

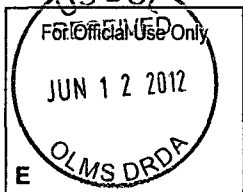
FORM LM-21

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 CAREFULLY BEFORE PREPARING THIS REPORT

498641

1. File Number C- 00664	2. Period Covered By This Report From: 01/01/2010 Through: 12/31/2010
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A. Person Filing	
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 President & CEO	Name
Organization Labor Relations Consulting	Title
P.O. Box, Building and Room Number, if any	Organization
Street 155 Bay Laurel Drive	P.O. Box, Building and Room Number, if any
City Mooresville	Street
State North Carolina ZIP Code + 4 28115	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 Title President	18. Signed [Signature] Treasurer Title Treasurer
On 06/07/2012 951-265-5584 Date Telephone Number	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 & 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

169,767

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 169,767

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	169,767		169,767	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:			169,767	14. Total Disbursements (Sum of Items 8-13)	169,767

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 Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY