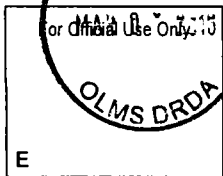


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

608283

1. File Number C-764	2. Period Covered By This Report From: 01/01/2016 Through: 12/31/2016
----------------------	---

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name <u>William T. Herrera</u>  Title _____  Organization _____  P.O. Box, Building and Room Number, if any _____  Street <u>9427 Reston Grove Ln</u> City <u>HOUSTON</u> State <u>TX</u> ZIP Code + 4 <u>77095</u>	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 _____ 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).

17. Signed <u>[Signature]</u> Title <u>President</u> On <u>02/01/2016</u> Date _____ Telephone Number _____	18. Signed _____ Title <u>Treasurer</u> On <u>/ /</u> Date _____ Telephone Number _____
---	---

Name of Person Filing: <u>William T. Herrera</u>	File Number C-
--	----------------

<b>B. Statement of Receipts</b> 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 <u>Flores Labor Mgmt Inc</u> Trade Name _____ Attention To _____ Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>P.O. Box 18122</u> City <u>Anaheim Hills</u> State <u>CA</u> ZIP Code + 4 <u>92817</u>
5.b. Termination Date _____	5.c. Amount <u>86447.52</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS _____	

<b>C. Statement of Disbursements</b> 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: <u>0</u>				14. Total Disbursements (Sum of Items 8-13)

<b>D. Schedule of Disbursements for Reportable Activity</b> 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 Name _____ Title _____ Organization _____  P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State <u>Washington</u> ZIP Code + 4 _____	15.d. Amount _____  15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY _____	