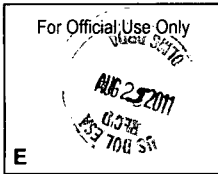


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

465182

1. File Number C- 00664	2. Period Covered By This Report From: 01/01/2009 Through: 12/31/2009
-------------------------	---

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name: EDWARD M ECHANIQUE Title: Organization: Labor Relations Consulting 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: [Signature] Title: President On: 08/06/2011 Date: 08/06/2011 Telephone Number: 951-265-5584	18. Signed: [Signature] Title: Treasurer On: 08/06/2011 Date: 08/06/2011 Telephone Number: 951-265-5584
---	---

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:

Employer  P.O. Box, Building and Room Number, if any

Trade Name  Street

Attention To   City

Title  State  ZIP Code + 4

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 34,060

**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	27,564	6,496	34,060	9. Office and Administrative Expenses <input type="text"/>
				10. Publicity <input type="text"/>
				11. Fees for Professional Services <input type="text"/>
		0	0	12. Loans Made <input type="text"/>
				13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:			34,060	14. Total Disbursements (Sum of Items 8-13) 34,060

**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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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:

Employer  P.O. Box, Building and Room Number, if any

Trade Name  Street

Attention To   City

Title  State  ZIP Code + 4

*AGREEMENT BEGON 12-31-08 LM 20 Filed for 2008*

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 54,105

**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	47,287	6,718	54,005	9. Office and Administrative Expenses <input type="text"/>
				10. Publicity <input type="text"/>
				11. Fees for Professional Services <input type="text"/>
				12. Loans Made <input type="text"/>
				13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees: 54,005				14. Total Disbursements (Sum of Items 8-13) 54,005

**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.

<p>15.a. Employer Name: <input type="text"/></p> <p>15.c. To Whom Paid</p> <p>Name <input type="text"/> <input type="text"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p> <p>15.d. Amount <input type="text"/></p> <p>15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div></p>
--	--

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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:	
Employer	BAUMANN & SONS BUSES, INC	P.O. Box, Building and Room Number, if any	
Trade Name		Street	3355 VETERANS MEMORIAL HWY.
Attention To	RONALD BAUMANN	City	RONKONKOMA
Title	PRESIDENT	State	New York ZIP Code + 4 11779

5.b. Termination Date 11/21/2009	5.c. Amount 51,079
----------------------------------	--------------------

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 51,079
---

**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	41,672	9,407	51,079	9. Office and Administrative Expenses		
				10. Publicity		
		0	0	11. Fees for Professional Services		
		0	0	12. Loans Made		
				13. Other Disbursements		
8. Total disbursements to officers and employees:			51,079	14. Total Disbursements (Sum of Items 8-13)	51,079	

**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	15.e. Purpose
Street	
City	
State	
ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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:

Employer SUTTER ROSEVILLE MEDICAL CENTER	P.O. Box, Building and Room Number, if any
Trade Name	Street ONE MEDICAL PLAZA DRIVE
Attention To MICHELLE DEWYA	City ROSEVILLE
Title DIR. OF LABOR RELATIONS	State California ZIP Code + 4 95611

5.b. Termination Date 09/01/2009 5.c. Amount 18,843

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 18,843

**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	15,975	2,868	18,843	9. Office and Administrative Expenses
		0	0	10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees: 18,843				14. Total Disbursements (Sum of Items 8-13) 18,843

**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	