

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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429700

1. File Number C- **681**

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

9 / 11 / 2009

Through:

Month/Day/Year
(mm/dd/yyyy)

10 / 9 / 2009

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name **Juan** **M** **Cruz**

Title **CEO**

Organization **Reconnect Labor Relations Consultants**

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

Street **12831 Moreno Beach Drive. Suite 133**

City **Rancho Belago**

State **California** ZIP Code + 4 **92555**

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 **[Signature]** President
(if other title, see instructions)
Title **Other (Specify) CEO**

On **3 / 27 / 2010** **951-413-4402**
Date Telephone Number

18. Signed _____ Treasurer
(If other title, see instructions)
Title **Treasurer**

On _____
Date Telephone Number

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).		Mailing Address:	
Employer	Republic Services	P.O. Box, Building and Room Number, if any	
Trade Name		Street	1071 Blue Gunm Street
Attention To	Jerry <input type="checkbox"/> Vincent <input type="checkbox"/>	City	Anaheim
Title	Company's Attorney	State	California ZIP Code + 4 92806

5.b. Termination Date	10-09-2009	5.c. Amount	33,997
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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		
Juan	<input checked="" type="checkbox"/> M Cruz	33,497	500		9. Office and Administrative Expenses	
	<input type="checkbox"/>				10. Publicity	
	<input type="checkbox"/>				11. Fees for Professional Services	
	<input type="checkbox"/>				12. Loans Made	
	<input type="checkbox"/>				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:
Reconnect Labor Relations Consultants	
15.c. To Whom Paid	15.d. Amount
Name	33,997
Title	
Organization	15.e. Purpose
Reconnect Labor Relations Consultants	I was contracted to explained to the bargaining unit employees their rights under the basic guide to the National Labor Relations Act.
P.O. Box, Building and Room Number, if any	
Street	
12831 Moreno Beach Drivr. Suite 133	
City	
Rancho Belago	
State	
California ZIP Code + 4	
92555	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY