U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil perialties 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)

For Official Use Only				
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT				
OUIS O				
OLMS THE	2. Period Covered Month/Day/Year Month/Day/Year			
1. File Number C- 6/6	By This Report			
200011	From. 31 / 01 / 2006 Tillough. 12 / 31 / (2006)			
A. Person Filing				
Name and mailing address (include ZIP Code):	Any other address v/here records necessary to verify this report are kept:			
Name Josephine Zamora	Name			
Title President	Title			
Organization Employee Solutions, Inc.	Organization			
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any			
P.O. Box 67166	The same state of the same sta			
Street	Street			
City Albuquerque	City			
State New Mexico ZIP Code + 4 87193	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).				
hadin 3	ma Oma Min 3			
17. Signed President (if other title, see	18. Signed Out Occ Treasurer (If other title, see			
Title President instructions)	Title Scher (Specify) instructions)			
	President			
On 3/23/2007 505-296-1600	On 3/23/200 505-296-1600			
Date Telephone Number	Date Telephone Number			

Name of Person Filing: Josephine 2	Zamora				File Number C-		
B. Statement of Receipts Report all reconstructions or services.	eipts from employers i	in connection wi	th labor relation	s advice or servi	ces regardless of the purp	oses of	f the advice
5.a. Name and Address of Employer (includi	ng trade name, if any).			failing Address:	Number, if any		
Employer Henry Ford Conti	nuing Care						
Trade Name			Street 1	9850 Harper			
Attention To Ann	Kochanski		City H	arper Woods			
Title			State M	ichigan	ZIP Cod	e + 4	48225
5.b. Termination Date 12/31/06			5.c. Amoun	t o			
6. TOTAL RECEIPTS FROM ALL EMPL	OYERS 117,546						
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							
N/A		0	0	9. Office and A	dministrative Expenses	1	0
		0	0	10. Publicity			0
		0	0	11. Fees for Pro	ofessional Services		. 0
		0	0	12. Loans Made			0
			0	13. Other Disbu	rsements		0
8. Total disbursements to officers and el	mployees:		0	14. Total Disburs	ements (Sum of Items 8-13)	0
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:			
CVB, Inc.							
15.c. To Whom Paid	;		15.d. Amou	nt 7,550		_	
Name			15.e. Purpo				
Title			To educ Nationa	ate employe Labor Rel	es about their rations Act to for	ights cm. i	under the
Organization CVB, Inc.			assist collect	labor organ ively or en	nizations, to bard agage in other acted section, and the	gain [°] tivit	v for their
P.O. Box, Building and Room Number			from do	oing so and	to enhance the bound encourage emp	usīne	ess literacy
City Corona,		····	-,				
State California	ZIP Code + 4	92881					
16. TOTAL DISBURSEMENTS FOR AL	L REPORTABLE ACT	IVITY 105,63	15				

Name of Person Filing: Josephine Zamora	File Number C-
Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Acdress:
Warman Band Ri Caraba Hamibal	P.O. Box, Bidg., Rocim No., if any
Employer Henry Ford Bi-County Hospital	
Trade Name	Street 13355 East Ten Mile
Attention To: Maureen Henson	City Warren
Title VP of Human Resources	State Michigan ZIP Code + 4 48089
5.b. Termination Date 12/31/06	5.c. Amount 650
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Skyway Precision Inc.	
Trade Name	Street 41225 Plymouth Road
Attention To: Garry Bonnell	City Plymouth
Title General Manager	State Michigan ZIP Code + 4 48170
5.b. Termination Date 12/31/06	5.c. Amount 61,600
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bldg., Room No., if any
Employer E-One Inc.	
Trade Name	Street 3611 SW 20th Street
Attention To: J. R Blue	City Ocala
Title VP HR Fire Rescue Group	State Florida ZIP Code + 4 34474
5.b. Termination Date 3/31/06	5.c. Amount 35,894
	1217
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Roon No., if any
	P.O. Box, Bidg., Roo n No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Cedars-Sinai Health System Trade Name	-
Employer Cedars-Sinai Health System	P.O. Box, Bldg., Roon No., if any
Employer Cedars-Sinai Health System Trade Name	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date On-going	P.O. Box, Bidg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15,914
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date On-going 5.a. Name and Address of Employer (including trade name, if any).	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address:
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date On-going 5.a. Name and Address of Employer (including trade name, if any).	P.O. Box, Bidg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15,914
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address:
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth Trade Name	P.O. Box, Bidg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address: P.O. Box, Bidg., Room No., if any Street 500 W. Genesse
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth Trade Name	P.O. Box, Bldg., Roon No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address: P.O. Box, Bldg., Room No., if any Street 500 W. Genesse City Frankenmuth
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth Trade Name Attention To: Don Larson	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address: P.O. Box, Bldg., Room No., if any Street 500 W. Genesse City Frankenmuth
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth Trade Name Attention To: Don Larson Title 5.b. Termination Date 1/31/06	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address: P.O. Box, Bldg., Room No., if any Street 500 W. Genesse City Frankenmuth State Michigan ZIP Code + 4 48734 5.c. Amount 3,488
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth Trade Name Attention To: Don Larson Title	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address: P.O. Box, Bldg., Room No., if any Street 500 W. Genesse City Frankenmuth State Michigan ZIP Code + 4 48734
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth Trade Name Attention To: Don Larson Title 5.b. Termination Date 1/31/06	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address: P.O. Box, Bldg., Room No., if any Street 500 W. Genesse City Frankenmuth State Michigan ZIP Code + 4 48734 5.c. Amount 3, 488 Mailing Address:
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth Trade Name Attention To: Don Larson Title 5.b. Termination Date 1/31/06 5.a. Name and Address of Employer (including trade name, if any).	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address: P.O. Box, Bldg., Room No., if any Street 500 W. Genesse City Frankenmuth State Michigan ZIP Code + 4 48734 5.c. Amount 3, 488 Mailing Address:
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth Trade Name Attention To: Don Larson Title 5.b. Termination Date 1/31/06 5.a. Name and Address of Employer (including trade name, if any). Employer Emplo	P.O. Box, Bldg., Room No., if any Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address: P.O. Box, Bldg., Room No., if any Street 500 W. Genesse City Frankenmuth State Michigan ZIP Code + 4 48734 5.c. Amount 3, 488 Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Cedars-Sinai Health System Trade Name Attention To: Jeanne Flores Title 5.b. Termination Date on-going 5.a. Name and Address of Employer (including trade name, if any). Employer Tendercare of Frankenmuth Trade Name Attention To: Don Larson Title 5.b. Termination Date 1/31/06 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	Street 8700 Beverly Blvd. City Los Angeles State California ZIP Code + 4 90048 5.c. Amount 15, 914 Mailing Address: P.O. Box, Bidg., Room No., if any Street 500 W. Genesse City Frankenmuth State Michigan ZIP Code + 4 48734 5.c. Amount 3, 488 Mailing Address: P.O. Box, Bidg., Room No., if any Street St

Name of Person Filing: Josephine Zamora	File Number C-		
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: Jeanne B. Schmid Consulting, Inc.	15.b. Trade Name, Ir any:		
15.c. To Whom Paid	15.d. Amount 4,900		
Name Title	To educate employees about their rights under the National Labor Relations Act to form, join or		
Organization Jeanne B. Schmid Consulting, Inc. P.O. Box, Building and Room Number, if any	assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be		
Streetla Whirnain Drive	informed and to vote.		
Street 9 Whitpain Drive City Ambler			
State Pennsylvania ZIP Code + 4 19002			
15.a. Employer Name:	15.b. Trade Name, If any:		
Total Employer Harris			
15.c. To Whom Paid	15.d. Amount 13,400		
Name Jose Salgado Jr. Title Organization	15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain		
P.O. Box, Building and Room Number, if any P.O. Box 75806 Street City Tampa	from doing so and to enhance the business literated of the workforce and encourage employees to be informed and to vote.		
State Florida ZIP Code + 4 33675			
15.a. Employer Name:	15.b. Trade Name, If any:		
Permanent Solutions Labor Consultants	13.0. Trade Maine, it ary.		
15.c. To Whom Paid	15.d. Amount 65, 000		
Name	15.e. Purpose		
Organization Permanent Solutions Labor Consultants P.O. Box, Building and Room Number, if any Street 10105 Fort Chrost	To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be		
Street 19186 Fort Street City Riverview	informed and to vote.		
State Michigan ZIP Code + 4 48192			

Name of Person Filing: Josephine Zamora	File Number C-	
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:	
N		
15.c. To Whom Paid	15.d. Amount 700	
Name Susannah J Squitieri	15.e. Purpose	
Title	To educate employees about their rights under the	
Organization	National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain	
P.O. Box, Building and Room Number, if any	from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.	
Street 1015 Buckingham		
City Grosse Pointe Park		
State Michigan ZIP Code + 4 48230		
15.a. Employer Name:	15.b. Trade Name, If any:	
Labor Relations Academy for Management		
15.c. To Whom Paid	15.d. Amount 585	
Name	15.e. Purpose	
Title	To educate employees about their rights under the	
Organization Labor Relations Academy for Management	National Labor Relations Act to form, join or assist labor organizations, to bargain	
	collectively or engage in other activity for their mutual aid or protection, and the right to refrain	
P.O. Box, Building and Room Number, if any	from doing so and to enhance the business literacy of the workforce and encourage employees to be	
	informed and to vote.	
Street 105 Golden Eagle Drive		
City Venetia		
State Pennsylvania ZIP Code + 4 15367		
Francisco de la companya della companya della companya de la companya de la companya della compa	15 b. Tanda Nama If any	
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 13,200	
Name	15.e. Purpose	
Title	To educate employees about their rights under the National Labor Relations Act to form, join or	
Organization Total Business Solutions, Inc.	assist labor organizations, to bargain	
P.O. Box, Building and Room Number, if any	collectively or engage in other activity for their mutual aid or protection, and the right to refrain	
P.O. box 67787	from doing so and to enhance the business literacy of the workforce and encourage employees to be	
	informed and to vote.	
City Albuquerque		
State New Mexico ZIP Code + 4 87193		

Name of Person Filing: Josephine Zamora	File Number C-		
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 300		
Name Jill Cortis	15.e. Purpose		
Title Organization	To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for the		
P.O. Box, Building and Room Number, if any Street 2340 Indianwood Rd.	mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.		
City Lake Orion	!		
State Michigan ZIP Code + 4 48362			
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 ZIP Code + 4			
15.a. Employer Name:	15.b. Trade Name, If any:		
	15.d. Amount		
15.c. To Whom Paid	15.d. Amount		
Name	15.e. Purpose		
Title			
Organization P.O. Box, Building and Room Number, if any			
7.0. Box, Building and Recent Hollison, wary			
Street			
City			
State ZIP Code + 4			