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 09-30-2011

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)

For Official Use Only READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT
E 2455 TO 414269	
1 . File Number C-	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2007 Through: 12 / 31 / 2007
A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Edward M Echanique	Name
Title	Title
Organization Labor Relations Consulting, Inc.	Organization
P.O. Box, Building and Room Number, if any Suite 1102	P.O. Box, Building and Room Number, if any
Street 43980 Mahlon Vail Circle	Street
City Temecula	City
State California ZIP Code + 4 92592	State ZIP Code + 4
Signa	atures
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).	
17. Signed Claud Unit Vaca Pesident (if other title, see instructions)	18. Signed Treasurer Title Treasurer (If other title, see instructions)
On [02]/[04]/[2010] [951-265-5584	on

Date

Telephone Number

On

Telephone Number

B. Statement of Receipte Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. Sa. Name and Accross of Employer [Judge 1 and 1	Name of Person Filing: Edward Echanique						File Number C-				
San Name and Address of Employer (Including frade name, if any). Employer [Lower's NTK, Inc.] Trade Name Street 1000 Sover's Blvd. Attention To Pred Sampson City Mooreaville Title Regional Vice President Distributio State Moorth Carolina ZIP Code + 4 28117 5.b. Termination Date 08/31/2007 5.c. Amount 76, 082 C. Statement of Disbursements City Sover Carolina ZIP Code + 4 28117 5.b. Termination Date 08/31/2007 5.c. Amount 76, 082 C. Statement of Disbursements City Sover Carolina ZIP Code + 4 28117 5.b. Termination Date 08/31/2007 5.c. Amount 76, 082 C. Statement of Disbursements City Code + 4 Zip City Ci	B. Statement of Re	ece		n employers ir	onnection	on with I	labor relati	ons advice or serv	ices regardless of the purpos	ses of the advice	
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