

# 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 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

528908

1. File Number C: <u>776</u>	2. Period Covered By This Report. From: <u>01/01/2012</u> Through: <u>12/31/2012</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name <u>Angel</u> <u>Cornejo</u> Title <u>CEO</u> Organization <u>Pinnacle Labor Relations</u> P.O. Box, Building and Room Number, if any Street <u>1427 dent st.</u> City <u>escalon</u> State <u>California</u> ZIP Code + 4 <u>95320</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>5/1/2013</u> Date <u>209-838-3714</u> Telephone Number	18. Signed Title <u>Treasurer</u> On <u>    </u> Date <u>    </u> Telephone Number
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Name of Person Filing: Angel Cornejo	File Number C-
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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	Labor Relations Institute	P.O. Box, Building and Room Number, if any	Po Box 1529
Trade Name	LRI	Street	7850 South Elm Plaza
Attention To	Phillip <input type="checkbox"/> Wilson <input type="checkbox"/>	City	Broken Arrow
Title	President	State	Oregon ZIP Code + 4 74103

5.b. Termination Date		5.c. Amount	
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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	Disbursement Category	Amount
				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: Smart And Final	15.b. Trade Name, If any: 
15.c. To Whom Paid	15.d. Amount 8,519
Name: Angel <input type="checkbox"/> Cornejo <input type="checkbox"/>	15.e. Purpose Engaged to collect data.
Title: President	
Organization: Pinnacle Labor Relations	
P.O. Box, Building and Room Number, if any 	
Street: 1427 Dent St	
City: Escalon	
State: California ZIP Code + 4 95320	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 8,519