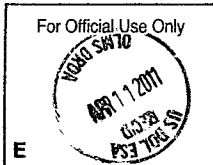


**FORM LM-21**  
**RECEIPTS AND DISBURSEMENTS REPORT**

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 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**

457670

1. File Number C- <input type="text" value="733"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2008"/> Through: <input type="text" value="12/31/2008"/>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Ernesto"/> <input type="text" value="Zuniga"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="Consultant"/>	Name <input type="text"/>
Organization <input type="text"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text" value="7011 Lantoso"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Commerce"/>	Street <input type="text"/>
State <input type="text" value="CA"/> ZIP Code + 4 <input type="text" value="90040"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

**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 <input type="text" value="Ernesto Zuniga"/>	President (if other title, see instructions)
Title <input type="text" value="Consultant"/>	
On <input type="text" value="4/05/2011"/>	Date
<input type="text" value="(562) 299-3085"/>	Telephone Number
18. Signed <input type="text"/>	Treasurer (if other title, see instructions)
Title <input type="text" value="Treasurer"/>	
On <input type="text"/>	Date
<input type="text"/>	Telephone Number

Name of Person Filing: <u>Car Ernesto Zuniga</u>	File Number <u>C-</u>
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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:

Employer <u>Employee Solution Inc (Windsor Garden)</u>	P.O. Box, Building and Room Number, if any <u>67/66</u>
Trade Name <u></u>	Street <u>5108 Cumberland place N.M</u>
Attention To <u></u>	City <u>Albuquerque</u>
Title <u></u>	State <u>N.M</u> ZIP Code + 4 <u>87120</u>

5.b. Termination Date 5/5/2008 5.c. Amount 2,160.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 2,160.00

**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	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (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 instructions.

<p>15.a. Employer Name:</p> <p><u></u></p> <p>15.c. To Whom Paid</p> <p>Name <u></u></p> <p>Title <u></u></p> <p>Organization <u></u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u>Washington</u> ZIP Code + 4 <u></u></p>	<p>15.b. Trade Name, If any:</p> <p><u></u></p> <p>15.d. Amount <u></u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	