

OLMS DRDA
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496954

1. File Number C- 7605	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2011		12 / 31 / 2011

State ZIP Code + 4

17. Signed Heidi G. Fisher President
(if other title, see instructions)
Title Sole Proprietor

On 4/28/2012
Date Telephone Number

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

On
Date Telephone Number

Name of Person Filing: Heidi Fisher	File Number C-
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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 <input type="text" value="Country Villa Sheraton"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="5120 W. Goldleaf Circle Suite #400"/>
Attention To <input type="text" value="Simeon"/> <input type="checkbox"/> <input type="text" value="Robins"/>	City <input type="text" value="Los Angeles"/>
Title <input type="text" value="Administrator"/>	State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="90056"/>

5.b. Termination Date 5.c. Amount

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<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="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text" value="1,950"/>	<input type="text" value="258"/>	<input type="text" value="2,208"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees: <input type="text" value="2,208"/>				14. Total Disbursements (Sum of Items 8-13) <input type="text" value="2,208"/>

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.

<p>15.a. Employer Name: <input type="text"/></p> <p>15.c. To Whom Paid</p> <p>Name <input type="text"/> <input type="checkbox"/> <input type="text"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p> <p>15.d. Amount <input type="text"/></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY