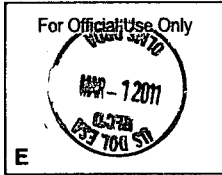


FORM LM-21

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

444560

1. File Number C- 720	2. Period Covered By This Report From: 1/1/08 Through: 12/31/08
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name DONALD P. SOMMERVILLE Title INDIVIDUAL Organization P.O. Box, Building and Room Number, if any Street 1509 PIGEON POINT ROAD City BEAUFORT State SC ZIP Code + 4 29902-4027	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>[Signature]</u> Title President On 2/20/2011 Date 8435210837 Telephone Number	President (if other title, see instructions)	18. Signed _____ Title Treasurer On 1/1 Date _____ Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing:	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). Employer CRVZ ASSOCIATES, INC Trade Name Attention To LUP CRVZ Title CEO	Mailing Address: P.O. Box, Building and Room Number, if any Street 10201 TRADEMARK STREET SUITE C City RANCHO CUCAMONGA State CA ZIP Code + 4 91730
5.b. Termination Date 8-20-2018	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 27,500.00 11,783.62	

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	
DONALD P. SANDERVIK	7900	3883.62	11,783.62	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)	11,783.62

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