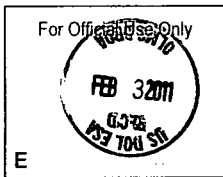


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

442251

1. File Number C- <u>428</u>	2. Period Covered By This Report From: <u>1/4/2010</u> Through: <u>12/31/2010</u>
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### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name Sal Duarte  
Title Owner  
Organization Agri-Labor Relations  
P.O. Box, Building and Room Number, if any  
P.O. Box 498  
Street  
City San Luis Rey  
State Ca ZIP Code + 4 92068

#### 4. Any other address where records necessary to verify this report are kept:

Name Same  
Title Same  
Organization Same  
P.O. Box, Building and Room Number, if any  
Street 2340 Littler Lane  
City Oceanside  
State Ca. ZIP Code + 4 92056

### 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 [Signature] President  
(if other title, see instructions)  
Title Owner

18. Signed [Signature] Treasurer  
(If other title, see instructions)  
Title n/a

On 1/4/2011 760-518-6829  
Date Telephone Number

On            
Date Telephone Number

Name of Person Filing: <u>Sal Duarte</u>	File Number C- <u>428</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>Waste Management, San Diego</u>	P.O. Box, Building and Room Number, if any
Trade Name <u>Waste Management</u>	Street <u>1001 West Bradley Ave.</u>
Attention To <u>Jason Rose</u>	City <u>El Cajon</u>
Title <u>Market Area Manager</u>	State <u>Ca.</u> ZIP Code + 4 <u>92020</u>

5.b. Termination Date 1-28-11 5.c. Amount

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	
<u>n/a</u>				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: <u>n/a</u>	15.b. Trade Name, If any: <u>n/a</u>
15.c. To Whom Paid Name Title Organization <u>n/a</u> P.O. Box, Building and Room Number, if any Street City State <u>Washington</u> ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Sole Proprietor, I have 0 employees

1-4-11

WRITTEN AGREEMENT: Terms and Conditions  
Between Sal Duarte and Waste Management

\$190.00 per hour, half of travel time, plus all related expenses, such as lodging, airfare, car rental or mileage, fuel, parking fees, meals, and supplies.