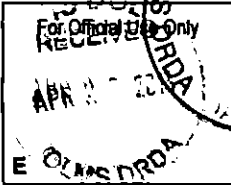


FORM LM-21

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

555834

1. File Number C- 65359	2. Period Covered By This Report From: 1/1/13 Through: 12/31/13
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>WAYNE PETERSON</u> Title <u>PRESIDENT</u> Organization <u>PETERSON CONSULTING</u> P.O. Box, Building and Room Number, if any Street <u>1338 Emery St</u> City <u>SAN JOSE</u> State <u>CA</u> <u>95126</u> ZIP Code + 4	4. Any other address where records necessary to verify this report are kept: Name <u>CRUZ, LUPE</u> Title <u>PRESIDENT</u> Organization <u>CRUZ AND ASSOCIATES</u> P.O. Box, Building and Room Number, if any Street <u>P.O. Box 1831</u> City <u>UPLAND</u> State <u>CA</u> <u>91785</u> 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>Wayne J. Peterson</u> Title <u>President</u> On <u>4/11/14</u> Date <u>(408) 293-1259</u> Telephone Number	18. Signed _____ Title <u>Treasurer</u> On <u>/ /</u> Date _____ Telephone Number
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Print Report

Name of Person Filing: <u>Wayne Peterson</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 & Assoc.</u> Trade Name _____ Attention To _____ Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street _____ City <u>Upland</u> State <u>CA</u> ZIP Code + 4 <u>91785</u>
5.b. Termination Date _____	5.c. Amount _____
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

Additional Employer Addresses

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>Wayne Peterson</u>			<u>14,525</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)

Additional Officers & Employees

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.c. To Whom Paid Name _____ Title _____ Organization _____ P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State <u>Washington</u> ZIP Code + 4 _____	15.b. Trade Name, If any: 15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		
<u>\$14,525</u>		