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. 1245-0003 Expires 10-31-2013

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 CAREF	JLLT BEFORE PREPARING THIS REPORT
READ THE INSTRUCTIONS CAREFT	
SCC	
527168	
1 . File Number C- 00.664	2. Period Covered Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyy)
	By This Report
A. Person Filing	
3. 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 President	Title
Organization Labor Relations Consulting	Organization
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
	-
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalinformation contained in any accompanying documents) has been examined by the	Ities of law, that all of the information submitted in this report (including the he 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).	\mathcal{L} \mathcal{L}
17. Signed President (if other title, see	18. Signed Treasurer (If other title, see
Title President instructions)	Title /- Treasurer instructions)
On 04/10//2013 951-265-5584	On Of 10 1 7013 951-265-5584
Date Telephone Number	Date Telephone Number

Name of Person Fil	ing:	Edward Echanique					File Number C- 006	564		
B. Statement of R	ece	ipts Report all receipts fron or services.	n employers in	connect	ion with	labor relation	ns advice or services regardless of the p	urposes o	the advice	
5.a. Name and Address of Employer (including trade name, if any).					Mailing Address: P.O. Box, Building and Room Number, if any					
Employer Cruz & Associates							31			
Trade Name						Street				
Attention To Lupe Cruz					7	City U	Jpland			
Title CEO					_	State C	California ZIP Code + 4 91785			
1		· · · · · · · · · · · · · · · · · · ·				Ę:				
5.b. Termination (Date	on going				5:c:/Amour	t 70,, 014			
6. TOTAL RECEIF	TS	FROM ALL EMPLOYERS	70,014							
	_			 -		_				
C. Statement of D	ish	ursements Renortrall di	shurséments r	nade hv	the ren	orting organiz	ation in connection with labor relations a	dvice or s	ervices rendered	
O. Guatement of E			yers listed in F		are rep	orung organiz		iavioo oi o	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7. Disbursements to (a) Name	Off	cers and Employees:	(b) Salary	(c) Exper	nses (d)	Totals	•		Ì	
Edward	М	Echanique	70,013			70,013	9. Office and Administrative Expenses	; [
							10. Publicity			
			0			Q	11. Fees for Professional Services			
							12. Loans Made			
							13. Other Disbursements			
8. Total disbursem	ents	to officers and employees			<u> </u>	70,013	14. Total Disbursements (Sum of Items 8	⊢13)	70,013	
									•	
D. Schedule of D	sbı	rsements for Reportable	Activity	Use this	Schedu	lle to report o	nly disbursements made for the purpose	s describe	d in Part D of the	
instructions.										
15.a. Employer Name:					15.b. Trade Name, If any:					
		,				<u> </u>				
15.c. To Whom Paid 15.d. Amount										
Name 15.e. Pürpose										
Title.		· · · · · · · · · · · · · · · · · · ·			<u> </u>					
Organization						٦ .				
			· .			-				
P.O. Box, Build	ing	and Room Number, if any								
Street			_							
City										
State		Zi	P Code + 4)				
16. TOTAL DISBU	RS	EMENTS FOR ALL REPOR	RTABLE ACTIV	/ITY		1				

Name of Person Fili	ng:	Edward Echanique					File Number C-	00664	•	
B. Statement of Re	cei	pts Report all receipts from or services.	n employers in	connection with	labor relat	ions advice or serv	ices regardless of th	ne purposes	of the advice	
5.a. Name and Address of Employer (including trade name, if any).					Mailing Address: P.O. Box, Building and Room Number, if any					
Employer Labor Relations Services, Inc.					Suite 190					
Trade Name					Street	eet 24 Corporate Plaza				
Attention To	Attention To John Hermann				City	Newport Beach				
Title CEO					State California ZIP Code + 4 92660					
5.b. Termination D	ate	on going			5.c. Amount 14,, 381					
6. TOTAL RECEIP	TSI	FROM ALL EMPLOYERS	14,381	· · · · · · · · · · · · · · · · · · ·				·		
								·	<u></u>	
				•	·			· *		
C. Statement of D	isbı		sbursements r oyers listed in F		rting orga	nization in connecti	on with labor relation	ns advice or	services rendered	
7 Dishursements to	Offi	cers and Employees:	Acia fiared ii i	art B.						
(a) Name	Ų III	sera ariid Employees.	(b) Salary	(c) Expenses (d) To	otals					
Edward	М	Echanique	14,381		14,38	9. Office and	Administrative Exper	nses		
					·	10. Publicity	<u> </u>			
			0			0 11. Fees for P	rofessional Services	5.		
						12. Loans Mad	e:			
						13. Other Disb	ursements	·		
8. Total disbursements to officers and employees:					14,38	14. Total Disbur	14. Total Disbursements (Sum of Items 8-13)			
	24		<u> </u>							
D. Schedule of Dis	sbu	rsements for Reportable		Use this Schedule instructions.	e to report	only disbursement	s made for the purp	oses descrit	oed in Part D of the	
15a. Employer Na	me:			10.0	15.b. Tra	ade Name, If any:	<u> </u>			
local Employer regime.										
15.c. To Whom Paid										
Name	_				15.e. Pu	pose		<u>-</u> -:	÷	
Title										
Organization							-			
P.O. Box, Buildi	ng a	and Room Number, if any								
Street										
City										
State		zı	P Code + 4							
16 TOTAL DISPURSEMENTS FOR ALL REPORTABLE ACTIVITY										