

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

592129

1. File Number C- 00664	2. Period Covered By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Edward M Echanique Title President Organization Labor Relations Consulting P.O. Box, Building and Room Number, if any Street 155 Bay Laurel Dr. 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 <u>[Signature]</u> Title President On 04 / 27 / 2015 (951) 265-5584 Date Telephone Number	18. Signed <u>[Signature]</u> Title Treasurer On 04 / 27 / 2015 (951) 265-5584 Date Telephone Number
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Name of Person Filing: <u>EDWARD ECHANIQUE</u>	File Number C- <u>00664</u>
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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). Employer <u>American Labor Relations Services</u> Trade Name _____ Attention To <u>Robert Long</u> Title <u>President</u>	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>1182 Glade Gulch Rd</u> City <u>Castle Rock</u> State <u>Colorado</u> ZIP Code + 4 <u>80104</u>
5.b. Termination Date <u>On Going</u>	5.c. Amount <u>46109</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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	46109		46,109	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:			46,109	14. Total Disbursements (Sum of Items 8-13)	

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 Name _____ Title _____ Organization _____ P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State <u>Washington</u> ZIP Code + 4 _____	15.d. Amount _____ 15.e. Purpose _____	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

