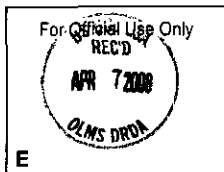


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

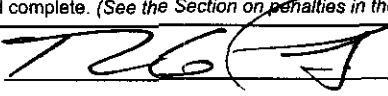

360808

1. File Number C- 0631	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2007	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2007
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name RICARDO PASALAGUA  Title PRESIDENT  Organization RP & ASSOCIATES, LLC  P.O. Box, Building and Room Number, if any  Street 6 SEASIDE CIRCLE  City NEWPORT BEACH  State California ZIP Code +4 92663	4. Any other address where records necessary to verify this report are kept:  Name BAREARA ELLMORE  Title CHIEF FINANCIAL OFFICER  Organization RP & ASSOCIATES, LLC  P.O. Box, Building and Room Number, if any  Street 333 WALNUT STREET  City COSTA MESA  State California ZIP Code +4 92627

### 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 (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title President		Title Other (Specify) CHIEF FINANCIAL OFFICER	
On 03 / 25 / 2008	714-240-2919	On 03 / 25 / 2008	949-246-7122
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: RICARDO PASALAGUA	File Number C- 0631
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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).

Employer A. M. ORTEGA, INC.

Trade Name GENERAL ENGINEERING CONTRACTOR

Attention To MAURICE ORTEGA

Title PRESIDENT

Mailing Address:  
P.O. Box, Building and Room Number, if any

Street 10125 CHANNEL ROAD

City LAKESIDE

State California ZIP Code + 4 92040

5.b. Termination Date 06/30/2007

5.c. Amount 40,125

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 177,425

**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
MINO IZAGUIRRE	450	0	450
GABRIELLE R JENKINS	29,985	446	30,431
ADRIANA ORTIZ	3,000	0	3,000
RICARDO PASALAGUA	45,000	5,000	50,000
ERIN RUFF	300	0	300

8. Total disbursements to officers and employees: 88,356

9. Office and Administrative Expenses	3,500
10. Publicity	0
11. Fees for Professional Services	6,283
12. Loans Made	0
13. Other Disbursements	5,800
14. Total Disbursements (Sum of Items 8-13)	103,939

**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: RICARDO PASALAGUA		File Number C- 0631
<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 MAGCO DRILLING, INC. Trade Name SAME AS ABOVE Attention To: HOLLY MAGGIO Title PRESIDENT		<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 505 W. FOOTHILL BOULEVARD City AZUSA State California ZIP Code + 4 91702-2345
5.b. Termination Date ON GOING	5.c. Amount 54,300	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer ROSSI CONCRETE, INC Trade Name SAME AS ABOVE Attention To: JOE ROSSI Title CHIEF EXECUTIVE OFFICER		<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any SUITE E Street 41831 MCALBY COURT City MURRIETA State California ZIP Code + 4 92562
5.b. Termination Date ON GOING	5.c. Amount 83,000	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title		<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title		<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title		<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title		<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount	

**C. Statement of Disbursements****7. Disbursements to Officers and Employers:**

(a) Name		(b) Salary	(c) Expenses	(d) Totals
LAZLO	STERBINSKY	1,175	0	1,175
SHELBY	WORTHINGTON	3,000	0	3,000