

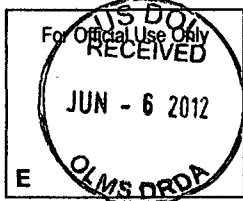
# FORM LM-21

## 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

1. File Number C- <u>723</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2011</u> Through: <u>12</u> / <u>31</u> / <u>2011</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 E. Michaelis President  
(if other title, see instructions)  
Title Sole Proprietor

On 05 / 31 / 2012 818-399-6725  
Date Telephone Number

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

On \_\_\_\_\_  
Date Telephone Number

Name of Person Filing: Bill Michaelis

File Number C-

**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:

P.O. Box, Building and Room Number, if any

Employer Cruz and Associates

1831

Trade Name

Street

Attention To

Lupe

Cruz

City

Upland

Title

CEO

State

California

ZIP Code + 4

91785

5.b. Termination Date

Ongoing

5.c. Amount

23,116

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 23,116

**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	
					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:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount

23,116

15.e. Purpose

Name

Bill

E

Michaelis

Title

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 23,116