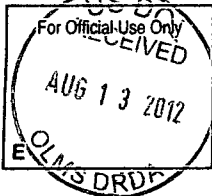


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

502135

1. File Number C- <u>774</u>	2. Period Covered By This Report From: <u>07/23/2011</u> Through: <u>05/23/2011</u>
------------------------------	---

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Simon</u> <u>JARA</u>	Name <u></u> <u></u>
Title <u>Owner</u>	Title <u></u>
Organization <u></u>	Organization <u></u>
P.O. Box, Building and Room Number, if any <u></u>	P.O. Box, Building and Room Number, if any <u></u>
Street <u>10380 Rochelle Avenue</u>	Street <u></u>
City <u>Santee</u>	City <u></u>
State <u>California</u> ZIP Code + 4 <u>92071</u>	State <u></u> ZIP Code + 4 <u></u>

## 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 <u>[Signature]</u> President (if other title, see instructions) Title <u>President</u> On <u>8/7/2012</u> Date <u></u> Telephone Number <u></u>	18. Signed <u></u> Treasurer (If other title, see instructions) Title <u>Treasurer</u> On <u></u> Date <u></u> Telephone Number <u></u>
--	---

