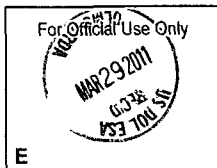


FORM LM-21

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

453209

1. File Number C- 730	2. Period Covered By This Report From: 01/01/2007 Through: 12/31/2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Diana <input type="checkbox"/> Chamberlain	Name <input type="checkbox"/> <input type="checkbox"/>
Title Consultant	Title <input type="checkbox"/>
Organization Labor Relations Academy for Management	Organization <input type="checkbox"/>
P.O. Box, Building and Room Number, if any <input type="checkbox"/>	P.O. Box, Building and Room Number, if any <input type="checkbox"/>
Street 105 Golden Eagle Drive	Street <input type="checkbox"/>
City Venetia	City <input type="checkbox"/>
State Pennsylvania ZIP Code + 4 15367	State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>
4. Any other address where records necessary to verify this report are kept:	

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 <i>Diana Chamberlain</i> President Title Other (Specify) Consultant (if other title, see instructions) On 03/25/2011 (248) 310-5284 Date Telephone Number	18. Signed _____ Treasurer Title Treasurer (If other title, see instructions) On <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> Date Telephone Number
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Name of Person Filing: Diana Chamberlain	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="Employee Solutions Inc (for Cedars Sinai)"/>	P.O. Box, Building and Room Number, if any <input type="text" value="67166"/>
Trade Name <input type="text"/>	Street <input type="text" value="5108 Cumberland Place NW"/>
Attention To <input type="text" value="Josephine"/> <input type="text" value="Zamora"/>	City <input type="text" value="Albuquerque"/>
Title <input type="text"/>	State <input type="text" value="New Mexico"/> ZIP Code + 4 <input type="text" value="87120"/>

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"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees: <input type="text"/>				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

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="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 <div style="border: 1px solid black; height: 150px; width: 100%;"></div></p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY