

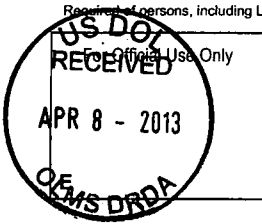
FORM LM-21

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

525 679

1. File Number C- <u>733</u>	2. Period Covered By This Report From: <u>01/01/2012</u> Through: <u>12/31/2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Ernie</u> <input type="checkbox"/> <u>Zuniga</u> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>422 East Florence Avenue</u> City <u>West Covina</u> State <u>California</u> ZIP Code + 4 <u>91790</u>	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

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>Ernie Zuniga</u> Title <u>President</u> <u>consultant</u> On <u>03/29/2013</u> <u>(562) 299-3085</u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: Ernie Zuniga

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:

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

Employer Midwest Gaming and Entertainment, LLC

Trade Name

Street

3000 S. River Road

Attention To

Luis

A

Pinedo

City

Des Plaines

Title

General Counsel

State

Illinois

ZIP Code + 4

60018

5.b. Termination Date

5.c. Amount

24,795

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,795

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

Ernie	Zuniga	20,000	4,795	24,795	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:				24,795	14. Total Disbursements (Sum of Items 8-13)	24,795

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

Title

Organization

15.e. Purpose

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

Street

City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY