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: 08-31-2016

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 gersons, 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

6/9902

1 . File Number C - 65644	2. Period Covered By This Report From: 01/01/2014 Through: 12/31/2014										
A. Person Filing											
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:										
Name Javier Rivera-Carbone	Name Javier Rivera-Carbone										
Title President	Title President										
Organization Rivera Carbone PC	Organization Rivera Carbone PC										
P.O. Box, Building and Room Number, if any 905 Calle Negocio #75754 Street City San Clemente	P.O. Box, Building and Room Number, if any Street 9891 Irvine Ctr. Dr. Ste. 200 City Irvine										
State California ZIP Code + 4 92673	State California ZIP Code + 4 92618										
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 / Arch Coloresident Title President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)										
On 03/31/2015 949.487.6244 Telephone Number	On 03/31/2015 995.787.6299 Date Telephone Number										
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Name of Person Filing: Javier Rivera-Carbone							File Number C-	65644			
Land Control of the 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). Mailing Address: P.O. Box, Building and Room Number, if any											
Employer Conway Freight, Inc.											
					6001 NW 48th Aveenue						
Attention To D	av	rid Wa	ırta]	City Miami Lakes					
Title State Florida ZIP Code + 4 33014										014	
5.b. Termination Date 12/13/2014 5.c. Amount 43,688											
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 81,313											
A STATE OF THE STA	'	والعيها والمعتقدات المعتقبات	PERSONAL PROPERTY.	1					-		
C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or 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 O (a) Name	ffic	ers and Employees:	(b) Salary	(c) Exper	nses (d)	Totals					
Javier	7	Rivera-Carbone	53,429		884	81,31	9. Office and Administrative Expenses				····
	1					•	10. Publicity			Ī	
							11. Fees for Professional Services		es	Ī	
							12. Loans Made			T	
							13. Other Disbursements				
8. Total disbursemen	ıts	to officers and employees	:			81,31	14. Total Disbur	rsements (Sum of Items 8-13)			81,313
D. Schedule of Dist		 rsements for Reportable	Activity	Llee this	Sabodi	ulo to conoct o	nly disbursement	a mada for the av	rmanan dana	ribad i	n Port D of the
	, 	Tagements for Reportable		instructio		ne to report t	rny disbursement	s made for the pr	irposes desc	TIDEO II	n Part D of the
15.a. Employer Name: 15.b.					15.b. Trac	Trade Name, If any:					
								· 			
15.c. To Whom Paid 15.d. Amount											
Title 15.e. Purpose											
	_			- 177		_					
Organization]					
P.O. Box, Building and Room Number, if any											
Street	_			=							
L	_										
City	_					<u>, </u>					
State		Z	IP Code + 4			<u> </u>					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY											

Form LM-21 (2003)