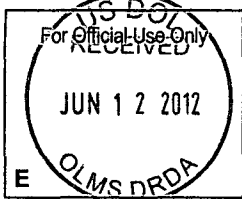


# FORM LM-21

## 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

498642

1. File Number C- 00664	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/2011		12/31/2011

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name Edward M Echanique  
Title President & CEO  
Organization Labor Relations Consulting  
P.O. Box, Building and Room Number, if any  
Street 155 Bay Laurel Drive  
City Mooresville  
State North Carolina ZIP Code + 4 28115

#### 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 [Signature] President  
(if other title, see instructions)  
Title President

On 06/07/2012 951-265-5584  
Date Telephone Number

18. Signed [Signature] Treasurer  
(if other title, see instructions)  
Title Treasurer

On 06/07/2012 951-265-5584  
Date Telephone Number

Name of Person Filing: Edward Echanique

File Number C- 00664

**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:

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

Employer Cruz &amp; Associates

831

Trade Name

Street

Attention To Lupe

Cruz

City

Upland

Title

CEO

State

California

ZIP Code + 4

91785

5.b. Termination Date on going

5.c. Amount 219,910

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 219,910

**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	219,910		219,910	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:					219,910	14. Total Disbursements (Sum of Items 8-13)	219,910

**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

15.e. Purpose

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY