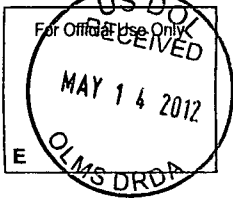


FORM LM-21

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

497084

1. File Number C- <u>723</u>	2. Period Covered By This Report From: <u>01/01/2010</u> Through: <u>12/31/2010</u>
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A. Person Filing

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

Name Bill E Michaelis
Title Consultant
Organization _____
P.O. Box, Building and Room Number, if any _____
Street 6930 Parsons Trail
City Tujunga
State California ZIP Code + 4 91042

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 Bill Michaelis President
Title Sole Proprietor (if other title, see instructions)

On 05/07/2012 818-399-6725
Date Telephone Number

18. Signed _____ Treasurer
Title Treasurer (If other title, see instructions)

On _____ _____
Date Telephone Number

Name of Person Filing: Bill Michaelis	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	Cruz and Associates	P.O. Box, Building and Room Number, if any	1831
Trade Name		Street	
Attention To	Lupe <input type="checkbox"/> Cruz <input type="checkbox"/>	City	Upland
Title	CEO	State	California ZIP Code + 4 91785

5.b. Termination Date	Ongoing	5.c. Amount	24,652
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,652

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	
	0	0	0	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:			0	14. Total Disbursements (Sum of Items 8-13)
				0

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	Bill <input type="checkbox"/> E <input type="checkbox"/> Michaelis	24,652	
Title		15.e. Purpose	
Organization			
P.O. Box, Building and Room Number, if any			
Street	6930 Parsons Trail		
City	Tujunga		
State	California ZIP Code + 4 91042		

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 24,652