

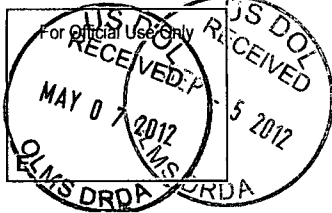
# FORM LM-21

## 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

503339

1. File Number C: <u>765</u>	2. Period Covered By This Report From: <u>01/01/2011</u> Through: <u>12/31/2011</u>
------------------------------	---

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Heidi</u> <u>J</u> <u>Fisher</u>	Name <u></u> <u></u> <u></u>
Title <u></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>24235 Davida</u>	Street <u></u>
City <u>Laguna Niguel</u>	City <u></u>
State <u>California</u> ZIP Code + 4 <u>92677</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 Heidi J Fisher President  
Title Sole Proprietor (if other title, see instructions)

18. Signed  Treasurer  
Title Treasurer (if other title, see instructions)

On 8/26/12 (949) 510-2459  
Date Telephone Number

On    
Date Telephone Number

Name of Person Filing: Heidi Fisher	File Number C-
-------------------------------------	----------------

**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 Country Villa Terrace	P.O. Box, Building and Room Number, if any
Trade Name	Street 5120 W. Goldleaf Circle Suite #400
Attention To Hugo <input type="checkbox"/> Pena	City Los Angeles
Title Administrator	State California ZIP Code + 4 90056

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"/>	10. Publicity
<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"/>	12. Loans Made
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements
<input type="text"/>	1,450	75	1,525	14. Total Disbursements (Sum of Items 8-13)
8. Total disbursements to officers and employees:				1,525

**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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State Washington ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	