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 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 Month/Day/Year Month/Day/Year 2. Period Covered 1. File Number C- 77 6 (mm/dd/yyyy) (mm/dd/yyyy) By This Report From: 12011 Through: 23/2011 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 Name Simon JORA Title Title Owner Organization Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Street 10380 Rochelle Avenue Street SANtee City City ZIP Code + 4 920 41 State ZIP Code + 4 **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). President Treasurer 17. Signed 18. Signed (If other title, see (if other title, see Prèsident Treasurer instructions) instructions) 200

Telephone Number

Telephone Number

Date

Name of Person Filing:	File Number C-
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 Labor Relstions In 8 titute Trade Name LR Attention To Philip Wilson Title Resident	Mailing Address: P.O. Box, Building and Room Number, if any P.O. Box 1524 Street 7850 South Elm P1424 City Bokes Arrow State OK ZIP Code + 4 74103
5.b. Termination Date	5.c. Amount 621,000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	
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	
Simon [JAN 2 2 000 00 MAYNLOO	\$21,194.00 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. 15.a. Employer Name: 15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title Organization P.O. Box, Building and Room Number, if any	
Street	,
City	
State Washington ZIP Code + 4]
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Form LM-21 (2003)