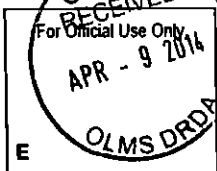


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

lm-21 W x QA

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

554066

1. File Number C- 66018	2. Period Covered By This Report From: 1/1/13 Through: 12/31/2013
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Charles R Stephenson Title Organization CRS Labor Relations Solutions P.O. Box, Building and Room Number, if any Street 1500 E. Katella Ave. Suite M City Orange State California ZIP Code + 4 92867	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 _____ Title Other (Specify) On 3 / 30 / 2013 (951)371-6606 Date Telephone Number	President (if other title, see instructions)	18. Signed _____ Title _____ On / / Date Telephone Number	Treasurer (If other title, see instructions)
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Sign/Print

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