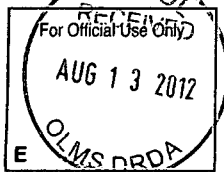


# FORM LM-21

## 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

562138

1. File Number C-776	2. Period Covered By This Report From: 10/05/10 Through: 10/20/10
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name <u>Simon Jera</u> Title <u>owner</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>10380 Rochelle Ave</u> City <u>Santee, CA</u> State <u>9 2071</u> 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 <u>[Signature]</u> Title <u>President</u> On <u>2/17/11</u> Date _____ Telephone Number _____ President (if other title, see instructions)	18. Signed _____ Title <u>Treasurer</u> On <u>/ /</u> Date _____ Telephone Number _____ Treasurer (If other title, see instructions)
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Name of Person Filing: <u>Simon Jara</u>	File Number C-
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <u>Labor Relations Institute</u> Trade Name <u>LRI</u> Attention To <u>Phillip Wilson</u> Title <u>President</u>	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any <u>P.O. Box 1529</u> Street <u>7850 South Elm Plaza</u> City <u>Broken Arrow</u> State <u>OK</u> ZIP Code + 4 <u>74103</u>
5.b. Termination Date	5.c. Amount <u>\$ 11,000.00</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

<b>C. Statement of Disbursements</b> 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	
<u>Simon Jara</u>	<u>\$11000</u>	<u>\$10.00</u>	<u>\$110.00</u>	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)

<b>D. Schedule of Disbursements for Reportable Activity</b> 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 <u>Washington</u> ZIP Code + 4	15.d. Amount	
	15.e. Purpose	
	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	