

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)

For Official Use Only

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OLMS DATA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

414269

1. File Number C- <u>667</u>	2. Period Covered By This Report From: <u>01/01/2007</u> Through: <u>12/31/2007</u>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Edward M Echanique
Title President
Organization Labor Relations Consulting, Inc.
P.O. Box, Building and Room Number, if any
Suite 1102
Street 43980 Mahlon Vail Circle
City Temecula
State California ZIP Code + 4 92592

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 <u>[Signature]</u> President Title <u>President</u> (If other title, see instructions)	18. Signed <u> </u> Treasurer Title <u>Treasurer</u> (If other title, see instructions)
On <u>02/04/2010</u> <u>951-265-5584</u> Date Telephone Number	On <u> </u> <u> </u> Date Telephone Number

Name of Person Filing: Edward Echanique

File Number C-

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 Lowe's HIW, Inc.

Trade Name

Street

1000 Lowe's Blvd.

Attention To

Fred

Sampson

City

Mooresville

Title

Regional Vice President Distributio

State

North Carolina

ZIP Code + 4 28117

5.b. Termination Date 08/31/2007

5.c. Amount 76,082

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 76,082

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

Jose	Agraz	33,161	33,161	9. Office and Administrative Expenses	
Jose	C Ybarra	38,018	38,018	10. Publicity	
Jack	Bermudez	4,903	4,903	11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			76,082	14. Total Disbursements (Sum of Items 8-13)	76,082

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