

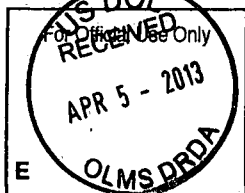
# FORM LM-21

## 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. 88-257, 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

525669

1. File Number C- <u>681</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		<u>11</u> / <u>11</u> / <u>2012</u>		<u>12</u> / <u>31</u> / <u>2012</u>

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Juan M. Cruz</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Company Executive Officer</u>	Name
Organization <u>Reconnect Labor Relations Consultants</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>28715 Mark Road</u>	P.O. Box, Building and Room Number, if any
City <u>Moreno Valley</u>	Street
State <u>California</u> ZIP Code + 4 <u>92555</u>	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>	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title <u>Other (Specify) C.E.O.</u>		Title <u>Treasurer</u>	
On <u>11</u> / <u>29</u> / <u>2013</u>	Telephone Number <u>951-413-4402</u>	On _____	Telephone Number _____
Date		Date	

Name of Person Filing:	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:	
Employer Magic Laundry Services Inc.		P.O. Box, Building and Room Number, if any	
Trade Name	Street 412 Roosevelt Ave		
Attention To Harry Kertenian	City Montebello		
Title CEO	State California	ZIP Code + 4 90640	

5.b. Termination Date 4-9-12 5.c. Amount 55669.18

**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	
Eduardo R. Padilla	9,877			9. Office and Administrative Expenses
Ruth G. Jenkins	23,010			10. Publicity
Juan M. Cruz	22,782			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
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	



Name of Person Filing:	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 **Mi Pueblo**  
Trade Name **Mi Pueblo Food Center** Street **P.O. Box 3288**  
Attention To **Rodrigo Aberin** City **San Jose**  
Title **Company Attorney** State **California** ZIP Code + 4 **95156**

5.b. Termination Date **11/27/2012** 5.c. Amount **50,250**

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
<b>Juan M. Cruz</b>	<b>50,250</b>		

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
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	
Title	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State <b>Washington</b> ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C-
------------------------	----------------

<b>B. Statement of Receipts</b> 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).	
Employer <b>Cruz and Associates Labor Consultants</b>	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name <b>Cruz and Associates</b>	Street <b>10201 Trademark St. Suite C</b>
Attention To <b>Lupe Cruz</b>	City <b>Rancho Cucamonga</b>
Title <b>CEO</b>	State <b>California</b> ZIP Code + 4 <b>91730</b>
5.b. Termination Date <b>12/31/12</b>	
5.c. Amount <b>263,618</b>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> 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	
Juan M. Cruz	263618			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)

<b>D. Schedule of Disbursements for Reportable Activity</b> 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	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State <b>California</b> ZIP Code + 4	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	

Reconnect Labor Relations Consultants 28715 Mark Road Moreno Valley, Ca.92555		\$ 0.00	2012		Miscellaneous Income
Juan M. Cruz 951-413-4402		2 Royalties 0.00	Form 1099-MISC		
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		Copy A For Internal Revenue Service Center
PAYER'S federal identification number 33-096136	RECIPIENT'S identification number 604-96-3438	5 Fishing boat proceeds	6 Medical and health care payments		File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the 2012 General Instructions for Certain Information Returns.
RECIPIENT'S name Ruth G. Jenkins		7 Nonemployee compensation 23,010.52	8 Substitute payments in lieu of dividends or interest 0.00		
Street address (including apt. no.) 16020 Elbert Circle		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds 0.00		
City, state, and ZIP code Fountain Valley, Ca. 92708		11	12		
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 402A deferrals	15b Section 402A income	16 State tax withheld	17 State/Payer's state no. 548-27-1733	18 State income \$ 23,010.52	
\$	\$	\$	\$	\$	

Form 1099-MISC

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

9595 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.  Reconnect Labor Relations Consultants 28715 Mark Road Moreno Valley, Ca.92555  Juan M. Cruz 951-413-4402		1 Rents \$ 0.00	2012		Miscellaneous Income
		2 Royalties 0.00	Form 1099-MISC		
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		Copy A For Internal Revenue Service Center
PAYER'S federal identification number 33-096136	RECIPIENT'S identification number 621-32-2911	5 Fishing boat proceeds	6 Medical and health care payments		File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the 2012 General Instructions for Certain Information Returns.
RECIPIENT'S name Eduardo Raul Padilla EPC Consulting		7 Nonemployee compensation 9,877.16	8 Substitute payments in lieu of dividends or interest 0.00		
Street address (including apt. no.) 3364 Bonita Woods Drive		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds 0.00		
City, state, and ZIP code San Diego, Ca. 91802		11	12		
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 402A deferrals	15b Section 402A income	16 State tax withheld	17 State/Payer's state no. 548-27-1733	18 State income \$ 9,877.16	
\$	\$	\$	\$	\$	

Form 1099-MISC

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page