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. 1245-0003
Expires 10-31-2013

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. s 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** 1. File Number C- 65470 None 1355 Month/Day/Year Month/Day/Year (mm/dd/yyyy) 2. Period Covered (mm/dd/yyyy) By This Report From: 01 / 2012 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 Irwin Trester Title consultant Organization Irwin Trester, Consulting Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Street 14 Corporate Plaza Suite120 Newport Beach City State California ZIP Code + 4 92660 **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 paralities in the instructions). (See He 17. Signed President 18. Signed Treasurer (If other title, see (if other title, see instructions) instructions) On

Telephone Number

Telephone Number

Date

Name of Person Filing: Irwin Trester	File Number C- UNKNOWN
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 Abb Sheet Medal Trade Name SAME Attention To Gungen Tournes SAM Title Gercyal Manager 5.b. Termination Date May 20, 2012 6. TOTAL RECEIPTS FROM ALL EMPLOYERS	Mailing Address: P.O. Box, Building and Room Number, if any Street 6/4 N. Ford 5/VC City 25/4/5 ZIP Code + 4 5.c. Amount 10,700
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	
(a) Name (b) Salary (c) Expenses (d	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	7.[]
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY WOR	

Form LM-21 (2003)