

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- <u>618</u> <u>325817</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2006</u> Through: <u>12</u> / <u>31</u> / <u>2006</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Josephine</u> <u>Zamora</u>	Name <u> </u> <u> </u>
Title <u>President</u>	Title <u> </u>
Organization <u>Employee Solutions, Inc.</u>	Organization <u> </u>
P.O. Box, Building and Room Number, if any <u>P.O. Box 67166</u>	P.O. Box, Building and Room Number, if any <u> </u>
Street <u> </u>	Street <u> </u>
City <u>Albuquerque</u>	City <u> </u>
State <u>New Mexico</u> ZIP Code + 4 <u>87193</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>Josephine Zamora</u> President (if other title, see instructions) Title <u>President</u>	18. Signed <u>Josephine Zamora</u> Treasurer (if other title, see instructions) Title <u>Other (Specify)</u> <u>President</u>
On <u>3/23/2007</u> <u>505-296-1600</u> Date Telephone Number	On <u>3/23/2007</u> <u>505-296-1600</u> Date Telephone Number

Name of Person Filing: Josephine Zamora	File Number C-
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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: Henry Ford Continuing Care P.O. Box, Building and Room Number, if any

Trade Name: Street: 19850 Harper

Attention To: Ann Kochanski City: Harper Woods

Title: State: Michigan ZIP Code + 4: 48225

5.b. Termination Date: 12/31/06 5.c. Amount: 0

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 117,546

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		
N/A		0	0	9. Office and Administrative Expenses	0
		0	0	10. Publicity	0
		0	0	11. Fees for Professional Services	0
		0	0	12. Loans Made	0
		0	0	13. Other Disbursements	0
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	0

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: CVB, Inc.

15.b. Trade Name, if any:

15.c. To Whom Paid

Name: 15.d. Amount: 7,550

Title: 15.e. Purpose

Organization: CVB, Inc.

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

Street: 1689 Via Sevilla Street

City: Corona

State: California ZIP Code + 4: 92881

To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 105,635

Name of Person Filing: Josephine Zamora		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: Henry Ford Bi-County Hospital		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 13355 East Ten Mile	
Attention To: Maureen Henson		City: Warren	
Title: VP of Human Resources		State: Michigan ZIP Code + 4: 48089	
5.b. Termination Date: 12/31/06		5.c. Amount: 650	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Skyway Precision Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 41225 Plymouth Road	
Attention To: Garry Bonnell		City: Plymouth	
Title: General Manager		State: Michigan ZIP Code + 4: 48170	
5.b. Termination Date: 12/31/06		5.c. Amount: 61,600	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: E-One Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 13611 SW 20th Street	
Attention To: J. R. Blue		City: Ocala	
Title: VP HR Fire Rescue Group		State: Florida ZIP Code + 4: 34474	
5.b. Termination Date: 3/31/06		5.c. Amount: 35,894	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Cedars-Sinai Health System		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 8700 Beverly Blvd.	
Attention To: Jeanne Flores		City: Los Angeles	
Title		State: California ZIP Code + 4: 90048	
5.b. Termination Date: on-going		5.c. Amount: 15,914	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Tendercare of Frankenmuth		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 500 W. Genesee	
Attention To: Don Larson		City: Frankenmuth	
Title		State: Michigan ZIP Code + 4: 48734	
5.b. Termination Date: 1/31/06		5.c. Amount: 3,488	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Josephine Zamora	File Number C-
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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.
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15.a. Employer Name: Jeanne B. Schmid Consulting, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name: Title: Organization: Jeanne B. Schmid Consulting, Inc. P.O. Box, Building and Room Number, if any: Street: 9 Whitpain Drive City: Ambler State: Pennsylvania ZIP Code + 4: 19002	15.d. Amount 4,900 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: 	15.b. Trade Name, if any:
15.c. To Whom Paid Name: Jose Salgado Jr. Title: Organization: P.O. Box, Building and Room Number, if any: P.O. Box 75806 Street: City: Tampa State: Florida ZIP Code + 4: 33675	15.d. Amount 13,400 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: Permanent Solutions Labor Consultants	15.b. Trade Name, if any:
15.c. To Whom Paid Name: Title: Organization: Permanent Solutions Labor Consultants P.O. Box, Building and Room Number, if any: Street: 19186 Fort Street City: Riverview State: Michigan ZIP Code + 4: 48192	15.d. Amount 65,000 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

Name of Person Filing: Josephine Zamora	File Number C-
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15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 700
Name Susannah J Squitieri	15.e. Purpose
Title	To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.
Organization	
P.O. Box, Building and Room Number, if any	
Street 1015 Buckingham	
City Grosse Pointe Park	
State Michigan ZIP Code + 4 48230	

15.a. Employer Name:	15.b. Trade Name, if any:
Labor Relations Academy for Management	
15.c. To Whom Paid	15.d. Amount 585
Name	15.e. Purpose
Title	To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.
Organization Labor Relations Academy for Management	
P.O. Box, Building and Room Number, if any	
Street 105 Golden Eagle Drive	
City Venetia	
State Pennsylvania ZIP Code + 4 15367	

15.a. Employer Name:	15.b. Trade Name, if any:
Total Business Solutions, Inc.	
15.c. To Whom Paid	15.d. Amount 13,200
Name	15.e. Purpose
Title	To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.
Organization Total Business Solutions, Inc.	
P.O. Box, Building and Room Number, if any	
P.O. box 67787	
Street	
City Albuquerque	
State New Mexico ZIP Code + 4 87193	

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15.a. Employer Name: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 0 10px;">Jill</div> <div style="border: 1px solid black; padding: 0 10px;">Cortis</div> Title <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 0 10px;">2340 Indianwood Rd.</div> City <div style="border: 1px solid black; padding: 0 10px;">Lake Orion</div> State <div style="border: 1px solid black; padding: 0 10px;">Michigan</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 0 10px;">48362</div>	15.d. Amount <div style="border: 1px solid black; padding: 0 10px;">300</div> 15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote. </div>

15.a. Employer Name: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 0 10px;"></div> <div style="border: 1px solid black; padding: 0 10px;"></div> Title <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Street <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> City <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> State <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

15.a. Employer Name: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; padding: 0 10px;"></div> <div style="border: 1px solid black; padding: 0 10px;"></div> Title <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Organization <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Street <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> City <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> State <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	15.d. Amount <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>