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

457671 Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C-By This Report From: ( mm/dd/yyyy ) 732 Through: A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name حنمي Title Title Organization Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any antosi Street Street Commerce City City ZIP Code + 4 90040 State 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 President 18. Signed Treasurer (If other title, see (if other title, see President Treasurer instructions) instructions) 1621299-3085 05/2011 On

Date

Telephone Number

Date

Telephone Number

Name of Person Filing: Ernesto Zunigs	File Number C-		
<u> </u>			
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: ∖P.O. Box, Building and Room Number, if any		
Employer Employer Solution Inc window Garden			
Trade Name	Street 5/08 Cumberland		
Attention To Sosephine Zamong City Alburguerque			
Title <u>president</u>	State ZIP Code + 4 89/20		
5.b. Termination Date 5/2008 5.c. Amount 9, 160.00			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			
	orting 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) T	otals		
	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			
	TO.G. 7 MITOUR		
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	de casa de la casa de		

Form LM-21 (2003)

Name of Person Filing: Ernesto Zunias File Number	er <b>C</b> -		
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardle or services.	ess of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:  P.O. Box, Building and Room Number, if any	anv		
Employee Solution Inc, (HamptonCare) 67/66			
Trade Name Street 5/08 Cymberland place NM			
Attention To Jose phine Zamong City Alburguerque			
Title <u>president</u> State N.M.	ZIP Code + 4 8/7/20		
5.b. Termination Date 6/2008 5.c. Amount 18,080,00			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			
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		
11. Fees for Professional Sc	ervices		
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:			
45 - Talkhan Baid			
15.c. To Whom Paid			
Name15.e. Purpose			
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State Washington ZIP Code + 4			
	<u></u> ]		

Name of Person Filing: Ennesto Zunigs	File Number C-			
Statement of Receipts Report all receipts from employers in connection with or services.	a labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any			
Employer Employee Solution Inc. (Reading Care) 69/66				
Trade Name Street 5/08 Cumberland place NIM				
Attention To Josephine Zamore City Albuquerque				
Title <u>nesident</u> State N.m ZIP Code + 4 87/20				
5.b. Termination Date 6/2008 5.c. Amount 3, 680.00				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 19/1 three \$ 25,920.00				
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C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered			
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Expenses (d)				
	Office and Administrative Expenses			
	10. Publicity			
	11. Fees for Professional Services			
	12. Loans Made			
	13. Other Disbursements			
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15.a. Employer Name: 15.b. Trade Name, If any:				
Total Employof Harris	Total Falling, If any.			
15.c. To Whom Paid	15.d. Amount			
Name	15.e. Purpose			
Title				
Organization				
- Gallie Grant				
P.O. Box, Building and Room Number, if any				
	-			
Street				
City				
State Washington ZIP Code + 4				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				