

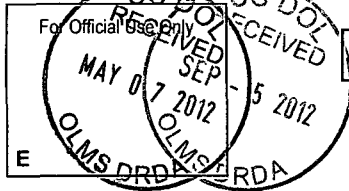
FORM LM-21

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 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

503337

1. File Number C: <u>765</u>	2. Period Covered By This Report From: <u>01/01/2011</u> Through: <u>12/31/2011</u>
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A. Person Filing

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

Name Heidi J Fisher
Title _____
Organization _____
P.O. Box, Building and Room Number, if any

Street 24235 Davida
City Laguna Niguel
State California ZIP Code + 4 92677

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>Heidi J Fisher</u> President Title <u>Sole Proprietor</u> (if other title, see instructions)	18. Signed _____ Treasurer Title <u>Treasurer</u> (if other title, see instructions)
On <u>8/26/12</u> Date <u>949) 510-2459</u> Telephone Number	On _____ Date _____ Telephone Number

Name of Person Filing: Heidi Fisher	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 Country Villa Westwood	P.O. Box, Building and Room Number, if any
Trade Name	Street 5120 W. Goldleaf Circle Suite #400
Attention To Katherine Campbell	City Los Angeles
Title Administrator	State California ZIP Code + 4 90056

5.b. Termination Date 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	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
		0	0	12. Loans Made
	2,050	150	2,200	13. Other Disbursements
8. Total disbursements to officers and employees: 2,200				14. Total Disbursements (Sum of Items 8-13) 2,200

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