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 10-31-2013

Month/Day/Year

( mm/dd/yyyy )

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)

465182



1 . File Number C- 00664

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

2. Period Covered

By This Report

Month/Day/Year

( mm/dd/yyyy )

	From: [01]/[01]/[2009] Inrough: [12]/[31]/[2009]						
A. Person Filing							
Name and mailing address (include ZIP Code):							
5. Name and maining address (include zir Code).	4. Any other address where records necessary to verify this report are kept:						
Name EDWARD M ECHANIQUE	Name						
Title	Title						
Organization Labor Relations Consultin	S Organization						
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any						
Street 155 BAY LAUREL DRIVE	Street						
City MOORESVILLE	City						
State North Carolina ZIP Code + 4 28115	State ZIP Code + 4						
Signa	tures						
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 decuments) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and confiplete. (See the Section or penalties in the instructions).							
17. Signed Accept Title President (if other title, see instructions)	18. Signed Treasurer Title Treasurer (If other title, see instructions)						
On 08 / 06 / 2011 951-265-5584  Date Telephone Number	On 08 / 06 / 2011 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 PROTRANSPORT-1								
Trade Name	Street 720 PORTAL STREET							
Attention To WILLIAM SNELL	City COTATI							
Title COUNSEL	State California ZIP Code + 4 94931							
5.b. Termination Date 07/20/2009	5.c. Amount 34,060							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 34,060								
	i							
C. Statement of Disbursements Report all disbursements made by the re to the employers listed in Part B.	porting organization in connection with labor relations advice or services rendered							
7. Disbursements to Officers and Employees:	Tatala							
(a) Name (b) Salary (c) Expenses (c) EDWARD								
EDWARD	34,060 9. Office and Administrative Expenses  10. Publicity							
	11. Fees for Professional Services							
	0 12. Loans Made							
	13. Other Disbursements							
8. Total disbursements to officers and employees:	34 , 060 14. Total Disbursements (Sum of Items 8-13) 34 , 06							
o. Total dispulsements to officers and employees.  34,060   14. Total dispulsements (outflorted to 6-13)   35								
D. Schedule of Disbursements for Reportable Activity Use this Schedinstructions.	lule to report only disbursements made for the purposes described in Part D of the							
15.a. Employer Name:	15.b. Trade Name, If any:							
15.c. To Whom Paid	15.d. Amount							
Name	15.e. Purpose							
Title	·							
Organization								
P.O. Box, Building and Room Number, if any								
Street								
City								
State ZIP Code + 4	J L							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Name of Person Filin	g:	EDWARD ECHANIQUE						File Number C-	00664		
B. Statement of Re	cei	pts Report all receipts from or services.	n employers in	conne	ction w	ith labor relat	ions advice or se	vices regardless of	f the purpose	s of t	he advice
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 PRO	TI	RANSPORT-1									
Trade Name						Street	720 PORTAL	STREET			
Attention To	ΊΙ	LIAM	VELL .			City	COTATI		]		
Title C	FC	)				State	California		ZIP Code +	-4 9	4931
A	S	REELION BEG	DN 62	-31	-08	Ľ	420 Fil	ed for Je	08		
5.b. Termination Da							unt 54,105				
6. TOTAL RECEIPT	SI	FROM ALL EMPLOYERS	54,105								
L							-				
C. Statement of Dis	- h	reaments Penort all di	chureements r	nade h	v the re	enorting organ	nization in connec	tion with labor rela	tions advice	or sei	vices rendered
C. Statement of Dis			yers listed in F		y ine re	poi ung orgai	nzation in connec	BOT WITH BOOK TOICE	IONS COVICE	<i>0,</i> 30,	VIOCO TOTACTOO
7. Disbursements to 0 (a) Name	Offic	ers and Employees:	(b) Salary	(c) Exp	enses (d	d) Totals					
EDWARD	- 7	ECHANIQUE	47,287	· ·	,718	54,00	9. Office and	Administrative Exp	enses	$\overline{}$	<del></del>
	=			Ī			10. Publicity			〒	
							11. Fees for I	Professional Service	es		
				Ī			12. Loans Ma	de			
							13. Other Dis	bursements		Ī	
8. Total disburseme	nts	to officers and employees	:			54,00	14. Total Disb	ursements (Sum of I	tems 8-13)		54,005
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D. Schedule of Dis	bu	rsements for Reportable	Activity	lse thi	s Scher	dule to report	only dishurseme	nts made for the pu	imoses desc		in Part D of the
				instruc		- To report	oray diobardornor	na mado for dio po			
15.a. Employer Nar	ne:				<del></del>	15.b. Tr	ade Name, If any				
15.c. To Whom Pak	į					15.d. An	nount				
Name					]	15.e. Pu	rpose				
Title	_							And the second s			
Organization						$\neg \parallel$					
P.O. Box, Buildir	ıg a	and Room Number, if any									
	_										
Street											
City											
State		ZI	P Code + 4			]					
16. TOTAL DISBUF	RSE	EMENTS FOR ALL REPOR	RTABLE ACTIV	VITY		• • • • • • • • • • • • • • • • • • • •					
i											

Name of Person Filing: EDWARD ECHANIQUE				File Number C- 0	0664	
B. Statement of Receipts Report all receipts from em	ployers in connec	tion with labor re	elations advice or s	ervices regardless of the	purposes of	the advice
or services.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	· ·	<del> </del>
5.a. Name and Address of Employer (including trade name, i	P.O. I	Mailing Address: P.O. Box, Building and Room Number, if any				
Employer BAUMANN & SONS BUSES, INC						
Trade Name	Stree	t 3355 VETER	3355 VETERANS MEMORIAL HWY.			
Attention To RONALD BAUMA	City	RONKONKOMA				
Title PRESIDENT		State	New York	ZIF	Code + 4	11779
			and the second of the contract of	- M - M - M - M - M - M - M - M - M - M		
5.b. Termination Date 11/21/2009		5.C. A	mount 51,079			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 51	,079	•				
C. Statement of Disbursements Report all disbur	comente made hy	the reporting of	manization in conne	ection with labor relations	s advice or se	nrices rendered
to the employers		the reporting of	gamzation in conse	COOT WITH IADOF TORACON.	3 44100 01 30	N VIOCO FOILIGICA
7. Disbursements to Officers and Employees: (a) Name (b) 3	Salary (c) Expe	enses (d) Totals				
			,079 9. Office a	nd Administrative Expens	ses [	
			10. Publicity			
		0	· · · · · · · · · · · · · · · · · · ·	Professional Services		
		0	0 12. Loans N	lade		
			13. Other D	isbursements		
8. Total disbursements to officers and employees:	· · · · · · · · · · · · · · · · · · ·	51	, 079 14. Total Dis	bursements (Sum of Items	s 8-13)	51,079
	•				<del></del>	
D. Schedule of Disbursements for Reportable Acti	Vity Use this instruction		oort only disbursem	ents made for the purpo	ses describe	d in Part D of the
15.a. Employer Name:		15.b.	Trade Name, If an	y:		
15.c. To Whom Paid		15.d.	Amount			
Name	<del></del>	1				
production of the second secon		15.e.	Purpose		· · · · · · · · · · · · · · · · · · ·	<del></del>
Title						
Organization						
P.O. Box, Building and Room Number, if any						
Street						
City						}
	do 1.4					
State ZIP Co	<u> </u>		<del></del>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTAE	BLE ACTIVITY					

Name of Person Filing: EDWARD ECHANIQUE				File Number C- 006	64			
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 SUTTER ROSEVILLE MEDICAL C	ENTER							
Trade Name				ONE MEDICAL PLAZA DRIVE				
Attention To MICHELLE DEWYA			City R	ROSEVILLE				
Title DIR. OF LABOR RELATIONS	DIR. OF LABOR RELATIONS State Californi							
5.b. Termination Date 09/01/2009			5.c. Amour	t [18,843				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 18,8	43							
	.,							
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) Sal		Expenses (c	·	0.0%	Aries and the second second			
EDWARD   M ECHANIQUE    15	, 975	2,868	18,843					
		0	0	10. Publicity				
				11. Fees for Professional Services 12. Loans Made				
	===			13. Other Disbursements				
8. Total disbursements to officers and employees:	<u></u>	]	18,843	hodge disease excessed				
			10,043	The Total Biobaldomonia (Carrier North C	13) 18,843			
D. Schedule of Disbursements for Reportable Activit		se this Scheo structions.	dule to report or	ly disbursements made for the purposes	described in Part D of the			
15.a. Employer Name:			15.b. Trad	Name, If any:				
15 a To Whom Daid		Accorded to the Manager	15.d. Amou	Alberta - Managa da di sata sati sate Propinsi na da makamba di kangadi kangadi. Republika da makamba di Malam pada makamba da makamba	manad i resumming to a graph			
15.c. To Whom Paid		1	15.d. Amol	The same state of the same sta				
Name			15.e. Purpo	SE NO CONTROL TO THE CONTROL OF THE RESERVE OF AMERICAN STATE OF THE PROPERTY	rum, very mercencencespensors have steps magazinas remembracische entraction medical particular security.			
Title								
Organization		THE THE PRODUCTION OF THE STREET OF T						
P.O. Box, Building and Room Number, if any								
Street								
City								
market indicate and the professional and the control of the contro	+4	irmania V Arambira	-,					
State Washington ZIP Code	l,		111	and the second s				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								