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

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

465181 Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00664 (mm/dd/yyyy) (mm/dd/yyyy) By This Report 01 / 2008 Through: /31 / 2008 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Edward M Echanique Title Title -abor Relations Consulting 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 City Mooresville North Carolina ZIP Code + 4 28115 State ZIP Code + 4 State 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). Treasurer 18. Signed 17. Signed President (if other title, see (If other title, see President Treasurer instructions) instructions) 951-265-5584 08//06 2011 951-265-5584 08 06 2011 On

Date

Telephone Number

Telephone Number

Date

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	720 Portal Street				
Attention To William Snell	City Cotati	y Cotati				
Title CFO	State California ZIP Code +	4 94931				
5.b. Termination Date 04/30/2009	5.c. Amount 0 Surence 12/31/6	10 AGRETICO 18 NO PATI				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0	· •	RETERVE				
C. Statement of Disbursements Report all disbursements made by the repo	rting organization in connection with labor relations advice of	er services rendered				
to the employers listed in Part B.	rung Organization in Commodular militages (Section 2	1 30, 1100 15.1.2.2.2				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	otals					
	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:					
Total Employer Name.	Total Trans, I day.	<u> </u>				
45 a Ta Whan Daid	15 d Amount					
15.c. To Whom Paid						
Name	15.e. Purpose					
Title		was suppression				
Organization						
P.O. Box, Building and Room Number, if any						
P.O. Box, Building and Nooni Number, if any						
Street						
City						
State Washington 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.					
.a. Name and Address of Employer (including trade name, if any). Mailing Address:					
Employer SUTTER AMADOR MEDICAL CENTER	P.O. Box, Building and Room Number, if any				
Trade Name	Street 200 MISSION BLVD				
выстра, от нарывае ответствення, завышаран, такорита в Попримент, нафильмента и пости и пости по и польторит на фильма. В пости поменциал пости принципального пости и учествення, принципального пости принципального и пости пости по	Embouring control and section for the control of th				
Attention To ANNE PLATT	City JACKSON				
Title CEO	State California ZIP Code + 4				
5.b. Termination Date 12/16/2008	5.c. Amount 20,117				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 20,117					
C. Statement of Disbursements Report all disbursements made by the reputo the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals					
EDWARD M ECHANIQUE 16,204 3,913	20,117 9. Office and Administrative Expenses				
	0 10. Publicity				
	11. Fees for Professional Services				
	12. Loans Made				
	13. Other Disbursements				
8. Total disbursements to officers and employees:	20 , 117 14. Total Disbursements (Sum of Items 8-13) 20 , 117				
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.	e to report only dispursements made for the purposes described in Fart D of the				
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15.c. To Whom Paid 15.d. Amount					
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Form LM-21 (2003)

Name of Person Filing: EDWARD ECHANIQUE			File Number C- 00664		
B. Statement of Receipts Report all receipts from employers or services.	in connection with	h labor relation	is advice or services regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).			failing Address:		
Employer LAMPS PLUS INC.		P.O. Box, B	uilding and Room Number, if any		
Trade Name	MANAGER CONTRACTOR CON	Street	AND THE ADMINISTRATED COME.	ern ersperent dels er som filmerskrivelse van de Anderskrivelse de der blede state de sperent de se de	
Attention To ROBERT HENDERSON	Australian (d. 1966)		D250 PLUMMER ST.	The state of the s	
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Title GENERAL MANAGER		State Ca	alifornia ZIP Code	+4 91311	
5.b. Termination Date 05/31/2008	reference to the second	5.c. Amount	54,253		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 54,253					
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C. Statement of Disbursements Report all disbursements to the employers listed in		orting organiza	ation in connection with labor relations advice	e or services renaerea	
7. Disbursements to Officers and Employees:	(=) Europeae (d)	T-141-			
(a) Name (b) Salary EDWARD MECHANIQUE 48,565	(c) Expenses (d)	54,253	Office and Administrative Expenses	Party and the same of the same	
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			11. Fees for Professional Services		
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			13. Other Disbursements		
8. Total disbursements to officers and employees:	<u> </u>	54,253	14. Total Disbursements (Sum of Items 8-13)	54,253	
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D. Schedule of Disbursements for Reportable Activity	Use this Schedu instructions.	ule to report on	ly disbursements made for the purposes des	scribed in Part D of the	
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTI	'IVATV	<u> </u>	um un manufacture de provincie estatuir consequentes de la consequence del la consequence del la consequence de la consequence de la consequence de la consequence de la consequence del la consequence de la cons		
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