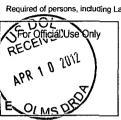
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

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

T _M									
494283									
1 . File Number C -00742	2. Period Covered By This Report From: 01 / 01 / 2011 Through: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 12 / 31 / 2011								
A. Person Filing									
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:								
Name William D Leopardi	Name								
Title sole proprietor	Title								
Organization	Organization								
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any								
Street 28161 Haria	Street								
City Mission Viejo	City								
State California ZIP Code + 4 92692	State ZIP Code + 4								
Signa	atures								
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 Proprietor President (if other title, see instructions)	18. Signed								
On Date 949-457-8087 Telephone Number	On Date Telephone Number								

									7	
Name of Person Filing: William Leopardi						File Number C- 00742				
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:										
						P.O. Box, B	P.O. Box, Building and Room Number, if any			
Employer Johnson Matthey, Inc.										
Trade Name										
Attention To	Gi	nny Le	emmon		<u></u>	City Sa	llt Lake Cit	У		
Title	Title Human Resources Director State Utah ZIP Code + 4 84120									
5.b. Termination Date October 31, 2011 5.c. Amount 60,628										
6. TOTAL RECE	PTS	FROM ALL EMPLOYERS		er An	TAC A	IEN FOR	ADDITIONA	FARMINDE TO	TAI \$7774	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS SEE ATTACHED FOR ADDITIONAL EMPLOYEES TOTAL \$77,146										
				<u> </u>					· · · · · · · · · · · · · · · · · · ·	
C. Statement of	Disb		sbursements r yers listed in F		the re	porting organiza	ation in connection	n with labor relations advice	or services rendered	
	o Off	cers and Employees:	#1. G. I			\ -				
(a) Name	7/=	16	1	(c) Expen		,				
William		Leopardi	65,109	11,0	037	76,146		dministrative Expenses	982	
	<u> </u>				_		10. Publicity			
	<u> </u>						11. Fees for Professional Services			
							12. Loans Made			
							13. Other Disbursements			
8. Total disbursements to officers and employees:				76,146	14. Total Disbursements (Sum of Items 8-13) 77, 128					
								-		
D. Schodule of	Vich:	urcoments for Panartable	Activity I	ا منطة مما	Cabad	lula ta zanart an	lu diobuso e o ente	made for the numerous day	aribad in Dark Databa	
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 I	lame	:				15.b. Trade	Name, If any:	-		
15.c. To Whom Paid 15.d. Amount										
None [
					7	15.e. Purpo	se			
Title						_				
Organization						_]				
P.O. Box, Building and Room Number, if any										
Street										
City										
L			B Codo : 4 F							
State Wash			P Code + 4			<u> </u>				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY										

Form LM-21 (2003)

C-00742

B. Statement of Receipts

2. Pacific Coachworks

Amount \$413

No termination date

Brett Bashaw

CEO

Pacific Coachworks

549 Rivera Street

Riverside, CA 92501

3. Tulare Regional Medical Center

Amount \$14,676

No termination date

John Barbadian

VP Human Resources

Tulare Regional Medical Center

869 N. Cherry St.

Tulare, CA 93274

4. Metropolitan Interpreters and Translators, Inc.

Amount: \$188

No termination date

Steve Herfield

President

Metropolitan Interpreters and Translators, Inc.

110 East 42nd Street, Suite 802

New York, New York 10017

5. Adventist Health – Central Valley Network

Amount: \$625

No termination date

Brett Bissell, M.B.A.

Director of Human Resources

Adventist Health: Central Valley Network

115 Mall Drive

Hanford, CA 93230

6. Adventist Health - Simi Valley Hospital

Amount: \$616

Sandy Werner

Director Human Resources

Simi Valley Hospital

2975 North Sycamore Drive

Simi Valley, CA 93065