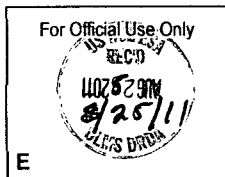


# FORM LM-21

## 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

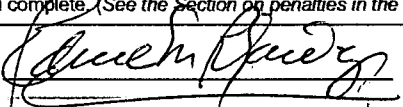
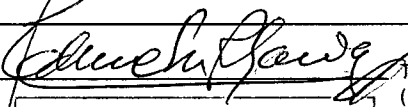
465181

1. File Number C-00664	2. Period Covered By This Report From: 01/01/2008 Through: 12/31/2008
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name Edward M Echanique	4. Any other address where records necessary to verify this report are kept:
Title	Name
Organization Labor Relations Consulting	Title
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 155 Bay Laurel Drive	Street
City Mooresville	City
State North Carolina ZIP Code + 4 28115	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  President (if other title, see instructions) Title President	18. Signed  Treasurer (If other title, see instructions) Title Treasurer
On 08/06/2011 951-265-5584 Date Telephone Number	On 08/06/2011 951-265-5584 Date Telephone Number

Name of Person Filing: Edward Echanique	File Number C- 00664
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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  P.O. Box, Building and Room Number, if any

Trade Name  Street

Attention To   City

Title  State  ZIP Code + 4

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0

*ENTERED INTO AGREEMENT ON 12/31/08 NO PAYMENTS RECEIVED*

**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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

**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.

<p>15.a. Employer Name: <input type="text"/></p> <p>15.c. To Whom Paid</p> <p>Name <input type="text"/> <input type="text"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p> <p>15.d. Amount <input type="text"/></p> <p>15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div></p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: EDWARD ECHANIQUE	File Number C- 00664
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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 SUTTER AMADOR MEDICAL CENTER	P.O. Box, Building and Room Number, if any
Trade Name	Street 200 MISSION BLVD
Attention To ANNE PLATT	City JACKSON
Title CEO	State California ZIP Code + 4

5.b. Termination Date 12/16/2008 5.c. Amount 20,117

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 20,117

**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	
EDWARD M ECHANIQUE	16,204	3,913	20,117	9. Office and Administrative Expenses
		0	0	10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees: 20,117				14. Total Disbursements (Sum of Items 8-13) 20,117

**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:
15.c. To Whom Paid	15.d. Amount
Name Title Organization  P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: EDWARD ECHANIQUE	File Number C- 00664
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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: LAMPS PLUS INC.

Trade Name:

Attention To: ROBERT HENDERSON

Title: GENERAL MANAGER

Mailing Address:

P.O. Box, Building and Room Number, if any:

Street: 20250 PLUMMER ST.

City: CHASTWORTH

State: California ZIP Code + 4: 91311

5.b. Termination Date: 05/31/2008

5.c. Amount: 54,253

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 54,253

**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	
EDWARD M. ECHANIQUE	48,565	5,688	54,253	9. Office and Administrative Expenses
		0	0	10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees: 54,253				14. Total Disbursements (Sum of Items 8-13) 54,253

**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:

15.c. To Whom Paid

Name:

Title:

Organization:

P.O. Box, Building and Room Number, if any:

Street:

City:

State: Washington ZIP Code + 4:

15.d. Amount:

15.e. Purpose:

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY