

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. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty 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 edition bee Only
	FFB 26 2000
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E							
1 . File Number C-		2. Period Covered By This Report From: 01/01/2005 Through: 12/31					
A. Person Filing							
Name and mailing address (include ZIP Code):		4. Any other addres	s where records necessar	y to verify this report are kept:			
Name EDUARDO CAS	SILLAS	Name					
Title GENERAL DIRECTOR		Title					
Organization AUTOBUSES EJECUTIVOS,	L.L.C.	Organization					
P.O. Box, Building and Room Number, if any GENERAL DIRECTOR'S OFFICE		P.O. Box, Building and Room Number, if any					
Street 3200 TELEPHONE ROAD		Street					
City HOUSTON		City					
State Texas 2	ZIP Code + 4 77023	State		ZIP Code + 4			
	Signa	itures		<u> </u>			
ch of the undersigned declares, under penalty of information contained in any accompanying docur correct, and complete. (See the Section on penalty)	ments) has been examined by the	es of law, that all of the e signatory and is, to the	information submitted in thi he best of the undersigned	s report (including the 's knowledge and belief, true,			
17. Signed Title Other (Specify) GENERAL DIRECTOR	President (if other title, see instructions)	1110	er (Specify)	Treasurer (If other title, see instructions)			
On 02 / 03 / 2006 (713) 921-1 Date Telephone Num		On 02 / 03 Da	713) 92 te Telephone				



Name of Person Filing: EDUARDO CASILLAS								File Number C-				
B. Statement of F	tece	ipts Report all re	ceipts from	n employers ir	n connec	ction w	ith labor rela	tions advice or ser	vices regardless of the purpo	oses	of the advice	
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:												
Employer CRIIZ & ASSOCIATES INC							P.O. Bo	P.O. Box, Building and Room Number, if any				
ے د	Employer CRUZ & ASSOCIATES, INC. Trade Name							Street 10201 TDADESMARK STREET SHITE C				
	_		1					10201 IRADISPIRIK STREET, SOTTE C				
Attention To	CA	RLOS	OR	TEGA			City	RANCHO CVUC				
Title CONSULTANT · State California ZIP Code + 4 91729												
5.b. Termination Date NOVEMBER, 2005 5.c. Amount 50,000												
6. TOTAL RECEIP	TS	FROM ALL EMP	LOYERS	50,000								
C. Statement of D)isb			sbursements yers listed in l		the re	porting orga	nization in connec	tion with labor relations advice	e or	services rendered	
7. Disbursements to Officers and Employees:												
(a) Name	7	<u> </u>		(b) Salary	(c) Expe					_		
CRUZ & ASSOC	<u> </u>	CARLOS ORT	IZ	50,000	L	0	50,0		Administrative Expenses	\vdash	0	
				<u> </u>	<u> </u>			10. Publicity		+	0	
					<u> </u>				Professional Services	┼	60,345	
	<u> </u>			<u>L</u>	<u> </u>			12. Loans Ma		+	0	
0 T-4-1 P-1				<u>L</u>	L	J		13. Other Dis		╁	0	
8. Total disbursen	ents	to onicers and e	mployees:	· · · · · · · · · · · · · · · · · · ·			50,0	00 14. Iotal Disbi	ursements (Sum of Items 8-13)		110,345	
D. Schedule of D	isbu	rsements for Re	eportable .	Activity	Use this		dule to repor	t only disbursemer	its made for the purposes de	scrib	ed in Part D of the	
15.a. Employer Name:						15.b. Ti	15.b. Trade Name, If any:					
CRUZ & ASSOCIATES, INC.												
15 a Ta Mham Br							15 d A	mount 50 000				
_	5.c. To Whom Paid 15.d. Amount 50,000 Name CARLOS ORTIZ 15.d. P.								<u>-</u>			
			URI	12	15.e. Purpose							
Title CONSULTANT							CONC	TO SUPPLY AN EMPLOYER WITH INFORMATION CONCERNING THE ACTIVITIES OF EMPLOYEES OR A LABOR				
Organization CRUZ & ASSOCIATES] ORGA	ORGANIZATION IN CONNECTION WITH THE INTENTION OF STARING A UNION WITHIN THE FIRM					
P.O. Box Build	nait	and Room Numb	er. if anv									
P.O. Box, Building and Room Number, if any												
Street 10201 TRADESMARK STREET, SUITE C												
City RANCHO CUCAMONGA												
State Calif			 ZI	P Code + 4	91729				*			
<u></u>	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 50,000											
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