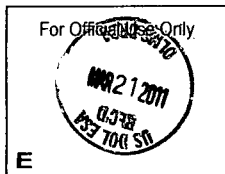


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

448427

1. File Number C- <u>1250</u>	2. Period Covered By This Report From: <u>05/18/09</u> Through: <u>12/31/09</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Ken</u> <u>Levan</u>	Name <u>None</u>
Title <u>Proprietor</u>	Title
Organization	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street <u>7609 S. Archer</u>	Street
City <u>North Paul</u>	City
State <u>CA</u> ZIP Code + 4 <u>92663</u>	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> President (if other title, see instructions)	18. Signed _____ Treasurer (If other title, see instructions)
Title <u>Proprietor</u>	Title <u>Treasurer</u>
On <u>05/11/11</u> Date <u>949-642-6284</u> Telephone Number	On _____ Date _____ Telephone Number

Name of Person Filing: <u>IL Lecom</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>Crut + Associates</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street
Attention To	City
Title	State ZIP Code + 4

5.b. Termination Date 6-10-09 5.c. Amount 2,700.00

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>None</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:				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:
<u></u>	<u></u>
15.c. To Whom Paid	15.d. Amount
Name	<u></u>
Title	
Organization	15.e. Purpose
P.O. Box, Building and Room Number, if any	
Street	
City	
State <u>Washington</u> ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY \$2,700.00