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 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. 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

590798

1 . File Number C- 65358	2. Period Covered By This Report From: O1 / 01 / 2014 Through: Month/Day/Year (mm/dd/yyyy)  Month/Day/Year (mm/dd/yyyy)  Through: 12 / 31 / 2014
A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name Julio Pablos  Title Manager  Organization Arena Communications  P.O. Box, Building and Room Number, if any  Street 279 Shadow Mountain  City El Paso	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 Texas ZIP Code + 4 79912	State ZIP Code + 4
	natures
Each of the undersigned declares, under penalty of perjury and other applicable pensinformation contained in any accompanying documents) has been examined by correct, and complete. (See the Section on penalties in the instructions).  17. Signed  Title Managing Partner  Title Managing Partner  Title Managing Partner  Title Managing Partner	alties of law, that all of the information submitted in this report (including the the signatory and is, to the best of the undersigned's knowledge and belief, true,  18. Signed
On 03 / 30 · / 2015 : (915) 449 8373 167 2611	On Date Telephone Number

January Salia Papias		·	<del></del> -	FI	iie Number C- 65358	
B. Statement of Receints Report all receints for	m omplovom i		Ma Jahan and Nasa			
B. Statement of Receipts Report all receipts fro or services.			in labor relation	is advice or services	regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade n	ame, if any).			Mailing Address:		· · · · · · · · · · · · · · · · · · ·
Employer See Attached			P.O. Box, Building and Room Number, if any			
Trade Name				antania di salahan di menjebahan di menjebah	روستان در درد. میکاندان با در درد در درد در درد درد این این در در درد در درد درد درد درد درد درد د	
Security of the contraction of t		·	Street			
Attention To		<u> </u>	City			
Title			State		ZIP Code	9+4
						-
5.b. Termination Date			5.c. Amount	t		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<del></del>	· · · · · · · · · · · · · · · · · · ·			
		<del></del>	<del></del>			
C. Statement of Disbursements Report all d	isbursements i oyers listed in I	made by the rep	porting organiza	ation in connection w	vith labor relations advice	e or services rendered
7. Disbursements to Officers and Employees:	yers listed iii i	ait O.				
(a) Name	(b) Salary	(c) Expenses (d)	Totals			
See Attached	195,350		195,350	9. Office and Adm	inistrative Expenses	
]' ]	·			10. Publicity		
				11. Fees for Profes	ssional Services	
				12. Loans Made		
		L		13. Other Disburse	ements	
8. Total disbursements to officers and employees	: 		195,350	14. Total Disburseme	ents (Sum of Items 8-13)	195,350
D. Schedule of Disbursements for Reportable	Activity	les this School	ulo to conset on	h. dish		
	-	instructions.	ule to report on	ny disbursements ma	ade for the purposes de	scribed in Part D of the
15.a. Employer Name:			15.b. Trade Name, If any:			
and the second control of the second control						
15.c. To Whom Paid			15.d. Amou	nt		
Name			15 5	haran a arangan		
Title			15.e. Purpos	SB		
Organization (			_ [			]{
O'ganization	·		ا ال			:
P.O. Box, Building and Room Number, if any						
	· · · · · · · · · · · · · · · · · · ·		† † †			
Street	eller muskammenten konsen propri sis. Halifa da sillapporte umprilipt magair e					
City		لسب				
ک برد ایران در میشد. کاربرد ایران در میشد در درد در ایران در میشد با در	D.Code : 4 P		- []			
أبيان المعاولات المرارع مند معرمان فالمام معالمات ومسالها	P Code + 4					il
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTIV	/ITY				

Arena Communications 279 Shadow Mountain El Paso TX 79912 File No. C-65358 01/01/2014 to 12/31/2014 D. Schedule of Disbursements

Disbursement	Purpose	Amount
Laura Garcia 1626 E Main St Grand Prairie TX 75052	Hold employee meetings to inform Employees regarding their right to Support or not to support a Labor Organization at Amigos Logistics, Cargill Meat Solutions and Katch Kan USA	\$ 55,543.78
Carlos Ortiz 7426 Cherry Ave Suite 210-106 Fontana CA 92336	Hold employee meetings to inform Employees regarding their right to Support or not to support a Labor Organization at Amigos Logistics and Katch Kan USA	\$ 97,765.25
William Herrera 9427 Reston Grove Ln Houston TX 75052	Hold employee meetings to inform Employees regarding their right to Support or not to support a Labor Organization at Amigos Logistics and Katch Kan USA	\$ 42,041.65
TOTAL		\$195,350.68

Arena Communications 279 Shadow Mountain El Paso TX 79912 File No. C-65358 01/01/2014 to 12/31/2014

1 /

## Attachment "B" Statement of Receipts

This report covers compensation for all advice and services provided to management including all Labor Relations advice and the receipts may include matters not related with Labor Relations advice or services provided to the listed client(s).

Client	Termination Date	Amount
Cargill Meat Solutions 151 North Main Street Wichita, Kansas 67228 Attn: Tanya Teeter Director of Labor Relations For work performed at their Dallas TX Plant	05/25/2014	\$ 8,105.91
Amigos Logistics Manny Rangel Chief Financial Officer 5221 S. Millard Ave. Chicago Illinois 60632	12/21/2013	\$ 65,104.39
Katch Kan USA Nolan Todd PO box 1669 Montgomery TX 77356	09/15/2014	\$122,140.38
Total		\$195,350.68