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: 07-31-2019

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 Oppersons, 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

675370

EQUMS DROP	
1 . File Number C- 66726	2. Period Covered Month/Day/Year (mm/dd/yyyy)  By This Report From:     OI   OI   2017   Through:   Through:
A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Carlos Flores	Name.
Title President	Title :
Organization Flores Labor Relations Inc	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 30000 Avenida Cina Del Sol	Street
City Temecula	City
State California ZIP Code + 4 92591	State ZIP Code + 4
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed All President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 3 129 1201 4 909-72253 17  Date Telephone Number	On 3 129 12018 909-772-5317  Date Telephone Number

Name of Person Filing: Flores Labore A	ebtion	<u> </u>	File Number C- 667	76
B. Statement of Receipts Report all receipts from employers in co	onnection with	labor relation	ns advice or services regardless of the purpo	oses of the advice
or services.  5.a. Name and Address of Employer (including trade name, if any).  Employer See attached engaged thru LRICS:  Trade Name Attention To  Title  5.b. Termination Date		P.O. Box. Street City State	Mailing Address: Building and Room Number, if any ZIP Code	The control of the co
6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Disbursements Report all disbursements ma	ado by the rene	rting organi	zation in connection with labor relations advic	e or services rendered
to the employers listed in Par 7. Disbursements to Officers and Employees:			adon in Connection. With labor relations advice	e or services rendered
		•	9. Office and Administrative Expenses	processor and a processor of the second
			10. Publicity	
			11. Fees for Professional Services	The confidence in the formation of the property of the confidence
	And the second s		12. Löans Made	Charles Service Transformer and an interest Consecution and Asset Consecution and Asset Consecution and Asset Consecution and
			13. Other Disbursements	The state of the second control of the secon
Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)	ration to the second se
inş	e this Schedule structions.	· ·	nly disbursements made for the purposes de	scribed in Part D of the
15.a. Employer Name:		,,	manana an arang mengangang menganggan pang ang ang mengang panggang panggang panggang mengangang panggan pangg	ermana Tanana
and the state of t	agai magagita ka kanat	l/a.	وهوا كالموكل وينته ولايك والمتراج والمتروي والمراج والمراج والمراج والمتراج والمراج وا	r salinga <sup>†</sup>
15.c. To Whom Paid	a see a	15.d. Amo	unt Communication	
Name	1	15.e. Purp	ose	
Title				
Organization	Complete Com			
P.O. Box, Building and Room Number, if any  Street  City  State, Weekington 7IP Code + 4	mersy 			
State Washington ZIP Code + 4  16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVIT		Er al-almostine i	and the second s	ny fisian'ny taona mandritry na dia kaominina ny taona na mandritry ny taona amin'ny taona amin'ny faritr'i Au

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Name of Person Filing:	LRI Consulting Services, Inc.	File Number C- 00525
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5.6.1.1.1.4.		· · · · · · · · · · · · · · · · · · ·

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: Advance Stores Company, Inc	15.b. Trade Name, if any: Advanced Auto Parts	
15.c. To Whom Paid	15.d. Amount 45,.896	
Name Carlos Flores Title President Organization Flores Labor Relations Inc P.O. Box, Building and Room Number, if any	15.e. Purpose  Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
Street 30000 Avenida Cima Del Sol  City Temecula  State CA ZIP Code + 4 92	2591	

15.a: Employer Name: Fabuwood Cabin	etry, Inc.	15.b. Trade Name, if any:	
15:c. To Whom Paid		15:d. Amount 29, 005	
Name Carlos	Flores	15.e. Purpose	
Title Preside	ent	Engaged to communicate to employees regarding	
Organization Flores	Labor Relations Inc.	exercising their rights to organize and bargain collectively.	
P.O. Box, Building and R	oom Number, if any		
Street 30000 Aveni	dā Cima Del Sol		
City Temecula			
State CA	ZIP Code:+4 92591		

15.ä. Employer Name:		15.b. Trade Name, if any:
Swire	e Coca-Cola, USA	
15.c. To:Who	om Paiḍ	15.d. Amount 540
Name	Carlos Flores	15.e. Purpose
Title	President	Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organizatio	on Flores Labor Relations Inc	collectively.
P:O, Box,	Building and Room Number, if any	
Street 30	0000 Avenida Cima Del Sol	
City Te	emecula	
State CA	ZIP Code + 4 92591	
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