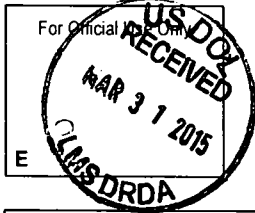


# FORM LM-21

## 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

588101

|                         |   |
|-------------------------|---|
| 1. File Number C- 00738 | 2. Period Covered<br>By This Report<br>From: 01/01/2014 Through: 12/31/2014 |
|-------------------------|---|

|  |   |
|--|---|
| <b>A. Person Filing</b>  |   |
| 3. Name and mailing address (include ZIP Code):<br><br>Name: Jacob M Monty<br>Title: Manager<br>Organization: Latino Labor Persuaders LLC<br><br>P.O. Box, Building and Room Number, if any: Fourth Floor<br>Street: 150 W Parker Rd.<br>City: Houston<br>State: Texas ZIP Code + 4: 77076 | 4. Any other address where records necessary to verify this report are kept:<br><br>Name:<br>Title:<br>Organization:<br><br>P.O. Box, Building and Room Number, if any:<br>Street:<br>City:<br>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<br>Title: Other (Specify) Manager<br>On: 3/30/2015 (713) 691-7118<br>Date Telephone Number | 18. Signed _____<br>Title: Treasurer<br>On: _____<br>Date Telephone Number |
|---|--|

Name of Person Filing: Jacob Monty

File Number C- 00738

**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 Sysco New Mexico

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

601

Trade Name

Street

Comanche Road NE

Attention To

Wes

Bigney

City

Albuquerque

Title

Vice President - Operations

State

New Mexico

ZIP Code + 4

87107

5.b. Termination Date 10/20/2012

5.c. Amount 74,315

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 75,315

**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

|   |   |       |        |   |        |   |        |
|---|---|-------|--------|---|--------|---|--------|
| Jacob   | M | Monty | 42,295 | 0 | 42,295 | 9. Office and Administrative Expenses       | 5,078  |
|   |   |       |        |   |        | 10. Publicity                               | 0      |
|   |   |       |        |   |        | 11. Fees for Professional Services          | 1,900  |
|   |   |       |        |   |        | 12. Loans Made                              | 0      |
|   |   |       |        |   |        | 13. Other Disbursements                     |        |
| 8. Total disbursements to officers and employees: |   |       |        |   | 42,295 | 14. Total Disbursements (Sum of Items 8-13) | 49,273 |

**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:

Sysco New Mexico

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name

Carlos

Ortiz

Title

Consultant

Organization

Solutions Labor Relations Consultants

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

Suite #210-106

Street

7426 Cherry Ave.

City

Fontana

State

California

ZIP Code + 4

92336-4221

15.d. Amount 15,439

## 15.e. Purpose

Professional fees and expenses related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 21,439

|                                    |  |                      |  |
|------------------------------------|--|----------------------|--|
| Name of Person Filing: Jacob Monty |  | File Number C- 00738 |  |
|------------------------------------|--|----------------------|--|

**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: PDQ Temporaries<br>Trade Name:<br>Attention To: Troy Mummo<br>Title: Regional VP |  | P.O. Box, Bldg., Room No., if any:<br>Street: 2807 S. Westmoreland<br>City: Dallas<br>State: Texas ZIP Code + 4 75233 |  |
| 5.b. Termination Date July 1, 2011   |  | 5.c. Amount 1,000   |  |

|   |  |   |  |
|---|--|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:  |  |
| Employer:<br>Trade Name:<br>Attention To:<br>Title:               |  | P.O. Box, Bldg., Room No., if any:<br>Street:<br>City:<br>State: ZIP Code + 4 |  |
| 5.b. Termination Date   |  | 5.c. Amount   |  |

|   |  |   |  |
|---|--|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:  |  |
| Employer:<br>Trade Name:<br>Attention To:<br>Title:               |  | P.O. Box, Bldg., Room No., if any:<br>Street:<br>City:<br>State: ZIP Code + 4 |  |
| 5.b. Termination Date   |  | 5.c. Amount   |  |

|   |  |   |  |
|---|--|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:  |  |
| Employer:<br>Trade Name:<br>Attention To:<br>Title:               |  | P.O. Box, Bldg., Room No., if any:<br>Street:<br>City:<br>State: ZIP Code + 4 |  |
| 5.b. Termination Date   |  | 5.c. Amount   |  |

|   |  |   |  |
|---|--|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:  |  |
| Employer:<br>Trade Name:<br>Attention To:<br>Title:               |  | P.O. Box, Bldg., Room No., if any:<br>Street:<br>City:<br>State: ZIP Code + 4 |  |
| 5.b. Termination Date   |  | 5.c. Amount   |  |

|   |  |   |  |
|---|--|---|--|
| 5.a. Name and Address of Employer (including trade name, if any). |  | Mailing Address:  |  |
| Employer:<br>Trade Name:<br>Attention To:<br>Title:               |  | P.O. Box, Bldg., Room No., if any:<br>Street:<br>City:<br>State: ZIP Code + 4 |  |
| 5.b. Termination Date   |  | 5.c. Amount   |  |

|                                    |                      |
|------------------------------------|----------------------|
| Name of Person Filing: Jacob Monty | File Number C- 00738 |
|------------------------------------|----------------------|

**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:<br>Sysco New Mexico   | 15.b. Trade Name, If any:<br>   |
| 15.c. To Whom Paid<br>Name William Medrano<br>Title Consultant<br>Organization<br><br>P.O. Box, Building and Room Number, if any<br>9424<br>Street Stahala Dr.<br>City El Paso<br>State Texas ZIP Code + 4 79924 | 15.d. Amount 6,000<br><br>15.e. Purpose<br>Professional fees and expenses related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights under the NLRA and NLRB procedures and provide answers to questions posed regarding unions. |

|   |                                   |
|---|-----------------------------------|
| 15.a. Employer Name:<br>  | 15.b. Trade Name, If any:<br>     |
| 15.c. To Whom Paid<br>Name<br>Title<br>Organization<br><br>P.O. Box, Building and Room Number, if any<br>Street<br>City<br>State ZIP Code + 4 | 15.d. Amount<br><br>15.e. Purpose |

|   |                                   |
|---|-----------------------------------|
| 15.a. Employer Name:<br>  | 15.b. Trade Name, If any:<br>     |
| 15.c. To Whom Paid<br>Name<br>Title<br>Organization<br><br>P.O. Box, Building and Room Number, if any<br>Street<br>City<br>State ZIP Code + 4 | 15.d. Amount<br><br>15.e. Purpose |