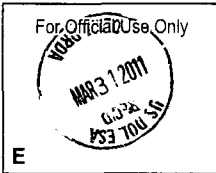


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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

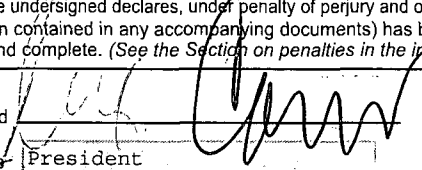
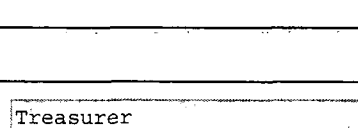
453 214

1. File Number C-0040 400	2. Period Covered By This Report From: 01/01/2008 Through: 12/31/2008
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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	
#223	
Street	1119 S. Mission Road
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		President (if other title, see instructions)	18. Signed		Treasurer (If other title, see instructions)
Title	President		Title	Treasurer	
On	03/08/2011	(818) 999-9990	On		
Date		Telephone Number	Date		Telephone Number

Name of Person Filing: ALEX CASILLAS

File Number C- 0040

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 Hann & Hann, Inc.

Trade Name

Street

12307 Washington Ave.

Attention To

Terry

Hann

City

Rockville

Title

State

Maryland

ZIP Code + 4

20852

5.b. Termination Date 02/11/2008

5.c. Amount 9,361

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,361

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	7,255	2,106	9,361	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:				9,361	14. Total Disbursements (Sum of Items 8-13)	9,361

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