

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 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

649517

1. File Number C- 00664	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2016	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2016
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A. Person Filing	
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	18. Signed		Treasurer
Title	President	(if other title, see instructions)	Title	Treasurer	(if other title, see instructions)
On	05 / 29 / 2017	951-265-5584	On	05 / 29 / 2017	951-265-5584
	Date	Telephone Number		Date	Telephone Number

Name of Person Filing:	File Number C- 664
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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 Cruz and Associates Trade Name Attention To Lupe Cruz Title CEO		Mailing Address: P.O. Box, Building and Room Number, if any Suite C Street 10201 Trademark Street City Rancho Cucamonga State California ZIP Code + 4 91730	
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5.b. Termination Date 12/31/2016	5.c. Amount 124228.84
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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 Echanique	4,228.84			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:				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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Title <div style="border: 1px solid black; width: 200px; height: 15px;"></div> Organization <div style="border: 1px solid black; width: 300px; height: 15px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 250px; height: 15px;"></div> Street <div style="border: 1px solid black; width: 250px; height: 15px;"></div> City <div style="border: 1px solid black; width: 150px; height: 15px;"></div> State Washington ZIP Code + 4 <div style="border: 1px solid black; width: 80px; height: 15px;"></div>	15.d. Amount <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C- 664
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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).		Mailing Address:	
Employer Labor Relations Services, Inc.		P.O. Box, Building and Room Number, if any Suite 190	
Trade Name		Street 24 Corporate Plaza	
Attention To John Hermann		City Newport Beach	
Title CEO		State California ZIP Code 92660	

5.b. Termination Date 12/31/2006	5.c. Amount 33,889.35
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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 Echanique	3,889.35			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:				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	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	
15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	File Number C- 664
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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 Healthcare Labor Solution Trade Name Attention To Robert Long Title CEO	Mailing Address: P.O. Box, Building and Room Number, if any LI-645 Street 27762 Antonio Parkway City Ladera Ranch State California ZIP Code + 4 92679
5.b. Termination Date 12/31/2016	5.c. Amount 163,037.29
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 Echanique	3,037.29				
8. Total disbursements to officers and employees:					
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
				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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
15.c. To Whom Paid Name <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Title <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Organization <div style="border: 1px solid black; width: 150px; height: 15px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Street <div style="border: 1px solid black; width: 150px; height: 15px;"></div> City <div style="border: 1px solid black; width: 100px; height: 15px;"></div> State Other ZIP Code + 4 <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	15.d. Amount <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		