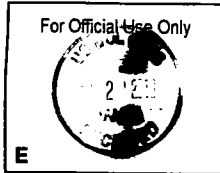


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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

684753

1. File Number C-	68253	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1/1/15	Through:	Month/Day/Year (mm/dd/yyyy) 12/31/15
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Wildine Pierre</u> Title <u>Consultant</u> Organization <u>Cruz + Associates</u> P.O. Box, Building and Room Number, if any Street <u>320 Golf Brook Cir. #202</u> City <u>Longwood</u> State <u>FL</u> ZIP Code + 4 <u>32779</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>[Signature]</u> Title <u>President</u>	President (if other title, see instructions)	18. Signed _____ Title <u>Treasurer</u>	Treasurer (if other title, see instructions)
On <u>08/09/2018</u> Date	<u>407-683-0444</u> Telephone Number	On <u>1/1</u> Date	_____ Telephone Number

Name of Person Filing: <u>Wildine Pierre</u>	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 <u>Cruz v Associates</u> Trade Name _____ Attention To _____ Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	
5.b. Termination Date _____	5.c. Amount _____	
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>Wildine Pierre</u>	<u>16,405</u>	<u>1,776.64</u>	<u>18,181.64</u>	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:			<u>18,181.64</u>	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: <u>Cruz - Associates</u> 15.c. To Whom Paid Name <u>Wildine Pierre</u> Title <u>Consultant</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>4101 Pine Hills cir.</u> City <u>Orlando</u> State <u>Washington FL</u> ZIP Code + 4 <u>32808</u>	15.b. Trade Name, if any: _____ 15.d. Amount _____ 15.e. Purpose _____	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>\$18,181.64</u>		