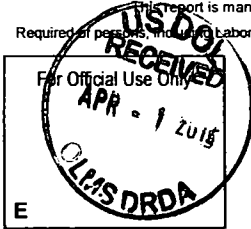


FORM LM-21

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


588772

1. File Number C-	65880	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	From:	01 / 01 / 2014	Through:	Month/Day/Year (mm/dd/yyyy)	12 / 31 / 2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Amed D Santana	Name
Title President	Title
Organization Santana International, Inc	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 1810 George Dieter	Street
City El Paso	City
State Texas ZIP Code + 4 79936	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 / 18 / 2015	915-215-3725	On / /	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Amed Santana	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). Employer LRI Consulting Services, Inc. Trade Name Attention To Phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74011
5.b. Termination Date	5.c. Amount 217,755
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 217,755	

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		
Amed D Santana	179,250	38,505	217,755	9. Office and Administrative Expenses	
				10. Publicity	0
		0	0	11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			217,755	14. Total Disbursements (Sum of Items 8-13)	217,755

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: Carlisle Interconnect Technologies		15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount 4,497
Name Amed D Santana Title President Organization Santana Internationallllll, Inc P.O. Box, Building and Room Number, if any Street 1810 George Dieter #103 City El Paso State Texas ZIP Code + 4 79936		15.e. Purpose Engage to communicate to employees regarding exercising their rights to organize and bargain collectively
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 217,755		

Name of Person Filing: Amed Santana	File Number C-
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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.
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15.a. Employer Name: G & D Integrated	15.b. Trade Name, If any:
15.c. To Whom Paid Name Amed D Santana Title President Organization Santana International, Inc P.O. Box, Building and Room Number, if any Street 1810 George Dieter #103 City El Paso State Texas ZIP Code + 4 79936	15.d. Amount 28,031 15.e. Purpose Engage to communicate to employees regarding exercising their rights to organize and bargain collectively

15.a. Employer Name: Pine Ridge Farms LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Amed D Santana Title President Organization Santana International, Inc P.O. Box, Building and Room Number, if any Street 1810 George Dieter #103 City El Paso State Texas ZIP Code + 4 79936	15.d. Amount 45,066 15.e. Purpose Engage to communicate to employees regarding exercising their rights to organize and bargain collectively

15.a. Employer Name: Stearns Weaver Miller et al	15.b. Trade Name, If any: on behalf of Paradigm Precision
15.c. To Whom Paid Name Amed D Santana Title President Organization Santana International, Inc P.O. Box, Building and Room Number, if any Street 1810 George Dieter #103 City El Paso State Texas ZIP Code + 4 79936	15.d. Amount 46,867 15.e. Purpose Engage to communicate to employees regarding exercising their rights to organize and bargain collectively

Name of Person Filing: Amed Santana	File Number C-
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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: Taylor Farms Pacific Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Amed D Santana Title President Organization Santana International, Inc P.O. Box, Building and Room Number, if any Street 1810 George Dieter #103 City El Paso State Texas ZIP Code + 4 79936	15.d. Amount 75,565 15.e. Purpose Engage to communicate to employees regarding exercising their rights to organize and bargain collectively

15.a. Employer Name: Treasure Island Hotel& Casino	15.b. Trade Name, If any:
15.c. To Whom Paid Name Amed D Santana Title President Organization Santana International, Inc. P.O. Box, Building and Room Number, if any Street 1810 George Dieter #103 City El Paso State Texas ZIP Code + 4 79936	15.d. Amount 17,729 15.e. Purpose Engage to communicate to employees regarding exercising their rights to organize and bargain collectively

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