U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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 person 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)

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## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 . File Number C- 68	2. Period Covered By This Report From: Month/Day/Y	ear ) 201-2 Through:	Month/Day/Year (mm/dd/yyyy) \$12: / \$3.1 / 20124
A. Person Filing			
3. Name and mailing address (include ZIP Code):	4. Any other address where records	necessary to verify	this report are kept:
Name Juan M. Cruz	Name		
Title Company Executive Officer	Title		
Organization Reconnect Labor Relations Consultants	Organization		
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Nur	mber, if any	·
Street 287/15 Mark Road	Street		
City Moreno Valley	City		
State California ZIP Code + 4 92555	State	ZIP Cod	e+4
			•
Signa	ures		
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	of law, that all of the information subm signatory and is, to the best of the und	itted in this report (inc dersigned's knowledc	luding the ge and belief, true,
17. Signed President  Title Other ((Specify)) C.G. (if other title, see instructions)	18. Signed		_ Treasurer (If other title, see instructions)
On Date Telephone Number	On Date T	elephone Number	
			· · · · · · · ·

Name of Person Filing:				File Number C-	
Statement of Receipts Report all receipts from employers in or services.	connection with	n labor relati	ons advice or servi	ces regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name, if any).		P.O. Box.	Mailing Address: Building and Room	Number if any	
Employer Magic Laundry Services Inc.			building and ricon		
Trade Name		Street	412 Roosevel		
Attention To Harry Kertenian		City Montebello			
Title CEO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	California	ZIP Code	+4 90640
5.b. Termination Date 4-9-12	- 4- - 4- - 1	5.c. Amou	int 55669.18		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
			······································		
C: Statement of Disbursements Report all disbursements m	nade by the rep	orting organ	ization in connection	on with labor relations advice	or services rendered
to the employers listed in P	art B.			-	
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (d)	Totals		••	
Eduardo R Padilla 9,877			9. Office and A	dministrative Expenses	
Ruth G Jenkins 23,010			10. Publicity		
Juan M Cruz , 22,782	المراجعة المراجعة		11. Fees for Pro	ofessional Services	
			12. Loans Made		
			13. Other Disbu	irsements	AMERICAN
8. Total disbursements to officers and employees:			14. Total Disburs	ements (Sum of Items 8-13)	<u> </u>
				•	
	Jse this Schedu nstructions.	le to report	only disbursements	made for the purposes desc	ribed in Part D of the
15.a. Employer Name:		15.b. Trac	de Name, If any:		
		· ,	The second se	y de la companya de La companya de la co	J.
15.c. To Whom Paid		15.d. Amo	ount		
Name		15.e. Purp		· · · · · · · · · · · · · · · · · · ·	<del></del>
- Title	مستند الدر	4.4			
Organization					
P.O. Box, Building and Room Number, if any	-				
Street					
City					
State Washington ZIP Code + 4					18 July 18 18 18 18 18 18 18 18 18 18 18 18 18
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV	ITY			: · · · · · · · · · · · · · · · · · · ·	

Name of Person Filling:	File Number C-		
<del>*************************************</del>			
Statement of Receipts Report all receipts from employers in connection v     or services.	with labor relations advice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).  Employer Holiday Manor.  Trade Name  Attention To Phil Wienburger  Title CEO  5.b. Termination Date 4/27/12	Mailing Address: P.O. Box, Building and Room Number, if any  Street 20554 Roscoe Blvd  City Winnetka  State California ZIP Code + 4 91306		
C. Statement of Disbursements  Report all disbursements made by the reto the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (c)	eporting organization in connection with labor relations advice or services rendered		
Juan M Cruz 23,607	Office and Administrative Expenses		
	10. Publicity		
	11. Fees for Professional Services		
	12. Loans Made		
	13. Other Disbursements		
Total disbursements to officers and employees:	.14. Total Disbursements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Activity  Use this Scheinstructions.	dule to report only disbursements made for the purposes described in Part D of the		
15.a. Employer Name:	15.b. Trade Name, If any:		
15.c. To Whom Páid	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 F	filing:					File Number C-	
B. Statement of	Receipts Report all receipts from	m employers i	n connection with	labor rela	ations advice or servi	ces regardless of the purpose	es of the advice
5.a. Name and Add	or services. ress of Employer (including trade n	ame, if any).		•	Mailing Address:	<u> </u>	
Employer M	i Pueblo			P.O. Bo	x, Building and Room	what were nothing and the returning resources to the restaurant normal	
	Mi Pueblo Food Cente			Street		8	
	Rodrigo A			City	San Jose		and the same after some
Title	Company Attorney			State	California	ZIP Code 4	4 95156
5.b. Termination	Date 11/2/2012			5.c. Am	ount 50,250		
6. TOTAL RECEI	PTS FROM ALL EMPLOYERS						
<del></del>					<u></u>	<u>, • , , • • • . , • • • . , • • • . , • • • . , • • • . , • • • . , • • • . , • • • . , • • • . , • • • . , • , • ,   , • , • , • , • , •</u>	······································
C. Statement of	Disbûrsements Report all d	sbursements	made by the repo	rtina oraș	mization in connection	on with labor relations advice:	or services rendered
		yers listed in	Part B.				5. 55. N.555 (5.1 <u>11</u> 5.154
7. Disbursements to (a) Name	o Officers and Employees:	(b);Salary	(c) Expenses (d) T	otals			
Juan	M Cruz	350,250			9. Office and A	Administrative Expenses	
					10. Publicity		
- M					11. Fees for Pro	ofessional Services	
					12. Loans Made	)	4.75
			avera "		13. Other Disbu	ursements	
8. Total disburser	nents to officers and employees	:			14. Total Disburs	sements (Sum of Items 8-13)	Consider appropriate the state of the state of
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D. Schedule of D	isbursements for Reportable	•	Use this Schedul instructions.	e to repor	t only disbursements	made for the purposes desc	ribed in Part D of the
15.a. Employer N	ame:			15.b. Ti	ade Name, If any:		
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B. Statement of Receipts Report all receipts from employers in connection will or services.	ith labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Cruz and Assoiciates Labor Consultants	
Trade Name Cruz and Associates	Street 10201%Trademark/St. Suite C
Attention To Lupe Cruz	City Rancho Cucamonga
Title CEO	State California ZIP Code + 4 91730
5.b. Termination Date 12//31//12	5.c. Amount 263.7618
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

File Number C-

	l disbursements ployers listed in		nization in connection with labor relations advice	or services rendered
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	5.12
8. Total disbursements to officers and employe	es:		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	en e				
P.O. Box, Building and Room Number, if any					
Street					
City ***					
State California ZIP Code + 4					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing:

Reconnect Labor Relati 287:15 Mark Road Moreno Valley, Ca.925			0,00 \$ 2 Reparts: 0.00	2012	Miscellaneous Income
Juan M. Cruz 951-413-	4402		\$ 3 Other income	Form 1059-EAISC	med Copy A
PAYER'S locasi identification and the 33-096136	RECOPENT'S GOVERNMENT 604-96-	R 10 10 10 10 10 10 10 10 10 10 10 10 10	§ 0.00 5 Fishing best proceeds	S U.UU 6 Matter and Nation page	ror .
			Ś	s	File with Form 1056.
Regrents rates Ruth G. Jenkins			7 November to mentilities 23,010.52	a B Substitute objectors in ciriconstruction of interest.	and Paperwork
Seed address (including ept. re.) 16020 Elbert Circle	etter och den statt s	сумения объемент до 1965 година (1965 година и 1965 год	9 Payer made direct sales of \$5,000 or more of consume products to a buyer freelight to returb P	10 Crop insurance proces  0.00	
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\$	s		8	*****************	8

PAYER'S name, speed address, oth	state, IP code, and telephone no.	1 Rena	OMB No. 1545-0115	
Reconnect Labor Relations Consultants 28715 Mark Road		0.00 \$ 2 Reyalfes	2012	Miscellaneou
Moreno Valley, Ca.92	555	0.00		Income
Juan M. Cruz 951-413	-4402	S 3 Other records	Form 1080-MISC	
		§ 0.00	4 f of the recommendation with the S	Copy / Fo
PAYER'S Individual identification 33-095136	RECIPIENT'S Identification The 621:32-2911	5 Fining boat processes	6 Made al and health case payme	o Internet Revoluc Bervice Center
		\$	\$	File with Form 1006
RECEIDITS (1998) Eduardo Raul Padillla EPC Consulting		7 licremplayer companiation 9,877.16	8 Substitute paymone in lieu Unicensia cristiensi	For Privacy Ac
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City, state, and the code San Olego, Co. 91902			12	Information Returns.
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Bo Specien 489A delorate	15b Section 409A recome	N Sisto tox advised S	17 Step Powers state no. 548-27-1733	\$ 9,877,16°
	S	\$	**************************************	5