

# 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.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-

783

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01 / 01 / 2012

Through:

Month/Day/Year  
(mm/dd/yyyy)

12 / 31 / 2012

## A. Person Filing

### 3. Name and mailing address (include ZIP Code):

Name     
Title   
Organization   
P.O. Box, Building and Room Number, if any  
  
Street   
City   
State  ZIP Code + 4

### 4. Any other address where records necessary to verify this report are kept:

Name   
Title   
Organization   
P.O. Box, Building and Room Number, if any  
  
Street   
City   
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

Title

Other (Specify)

Shareholder

President  
(if other title, see  
instructions)

On

12 / 17 / 2012

Date

(915) 533-2493

Telephone Number

18. Signed

Title

Other (Specify)

Firm Administrator

Treasurer  
(If other title, see  
instructions)

On

12 / 17 / 2012

Date

(915) 533-2493

Telephone Number

Name of Person Filing: Diana Valdez	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):

Employer: Maintenance Unlimited, Inc.

Trade Name:

Attention To: Gabriel J. Nathan

Title: President

Mailing Address:

P.O. Box, Building and Room Number, if any: P.O. Box 640272

Street: 4421 Titanic Ave.

City: El Paso

State: Texas

ZIP Code + 4: 79904

5.b. Termination Date: October 3, 2012

5.c. Amount: 6,678

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,678

**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	
				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:

Name:

Title:

Organization:

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

Street:

City:

State: Washington

ZIP Code + 4:

15.d. Amount:

15.e. Purpose:

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY