U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

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 Prisons, 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

649517

1 . File Number C- 00664	2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy) (mm/dd/yyyy)						
	By This Report						
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						
Title President	Title						
Organization Labor Relations Consult	Organization						
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any						
Carrier about the daining the best from a character of ch							
Street 155 Bay Laurel Drive	Street						
City Mooresville	City						
State North Carolina ZIP Code + 4 28115	State ZIP Code + 4						
<del></del>							
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 Ellew President	18. Signed Treasurer (If other title, see						
Title President (if other title, see instructions)	Title Treasurer (notine due, see instructions)						
On 951-265-5584	On 05 / 29 / 2017 951-265-5584						
Date Telephone Number	Date Telephone Number						

Name of Person Filing:				File Number C- 66L	1	
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 and Associates						
Trade Name		Street	10201 Tradem	ark Street		
Attention To Lupe Cruz		City	Rancho Cucam	onga		
Title CEO		State	California	ZIP Code	+4 91730	
					·	
5.b. Termination Date 12/31/2016		5.c. Amou	nt 124228.84			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
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C. Statement of Disbursements Report all disbursement to the employers listed in	s made by the rep n Part B.	porting organ	zation in connecti	on with labor relations advice	e or services rendered	
7. Disbursements to Officers and Employees:	(c) Expenses (d)	Tetale				
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			10. Publicity	Autimisuative Expenses		
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			11. Fees for Professional Services  12. Loans Made			
			13. Other Disb			
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14. Total dispulsements to officers and employees.					<u>l</u>	
D. Schedule of Disbursements for Reportable Activity	Use this Sched instructions.	lule to report	only disbursement	s made for the purposes des	scribed in Part D of the	
15.a. Employer Name:		15.b. Tra	de Name, If any:	<u> </u>		
			Any Laborate and Analysis and Analysis and			
15.c. To Whom Paid		15.d. Am	ount			
Name 15.e. Purpose						
Title						
Organization		-  ;			t	
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Street						
City	<del></del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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Name of Person Filing:					File Number C- 660	1	
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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.						ses 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 Labor Relations Servic	es, Inc.		1 .0. 504	Suite 190	in realisely, if ally		
Trade Name	Trade Name Street 24 Corporate Plaza						
Attention To John He	rmann		City	Newport Beac	h		
Title CEO			State	State California ZIP Code #4 97660			
5.b. Termination Date 12/31/2018	6		5.c. Amo	ant 33,889.35			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	•				_ · = ··		
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				12. Loans Made			
				13. Other Disbursements			
8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)				ļ			
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.							
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16. TOTAL DISBURSEMENTS FOR ALL REPOR	RIABLE ACTI	VITY					

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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 ladde name, if any).  Employer Realthcare Labor Solution  Trade Name  Alternion To Robert  Long  City  Laddera Ranch  Title  CEO  State  California  ZIP Code + 4 92679  5.b. Termination Date  12/31/2016  5.c. Amount  163, 037-29  C. Statement of Disbursements  Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employees: (a) Name  (b) Salary  (c) Expenses (d) Totals  Edward  Echanique  3, 037-29  9. Office and Administrative Expenses  10. Publicity  11. Feets for Professional Services  12. Loans Made  13. Other Disbursements  8. Total disbursements to officers and employees:  14. Total Disbursements  15. Employer Name:  15. Employer Name:  15. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  Street  Street  Street  Title  Organization  P.O. Box, Building and Room Number, if any  Street  Street  Street  Street  Street  Trade Name, If any:  15. Frade Name, If any:  15. Frade Name, If any:  15. Employer Name:  15. Employer Name:  15. Employer Name:  15. Down Building and Room Number, if any  Street  S	Name of Person Filing:					File Number C-	664	
Sa. Name and Address of Employer (including trade name, if any).  Employer Realthcare Labor Solution  Trade Name  Attention To Robert  Long  City  Ladera Ranch  Title  CBO  State  California  ZIP Code + 4 92679  5.b. Termination Date 12/31/2016  5.c. Amount 163, 037.29  5.b. Termination Date 12/31/2016  5.c. Amount 163, 037.29  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  Echanique  3, 037.29  9. Office and Administrative Expenses  10. Publicity  11. Lees for Professional Services  12. Lonar Made  13. Other 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  P.O. Box, Building and Room Number, if any  Street  15.a. Purpose								
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