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: 08-31-2016

Month/Day/Year (mm/dd/yyyy)



1 . File Number C- 00664

datory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

2. Period Covered

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

592129

Month/Day/Year (mm/dd/yyyy)

By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014

A. Person Filing					
Name and mailing address (include ZIP Code): Name Edward M Echanique	Any other address where records necessary to verify this report are kept: Name				
Title President	Title				
Organization Labor 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 Dr.	Street				
City Mooresville	City				
State North Carolina ZIP Code + 4 28115	State ZIP Code + 4				
Sign	atures				
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 pegalties in the instructions).					
17. Signed President (if other title, see Structions)	Title Treasurer (If other title, see instructions)				
On	On 04 / 27 / 2015 (951) 265-5584 Telephone Number				

Name of Person Filing:			File Number C-			
B. Statement of Receipts Report all receipts from	employers in connection	with labor relation	s advice or services regardless of the purp	oses of the advice		
or services. 5.a. Name and Address of Employer (including trade nar	- Famil		Indian Addana			
5.8. Name and Address of Employer (including dade had	ne, ir any).		lailing Address: uilding and Room Number, if any			
Employer Cruz & Associates			And the second of the second o			
Trade Name .		Street 10	Street 10201 Trademark St. Ste. C			
Attention To Lupe Cru	12	City Ra	City Rancho Cucamonga			
Title President	State Ca	State California ZIP Code + 4 91730				
5.b. Termination Date On Going		5.c. Amount	268656			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			· ·	*****		
C. Statement of Disbursements Report all dis	bursements made by the yers listed in Part B.	reporting organiza	ation in connection with labor relations advice	ce or services rendered		
7. Disbursements to Officers and Employees:	(b) Salary (c) Expenses	s (d) Totals				
Edward M Echanique	215469 53187	7 268,606	Office and Administrative Expenses	1		
		•	10. Publicity	1		
			11. Fees for Professional Services	1		
			12. Loans Made	T		
The state of the s			13. Other Disbursements			
8. Total disbursements to officers and employees:		268,656	14. Total Disbursements (Sum of Items 8-13)	,		
	-		<u> </u>			
D. Schedule of Disbursements for Reportable A	Activity Use this Schinstructions.	nedule to report on	ly disbursements made for the purposes de	escribed 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			and the state of t	. ••		
Organization						
P.O. Box, Building and Room Number, if any				,		
Street				•		

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State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: EDWARD	File Number C- 00664	File Number C- 00664			
B. Statement of Recelpts Report all receipts or services.	from employers in conn	ection with labor relat	ions advice or services regardless of the purposes of the	advice	
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:					
Employer American Labor Relations Services			P.O. Box, Building and Room Number, if any		
Trade Name			1182 Glade Gulch Rd		
Attention To Robert	Long	City	City Castle Rock		
Title President		State	Colorado ZIP Code + 4 801	04	
5.b. Termination Date On Going			5.c. Amount 46109		
6. TOTAL RECEIPTS FROM ALL EMPLOYER					
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T Edward M Echanique 46109			Office and Administrative Expenses		
		46,109	10. Publicity	· ·	
			11. Fees for Professional Services		
			12. Loans Made		
1			13. Other Disbursements		
8. Total disbursements to officers and employe	es:	46.109	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. An	15.d. Amount		
Name					
Name		15.e. Pu	rpose		

Form LM-21 (2003)

Street City

State Washington

Organization

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

ZIP Code + 4

Name of Person Filing: EUWARD ECHONIQUE	File Number C- 0066 Y
B. Statement of Receipts Report all receipts from employers in connection or services.	on with labor relations advice or services regardless of the purposes 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 Services Inc	P.O. Box, building and Room Number, if any
Trade Name	Street 24 Corporate Plaza Ste 190
Attention To John Herman	City Newport Beach

ZIP Code + 4 92660 California Title 5.c. Amount 12000 On Going 5.b. Termination Date 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 render to the employers listed in Part B.					or services rendered		
7. Disbursem (a) Name	ents to Officers and Empl	oyees: (b) Sala	ary (c) E	xpenses (d) Totals		
Edward	M Echaniqu	e 12	2000			9. Office and Administrative Expenses	
				-		10. Publicity	
						11. Fees for Professional Services	
						12. Loans Made	
				00		13. Other Disbursements	
8. Total disb	ursements to officers ar	nd 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:			
	den et anno 1 a Anno			
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 Washington ZIP Code + 4				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

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President