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 cessors 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)



(WAY D 7 2012	READ THE INSTRUCTIONS CAREFU	RING THIS REPORT					
E CLMS DED	496953						
1 . File Number C- 765		2. Period Covered By This Report From:	By This Report (mm/dd/yyyy) (mm/dd/yyyy)				
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 Heidi	J Fisher	Name					
Title		Title					
Organization		Organization					
P.O. Box, Building and Room Numb	er, if any	P.O. Box, Building and Room Number, if any					
Street 24235 Davida		Street					
City Laguna Niguel		City					
State California	ZIP Code + 4 92677	State		ZIP Code + 4			
		atures					
Each of the undersigned declares, under information contained in any accompan correct, and complete. (See the Sectio	penalty of perjury and other applicable penal ying documents) has been examined by the non-penalties in the instructions).	ties of law, that all of the in	nformation submitted in this re best of the undersigned's k	port (including the nowledge and belief, true,			
17. Signed Mills Title Sole Proprietor	President (if other title, see instructions)	18. Signed	surer	Treasurer (If other title, see instructions)			
On 9/28/20/3 Telep	hone Number	On Date	Telephone Nu	ımber			

Name of Person Filing: Heidi Fisher							File Number C-				
B. Statement of Reco	eipts Repo or servic		m employers ir	n connect	ion wi	th labor relation	ns advice or serv	ices regardless of the purpos	ses c	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 Country Villa Woodman							F.O. Box, Building and Room Number, if any				
Trade Name						Street 5	treet 5120 W. Goldleaf Circle Suite #400				
Attention To Douglas Tucker						City L	Los Angeles				
Title Administrator State California ZIP Code + 4 90056											
5.b. Termination Date	• [5.c. Amoun	5.c. Amount				
6. TOTAL RECEIPTS	FROM AL	L EMPLOYERS		•							
						.					
C Statement of Disk	urcomon	ts Panort all d	ichurcamente	made by	the re	norting organiz	ation in connecti	on with labor relations advice		services rendered	
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 Off (a) Name	icers and E	mployees:	(b) Salary	(c) Exper	ıses (d	l) Totals					
							9. Office and	Administrative Expenses			
							10. Publicity				
							11. Fees for P	rofessional Services			
					0	0	12. Loans Mad	e	Г		
			1,000		85	1,085	13. Other Disb	ursements	Г		
8. Total disbursement	Total disbursements to officers and employees:					1,085	14. Total Disbu	rsements (Sum of Items 8-13)		1,085	
D. Schedule of Disb	ursement	s for Reportable	Activity	Usa this	Schoo	tule to report of	nly dishursement	s made for the purposes des		ed in Part D of the	
D. Schedule of Disb	ursement	s for reportable	Activity	instruction		aule to report of	ily disbursement			ed in rait b of the	
15.a. Employer Name:					15.b. Trad	15.b. Trade Name, If any:					
										ļ _	
15.c. To Whom Paid					15.d. Amo	15.d. Amount					
Name					45 5						
Title				15.e. Purp	ose						
					!	_					
Organization						_]					
				•							
P.O. Box, Building and Room Number, if any											
Street											
											
City			ID 0-1 F			_					
State Washing			IP Code + 4								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY											