

AMENDED
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

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

393819

1. File Number C- 00618	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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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Josephine Zamora Title President Organization Employee Solutions, Inc. P.O. Box, Building and Room Number, if any P.O. Box 67166 Street City Albuquerque State New Mexico ZIP Code + 4 87193	4. Any other address where records necessary to verify this report are kept: Name Josephine Zamora Title President Organization Employee Solutions, Inc. P.O. Box, Building and Room Number, if any Street 5108 Cumberland Pl. NW. City Albuquerque 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 On <u>3/29/09</u> <u>505-681-8100</u> Date Telephone Number	President (if other title, see instructions)	18. Signed <u>Josephine Zamora</u> Title Other (Specify) President On <u>3/29/09</u> <u>505-681-8100</u> Date Telephone Number	Treasurer (If other title, see instructions)
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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) Employer Henry Ford Continuing Care Trade Name Attention To Ann Kochanski Title	Mailing Address: P O Box Building and Room Number, if any Street 19850 Harper City Harper Woods State Michigan ZIP Code + 4 48225
5.b. Termination Date 9/06	5.c. Amount 13,353
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 150,909	

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	414
		0	0	10. Publicity	0
		0	0	11. Fees for Professional Services	350
		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) 10,764

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 3,900 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 76,625		

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 7,218	
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 130,338	
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 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 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 20,570 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 1,000 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: Henry Ford Continuing Care	15.b. Trade Name, if any:
15.c. To Whom Paid Name Rick Torres Title Organization Permanent Solutions Labor Consultants P.O. Box, Building and Room Number, if any Street 19186 Fort Street City Riverview State Michigan ZIP Code + 4 48192	15.d. Amount 12,250 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.

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15.a. Employer Name: Cedars-Sinai 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 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: Cedars-Sinai Health System	15.b. Trade Name, if any:
15.c. To Whom Paid Name Diana Chaimberlain 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 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 Josephine Zamora Title Organization Total Business Solutions, Inc. P.O. Box, Building and Room Number, if any P.O. box 67787 Street City Albuquerque State New Mexico ZIP Code + 4 87193	15.d. Amount 4,050 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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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 Josephine Zamora Title Organization Total Business Solutions, Inc. P.O. Box, Building and Room Number, if any Street P.O. Box 67787 City Albuquerque State New Mexico ZIP Code + 4 48362	15.d. Amount 29,750 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 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 1,105 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 Palm Beach Metro Transportation	15.b. Trade Name, if any:
15.c. To Whom Paid Name Rick Torres Title Organization Permanent Solutions Labor Consultants P.O. Box, Building and Room Number, if any Street 19186 Fort Street City Riverview State Michigan ZIP Code + 4 48192	15.d. Amount 3,700 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.