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. 1215-0188
Expires 11-30-2009

This report is mendatory under P.L. 66-257, 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)

RECEIVED APR - 3 2014	LLY BEFORE PREPARING THIS REPORT					
1. File Number C- U. 5 985	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyy) Month/Day					
A. Person Filing 3. Name and mailing address (include ZIP Code): Name	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4					
Slona	ntures					
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)					
On: 03 / 28 / 2014 909-434-9147 Date Telephone Number	On Date Telephone Number					

Name of Person Filing	 					File Number C-	<u> </u>	
name of resourcing.								
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 See	P.O. Box, Building and Room Number, if any See Attached							
Trade Name		<u></u>		Street				
Attention To			=-	City			[
				· '=		710 Code		
Title Starte ZIP Code + 4								
5.b. Termination Dat	Se .		<u> </u>	5.c. Amount				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS								
C. Statement of Disi	humamanta - Ponsit all di	humamanta ma	da bu tha mã	ading assanly	tion in consoctio	n with labor relations advic	o or condess randorad	
C. Statement or Disi	to the emplo	soursements ma yers listed in Par	nde by me rep nt B.	orung organiza	mon in connecu	n with labor relations advic	e or services rendered	
7. Disbursements to Of (a) Name	ficers and Employees:	(b) Salary (c)) Expenses (d)	Totals			,	
	Slim	55286.47		10000	9. Office and A	dministrative Expenses	T	
				· · · · · · ·	10. Publicity		<u> </u>	
					11. Fees for Professional Services			
					12 Loans Made			
					13. Other Disbursements			
8. Total disbursement	Total disbursements to officers and employees: 55, 286.47 14. Total Dist				14. Total Disburs	sements (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 D of the								
			structions.	on to report or	ny diabona omicne	s made for the purposes to	SCHOOL HIT, CITY D' OI UIG	
15.a. Employer Name	e :			15.b. Trade	Name, If any:	· · · · · · · · · · · · · · · · · · ·		
			<u>.:</u>			<u> </u>		
15.c. To Whom Paid								
Name 15.e. Purpose						···		
Title						·		
Organization								
]								
P.O. Box, Building and Room Number, if any								
Street	Street							
City				- [1]			J	
State Washington ZIP Code + 4								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								

Form LM-21 (2003)

Luz O Slim LM-21 (1/1/2013 to 12/31/2013) Item B 5 Statement of Receipts File Number

Client

Termination Date

Amount

Solutions Labor Relations Consultants 7426 Cherry Ave. Suite 210-106 Fontana CA 92336 Work Performed At: US Fibers 30 Pine House Road

Trenton SC 29847

Ongoing

\$55.286.44