

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 07-31-2019

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

657274

1. File Number C- <u>66752</u>	2. Period Covered By This Report From: <u>01/01/2014</u> Through: <u>12/31/14</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name <u>Terren Becker</u> Title <u>Consultant</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>1235 Riverview Drive</u> City <u>Fallbrook</u> State <u>California</u> ZIP Code + 4 <u>92028</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>Terren Becker</u> President (if other title, see instructions) Title <u>President</u> On <u>9/20/2017</u> <u>714-476-3865</u> Date Telephone Number	18. Signed <u>Terren Becker</u> Treasurer (If other title, see instructions) Title <u>Treasurer</u> On <u>9/20/2017</u> <u>714-476-3865</u> Date Telephone Number
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Name of Person Filing: <u>Terren Becker</u>	File Number C- <u>66752</u>
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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: <u>Cruz + Associates</u>	P.O. Box, Building and Room Number, if any: <u>1831</u>		
Trade Name: _____	Street: _____		
Attention To: _____	City: <u>Upland</u>		
Title: _____	State: <u>California</u>	ZIP Code + 4: <u>91785</u>	

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	
<u>Terren Becker</u>				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services <u>80,837.33</u>
				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: _____
Name: _____	15.e. Purpose <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
Title: _____	
Organization: _____	
P.O. Box, Building and Room Number, if any: _____	
Street: _____	
City: _____	
State: <u>Washington</u>	ZIP Code + 4: _____

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY