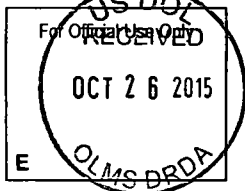


**FORM LM-21**  
**RECEIPTS AND DISBURSEMENTS REPORT**

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

628396

1. File Number C- <input type="text" value="67265"/>	2. Period Covered By This Report From: <input type="text" value="05/07/2015"/> Through: <input type="text" value="05/22/2015"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Edwin"/> <input type="text" value="A"/> <input type="text" value="Colon"/> Title <input type="text" value="President"/> Organization <input type="text" value="Industrial Relations Consultants, Inc."/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="11161 East S.R. 70"/> City <input type="text" value="Bradenton"/> State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="34202-9407"/>	4. Any other address where records necessary to verify this report are kept: Name <input type="text" value="Edwin"/> <input type="text" value="A"/> <input type="text" value="Colon"/> Title <input type="text" value="President"/> Organization <input type="text" value="Industrial Relations Consultants, Inc."/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="11161 East S.R. 70"/> City <input type="text" value="Bradenton"/> State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="34202-9407"/>

**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 <u>Edwin A. Colon</u> Title <input type="text" value="President"/> On <input type="text" value="09/14/2015"/> <input type="text" value="(310) 709-6884"/> Date Telephone Number	18. Signed <u>Edwin A. Colon</u> Title <input type="text" value="Treasurer"/> On <input type="text" value="09/14/2015"/> <input type="text" value="(310) 709-6884"/> Date Telephone Number
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Name of Person Filing: Edwin Colon	File Number C- 67265
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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	Greg Bombard	P.O. Box, Building and Room Number, if any	Catalina Express
Trade Name	Catalina Express	Street	400 Oceangate
Attention To	Kate <input type="checkbox"/> Mirovich <input type="checkbox"/>	City	Long Beach
Title	Human Resources Director	State	California <input checked="" type="checkbox"/> ZIP Code + 4 90802

5.b. Termination Date	05/22/2015	5.c. Amount	18,000
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	18,000
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**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	
Edwin	A Colon	10,000	334.93		
Francisco	J Lopez	2,000	-0-		
8. Total disbursements to officers and employees:					

9. Office and Administrative Expenses	250.00
10. Publicity	
11. Fees for Professional Services	2,000.00
12. Loans Made	
13. Other Disbursements	351.86
14. Total Disbursements (Sum of Items 8-13)	2,953.72

**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:
Greg Bombard	Catalina Express

15.c. To Whom Paid	15.d. Amount
Name <input type="checkbox"/> <input type="checkbox"/>	
Title <input type="checkbox"/>	
Organization Industrial Relations Consultants, Inc.	
P.O. Box, Building and Room Number, if any	
Street 11161 East S.R. 70	
City Bradenton	
State Florida <input checked="" type="checkbox"/> ZIP Code + 4 34202-9407	

15.e. Purpose
Conduct supervisor training on the NLRB election process and what are unfair labor practices and how to avoid them. Using effective communications techniques. Explaining the election process.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
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