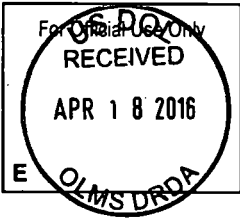


FORM LM-21  
**RECEIPTS AND DISBURSEMENTS REPORT**

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)



618205  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

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 / 2015		12 / 31 / 2015

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	EDWARD M ECHANIQUE
Title	PRESIDENT
Organization	LABOR RELATIONS CONSULT
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	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On	04 / 10 / 2015	On	04 / 10 / 2015
Date	9512655584	Date	9512655584
	Telephone Number		Telephone Number



Name of Person Filing:	File Number C- <b>00664</b>
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <b>CRUZ &amp; ASSOCIATES</b>  Trade Name  Attention To <b>LUPE</b> <b>CRUZ</b>  Title <b>PRESIDENT</b>	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street <b>10201 TRADEMARK ST. STE C</b> City <b>RANCHO CUCAMONGA</b> State <b>California</b> ZIP Code + 4 <b>91730</b>
<b>5.b. Termination Date</b> <b>ON GOING</b> <b>5.c. Amount</b> <b>64513.42</b>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
<b>EDWARD M ECHANIQUE</b>	<b>55693.75</b>	<b>8819.67</b>		<b>9. Office and Administrative Expenses</b>	
				<b>10. Publicity</b>	
				<b>11. Fees for Professional Services</b>	
				<b>12. Loans Made</b>	
				<b>13. Other Disbursements</b>	
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>	

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b>    <b>15.c. To Whom Paid</b> Name Title Organization  P.O. Box, Building and Room Number, if any  Street  City  State <b>Washington</b> ZIP Code + 4	<b>15.b. Trade Name, If any:</b>    <b>15.d. Amount</b>  <b>15.e. Purpose</b>         	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		