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

is 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 AUG 1 3 2012 US DROF 502136 Month/Day/Year Month/Day/Year (mm/dd/yyyy) 2. Period Covered 1 . File Number C-(mm/dd/yyyy) By This Report From: 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 SIMON JARA Title Title ለሠነነው Organization Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Rochelle 10380 Avenue Street Street City SANtee 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). 18. Signed President 17. Signed Treasurer (If other title, see (if other title, see President Treasurer instructions) instructions) 2012 Telephone Number Telephone Number Date

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 Labor Relations INSTITUTE Trade Name LR Attention To Philip Wilson File Number C- File Number C- File Number C- File Number C- Mailing Address regardless of the purposes of the advice or services regardless of the advice or services regardles
or services. 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Institute Po. Box 15 2 9 Trade Name LRI Street 7650 South Elm Plaza
or services. 5.a. Name and Address of Employer (including trade name, if any). Employer Labor Relations Institute Po. Box 15 2 9 Trade Name LRI Street 7650 South Elm Plaza
P.O. Box, Building and Room Number, if any Employer Labor Relations INStitute PO. Box 1529 Trade Name LRI Street 7850 South Elm P1924
Employer Labor Relations Institute PO. Box 1529 Trade Name LRI Street 7850 South Elm P1924
Trade Name LRI Street 7650 South Elm Pl939
Attention To Ohillio Wilson City RADKEN ANDW
Title President State Ok ZIP Code + 4 7410
5.b. Termination Date 5.c. Amount 5.c. Amo
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 re to the employers listed in Part B.
7. Disbursements to Officers and Employees:
(a) Name (b) Salary (c) Expenses (d) Totals
SIMON DAM (17500) 604.04 356.00 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)
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part 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
Organization
\mathbf{U}
P.O. Box, Building and Room Number, if any
Street
Street