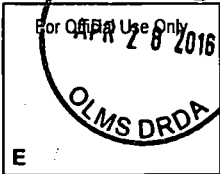


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

619904

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

628220

1. File Number C- <input type="text" value="65644"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2015"/> Through: <input type="text" value="12/31/2015"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Javier"/> <input type="text" value="Rivera-Carbone"/>	Name <input type="text" value="Javier"/> <input type="text" value="Rivera-Carbone"/>
Title <input type="text" value="President"/>	Title <input type="text" value="President"/>
Organization <input type="text" value="Rivera Carbone PC"/>	Organization <input type="text" value="Rivera Carbone PC"/>
P.O. Box, Building and Room Number, if any <input type="text" value="905 Calle Negocio #75754"/>	P.O. Box, Building and Room Number, if any <input type="text" value=""/>
Street <input type="text" value=""/>	Street <input type="text" value="9891 Irvine Ctr. Dr. Ste. 200"/>
City <input type="text" value="San Clemente"/>	City <input type="text" value="Irvine"/>
State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92673"/>	State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92618"/>

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 <input type="text" value="Javier Rivera Carbone"/> Title <input type="text" value="President"/> (if other title, see instructions)	18. Signed <input type="text" value="Javier Rivera Carbone"/> Title <input type="text" value="Treasurer"/> (If other title, see instructions)
On <input type="text" value="03/31/2016"/> <input type="text" value="949-487-6244"/> Date Telephone Number	On <input type="text" value="03/31/2016"/> <input type="text" value="949-487-6244"/> Date Telephone Number

USPS 9414 7118 9956 3767 4316 45

POSTED

Name of Person Filing: Javier Rivera-Carbone	File Number C- 65644
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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 United Rentals, Inc.	P.O. Box, Building and Room Number, if any
Trade Name	Street 4900 Upshur St.
Attention To Peter M Meany	City Blandensburg
Title	State Maryland ZIP Code + 4 20710
5.b. Termination Date 9/30/2015	5.c. Amount 11,794
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 22,778	

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		
Javier Rivera-Carbone	16,780	3,812	20,592	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:			20,592	14. Total Disbursements (Sum of Items 8-13)	20,592

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	15.d. Amount	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: Javier Rivera-Carbone		File Number C- 65644	
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 Sutter Health		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2200 River Plaza Drive	
Attention To: Monique <input type="checkbox"/> Moniz <input type="checkbox"/>		City Sacramento	
Title		State California ZIP Code + 4 95883	
5.b. Termination Date 05/31/2015		5.c. Amount 10,984	
5.a. Name and Address of Employer (including trade name, if any).			
Employer		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To: <input type="checkbox"/> <input type="checkbox"/>		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).			
Employer		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To: <input type="checkbox"/> <input type="checkbox"/>		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).			
Employer		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To: <input type="checkbox"/> <input type="checkbox"/>		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).			
Employer		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To: <input type="checkbox"/> <input type="checkbox"/>		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).			
Employer		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To: <input type="checkbox"/> <input type="checkbox"/>		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	