

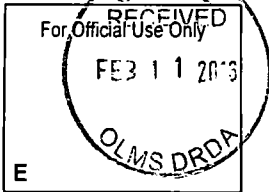
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

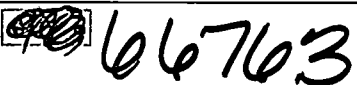
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.


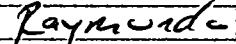
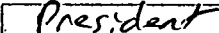
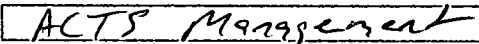



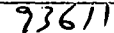
Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

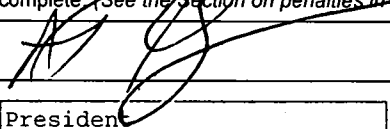
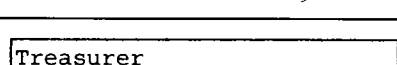
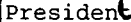


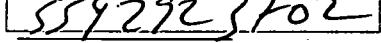

604445

1. File Number C- 	2. Period Covered By This Report From: <table border="1"><tr><td>Month/Day/Year (mm/dd/yyyy)</td></tr><tr><td>1/1/2013</td></tr></table> Through: <table border="1"><tr><td>Month/Day/Year (mm/dd/yyyy)</td></tr><tr><td>12/31/2013</td></tr></table>	Month/Day/Year (mm/dd/yyyy)	1/1/2013	Month/Day/Year (mm/dd/yyyy)	12/31/2013
Month/Day/Year (mm/dd/yyyy)					
1/1/2013					
Month/Day/Year (mm/dd/yyyy)					
12/31/2013					

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name  	Name <input type="text"/>
Title 	Title <input type="text"/>
Organization 	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street 	Street <input type="text"/>
City 	City <input type="text"/>
State  ZIP Code + 4 	State <input type="text"/> ZIP Code + 4 <input type="text"/>
4. Any other address where records necessary to verify this report are kept:	
Name <input type="text"/>	
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	

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 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title 		Title 	
On  	Date Telephone Number	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	Date Telephone Number
			

Name of Person Filing: <u>Alfonso Raymundo</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). Mailing Address:

Employer <u>Cruz & Associates</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street <u>PO Box 1831</u>
Attention To <u>Lupe</u> <input type="checkbox"/> <u>Cruz</u>	City <u>Upland</u>
Title <u>CEO</u>	State <u>CA</u> ZIP Code + 4 <u>91785</u>

5.b. Termination Date ~~6/30/13~~ 6/30/13 5.c. Amount 45,684

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 45,684

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
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
	<u>35,634</u>	<u>1,050</u>	<u>45,684</u>	14. Total Disbursements (Sum of Items 8-13) <u>45,684</u>

8. Total disbursements to officers and employees: 45,684

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:
<input type="text"/>	<input type="text"/>
15.c. To Whom Paid	15.d. Amount
Name <input type="text"/>	<input type="text"/>
Title <input type="text"/>	
Organization <input type="text"/>	15.e. Purpose
P.O. Box, Building and Room Number, if any	
Street <input type="text"/>	
City <input type="text"/>	
State <u>Washington</u> ZIP Code + 4 <input type="text"/>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY