Office of Labor-Management Standards Washington, DC 20210

RECEIPTS AND DISBURSEMENTS REPORT

Office of Management and Budget
No. 1245-0003
Expires: 08-31-2016

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

6/8205

MS DROFT							
1 . File Number C- 00664	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)				
		01 / 01 / 2015	Through: 12 / 31 / 2015				
A. Person Filing							
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	- -	e de la companya della companya della companya de la companya della companya dell				
Title PRESIDENT	Title						
Organization LABOR RELATIONS CONSULT	Organization						
P.O. Box, Building and Room Number, if any	P.O. Box, Buildin	g and Room Number, if a	any				
Street 155 BAY LAUREL DRIVE	Street						
City MOORESVILLE	City		· ·				
State North Carolina ZIP Code + 4 28115	State		ZIP Code + 4				
	<u> </u>						
	atures						
Each of the undersigned declares, under penalty of perjury and other applicable penal information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ties of law, that all of the ne signatory and is, to th	information submitted in the best of the undersigned	is report (including the d's knowledge and belief, true,				
17. Signed Acceluffeed President (if other title, see instructions)	18. Signed Title Trea	surer	Treasurer (If other title, see instructions)				
On	On 04 / 10	<u> </u>					
Telephone number	Dat	e l'elephon	e Number				

Name of Person Filing:				File Number C-00664			
B. Statement of Receipts Report all receipts from or services.	m employers i	n connection w	ith labor relation	ons advice or services regardless of the purpo	oses 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 CRUZ & ASSOCIATES			,	3			
Trade Name			Street 1	0201 TRADEMARK ST. STE C			
Attention To LUPE CI	RUZ		City F	RANCHO CUCAMONGA			
Title PRESIDENT			State C	State California ZIP Code + 4 91730			
5.b. Termination Date ON GOING			5.c. Amou	nt 271561.39			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	-						
	_						
C. Statement of Disbursements Report all d to the emplo	isbursements oyers listed in	made by the re	porting organi	zation in connection with labor relations advice	e or services rendered		
7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses (c	i) Totals				
EDWARD M ECHANIQUE	11336.68	50224.71		Office and Administrative Expenses			
				10. Publicity			
				11. Fees for Professional Services			
	en e			12. Loans Made			
		د مید سازمین		13. Other Disbursements			
8. Total disbursements to officers and employees	I disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)			14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable	Activity	Use this Scheo	dule to report of	only disbursements made for the purposes de	scribed in Part D of the		
15.a. Employer Name:		.	15.b. Trac	de Name, If any:			
15.c. To Whom Paid	·		15.d. Amo	ount	·		
Name	lame 15.e. Purpose			oose			
Title		- ·· - -					
Organization		12.111 · 2.1.	T 3 .				
P.O. Box, Building and Room Number, if any							
Street City					; ;		
State Washington Z	IP Code + 4		- · - · 		· · · · · · · · · · · · · · · · · · ·		
16 TOTAL DISPLIBSEMENTS FOR ALL DEDOL	DTABLE ACT	D (IT)					

Name of Person Filing:					File Number C- 006	64	
B. Statement of Receipts Report all receipts fro or services.	m employers ir	n connection wit	th labor relat	ions advice or serv		<u> </u>	
5.a. Name and Address of Employer (including trade name, if any).			P.O. Box	Mailing Address: P.O. Box, Building and Room Number, if any			
Employer CRUZ & ASSOCIATES							
Trade Name			Street	Street 10201 TRADEMARK ST. STE C			
Attention To LUPE C	Attention To LUPE CRUZ			City RANCHO CUCAMONGA			
Title PRESIDENT			State	State California ZIP Code + 4 91730			
5.b. Termination Date ON GOING 5.c. Amount 64513.42							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
L	<u> </u>						
7. Disbursements to Officers and Employees: (a) Name	oyers listed in I (b) Salary	made by the rep Part B. (c) Expenses (d)		nization in connection	on with labor relations advice	or services rendered	
EDWARD M ECHANIQUE	55693.75	8819.67		9. Office and	Administrative Expenses		
				10. Publicity		**************************	
	,			11. Fees for Pr	rofessional Services		
The second secon	The second secon			12. Loans Mad	e		
				13. Other Disb	ursements	The state of the s	
8. Total disbursements to officers and employees	resements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)						
D. Schedule of Disbursements for Reportable	Activity	Use this Sched	ule to report	only disbursement	s made for the purposes des	scribed in Part D of the	
15.a. Employer Name: 15.b. Trade Name, If any:							
15.c. To Whom Paid			15.d. Am	15.d. Amount			
Name ,	15.e. Purpose						
Title							
Organization					<u></u> .		
P.O. Box, Building and Room Number, if any							
Street							
City							
State Washington Z	IP Code + 4						

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY