

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).

For Official Use Only

APR-22-2009

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

393821

1. File Number C- 00618	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2008		12 / 31 / 2008

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 Josephine Zamora	Name Josephine Zamora
Title President	Title President
Organization Employee Solutions, Inc.	Organization Employee Solutions, Inc.
P.O. Box, Building and Room Number, if any P.O. Box 67166	P.O. Box, Building and Room Number, if any
Street	Street 5108 Cumberland Pl. NW.
City Albuquerque	City Albuquerque
State New Mexico ZIP Code + 4 87193	State New Mexico ZIP Code + 4 87120

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>Josephine Zamora</u> Title President (If other title, see instructions)	18. Signed <u>Josephine Zamora</u> Title Other (Specify) President (If other title, see instructions)
On <u>3/27/09</u> 505-681-8100 Date Telephone Number	On <u>3/27/09</u> 505-681-8100 Date Telephone Number

Name of Person Filing: Josephine Zamora	File Number C- 00618
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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).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Redding Care Center	
Trade Name	Street 2490 Court Street
Attention To Joe Miceli	City Redding
Title	State California ZIP Code + 4 96001
5.b. Termination Date 6/08	5.c. Amount 49,865
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 190,697	

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		
Josephine Zamora		10,000	10,000	9. Office and Administrative Expenses	1,355
		0	0	10. Publicity	0
		0	0	11. Fees for Professional Services	305
		0	0	12. Loans Made	0
		0	0	13. Other Disbursements	0
8. Total disbursements to officers and employees:			10,000	14. Total Disbursements (Sum of Items 8-13)	11,660

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. Trinity Health - St. Agnes	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Roberta Buesching Title Organization About Business, Inc. P.O. Box, Building and Room Number, if any Street 6483 S Xenophon St. City Littleton State Colorado ZIP Code + 4 80127	15.d. Amount 16,200 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 72,111		

Name of Person Filing: Josephine Zamora		File Number C-00618	
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:	
Employer Cedars-Sinai Health System		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 8700 Beverly Blvd.	
Attention To: Jeanne Flores		City Los Angeles	
Title		State California ZIP Code + 4	
5.b. Termination Date 8/08		5.c. Amount 3,576	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Trinity Health - St. Agnes		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 27870 Cabot Drive	
Attention To: Anita Lechner Bosch		City Novi	
Title		State Michigan ZIP Code + 4 48377	
5.b. Termination Date 11/08		5.c. Amount 58,313	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Windsor Gardens Convalescent Hospital		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 915 S. Crenshaw Blvd.	
Attention To: Eduardo Aguinaga		City Los Angeles	
Title		State California ZIP Code + 4 90019	
5.b. Termination Date 5/08		5.c. Amount 5,568	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer St. Luke's Episcopal Health System		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3100 Main Street	
Attention To: Debbie Mahannah		City Houston	
Title		State Texas ZIP Code + 4 77030	
5.b. Termination Date 12/08		5.c. Amount 73,375	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount 0	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Josephine Zamora	File Number C- 00618
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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: Trinity Health - St. Agnes	15.b. Trade Name, If any:
15.c. To Whom Paid Name Bienvendido Rabano Title Organization P.O. Box, Building and Room Number, if any Street 6801 Rook Drive City Huntington Beach State California ZIP Code + 4 92647	15.d. Amount 5,750 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: Cedars-Sinai Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jill Cortis Title Organization Paint Creek P.O. Box, Building and Room Number, if any Street 2340 Indianwood Rd. City Lake Orion State Michigan ZIP Code + 4 48362	15.d. Amount 1,150 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: St. Luke's Episcopal Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jill Cortis Title Organization Paint Creek P.O. Box, Building and Room Number, if any Street 2340 Indianwood Rd. City Lake Orion State Michigan ZIP Code + 4 48362	15.d. Amount 7,280 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

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15.a. Employer Name: St. Luke's Episcopal Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Susannah J Squitieri Title Organization P.O. Box, Building and Room Number, if any Street 1015 Buckingham City Grosse Pointe Park State Michigan ZIP Code + 4 48230	15.d. Amount 1,200 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: Cedars-Sinai Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Diana Chamberlain Title Organization Labor Relations Academy for Management P.O. Box, Building and Room Number, if any Street 105 Golden Eagle Drive City Venetia State Pennsylvania ZIP Code + 4 15367	15.d. Amount 1,350 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: Cedars-Sinai Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Bienvendido Rabano Title Organization P.O. Box, Building and Room Number, if any Street 6801 Rook Drive City Huntington Beach State California ZIP Code + 4 92647	15.d. Amount 700 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

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15.a. Employer Name: St. Luke's Episcopal Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Diana Chamberlain Title Organization Labor Relations Academy for Management P.O. Box, Building and Room Number, if any Street 105 Golden Eagle Drive City Venetia State Pennsylvania ZIP Code + 4 15367	15.d. Amount 2,100 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: Trinity Health - St. Agnes	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jeanne Schmid Title Organization Jeanne B. Schmid Consulting, Inc. P.O. Box, Building and Room Number, if any Street 9 Whitpain Drive City Ambler State Pennsylvania ZIP Code + 4 19002	15.d. Amount 2,250 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: St. Luke's Episcopal Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jeanne Schmid Title Organization Jeanne B. Schmid Consulting, Inc. P.O. Box, Building and Room Number, if any Street 9 Whitpain Drive City Ambler State Pennsylvania ZIP Code + 4 19002	15.d. Amount 7,500 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

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15.a. Employer Name: Windsor Gardens Convalescent Hospital	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ernest Zuniga Title Organization P.O. Box, Building and Room Number, if any Street 7037 Lanto Street City Commerce State California ZIP Code + 4 90040	15.d. Amount 2,160 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: Redding Care Center	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose Salgado Title Organization Jose Salgado Jr. Inc. P.O. Box, Building and Room Number, if any P.O. Box 75806 Street City Tampa State Florida ZIP Code + 4 33675	15.d. Amount 9,313 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: St. Luke's Episcopal Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ted Pilonero Title Organization The Joseph Group P.O. Box, Building and Room Number, if any Street 216 Egglar Road City Jeffersonville State New York ZIP Code + 4 12748	15.d. Amount 5,500 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

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15.a. Employer Name: Redding Care Center	15.b. Trade Name, If any:
15.c. To Whom Paid Name Versala Parish Title Organization P.O. Box, Building and Room Number, if any Street 28920 Cullen Dr. City Romulus State Michigan ZIP Code + 4 48174	15.d. Amount 3,600 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

15.a. Employer Name: St. Luke's Episcopal Health System	15.b. Trade Name, If any:
15.c. To Whom Paid Name Versala Parish Title Organization P.O. Box, Building and Room Number, if any Street 28920 Cullen Dr. City Romulus State Michigan ZIP Code + 4 48174	15.d. Amount 6,058 15.e. Purpose To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

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 ZIP Code + 4	15.d. Amount 15.e. Purpose