

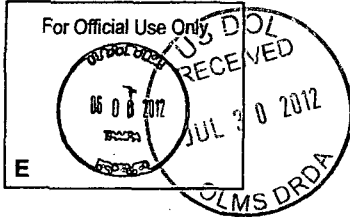
FORM LM-21

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

501645

1. File Number C- <u>772</u>	2. Period Covered By This Report From: <u>01/01/07</u>	Month/Day/Year (mm/dd/yyyy)	Through: <u>12/31/07</u>	Month/Day/Year (mm/dd/yyyy)
------------------------------	--	--------------------------------	--------------------------	--------------------------------

A. Person Filing

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

Name JOSE SALGADO

Title

Organization

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

Street 2232 EAST LINCOLN STREET

City TAMPA

State FL ZIP Code + 4 33605

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 [Signature] President
(if other title, see instructions)

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

On 06/07/2012 239-823-5103
Date Telephone Number

On 1/1 _____
Date Telephone Number

Name of Person Filing:	File Number C-
------------------------	----------------

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 Employee Solutions (FOR PALM BEACH METRO TRANSPORTATION)		P.O. Box, Building and Room Number, if any P.O. Box 67166	
Trade Name		Street	
Attention To JOSEPHINE ZAMORA		City ALBUQUERQUE	
Title PRESIDENT		State NEW MEXICO	ZIP Code + 4 87193

5.b. Termination Date 8/07	5.c. Amount 13,400
-----------------------------------	---------------------------

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	
				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:				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	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	
ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
