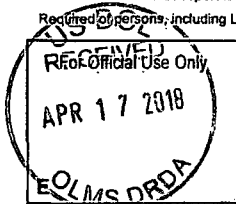


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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

675370

1. File Number C- <u>66726</u>	2. Period Covered By This Report From: <u>01/01/2017</u> Through: <u>12/31/2017</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Carlos Flores</u> Title <u>President</u> Organization <u>Flores Labor Relations Inc</u> P.O. Box, Building and Room Number, if any Street <u>30000 Avenida Cina Del Sol</u> City <u>Temecula</u> State <u>California</u> ZIP Code + 4 <u>92591</u>	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City 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>Carlos Flores</u> Title <u>President</u> On <u>3/29/2018</u> <u>909-772-5317</u> Date Telephone Number	18. Signed <u>Carlos Flores</u> Title On <u>3/29/2018</u> <u>909-772-5317</u> Date Telephone Number
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Name of Person Filing: <u>Flores Labor Relations Inc</u>	File Number C- <u>66726</u>
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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>See attached engaged thru LRICs</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		5.c. Amount	
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	
				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:
15.c. To Whom Paid	15.d. Amount
Name	
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	

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525
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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.
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15.a. Employer Name: Advance Stores Company, Inc	15.b. Trade Name, if any: Advanced Auto Parts
15.c. To Whom Paid Name Carlos Flores Title President Organization Flores Labor Relations Inc P.O. Box, Building and Room Number, if any Street 30000 Avenida Cima Del Sol City Temecula State CA ZIP Code + 4 92591	15.d. Amount 45,896 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Fabuwood Cabinetry, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Carlos Flores Title President Organization Flores Labor Relations Inc P.O. Box, Building and Room Number, if any Street 30000 Avenida Cima Del Sol City Temecula State CA ZIP Code + 4 92591	15.d. Amount 29,005 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Swire Coca-Cola, USA	15.b. Trade Name, if any:
15.c. To Whom Paid Name Carlos Flores Title President Organization Flores Labor Relations Inc P.O. Box, Building and Room Number, if any Street 30000 Avenida Cima Del Sol City Temecula State CA ZIP Code + 4 92591	15.d. Amount 540 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.