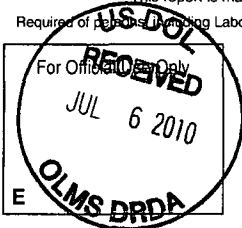


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

432443

1. File Number C-687 C-687	2. Period Covered By This Report From: 08/25/2009 Through: 10/28/2009
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	CLAIRE L MCCORMICK
Title	President
Organization	The Employee Counseling Group
P.O. Box, Building and Room Number, if any	
Street	597 Brown Estates Rd
City	Russellville
State	AR
ZIP Code + 4	72302
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>Claire L. McCormick</u> Title <u>President</u> On <u>6/14/2009</u> <u>479-280-1087</u> Date Telephone Number	18. Signed <u>Claire L. McCormick</u> Title <u>Treasurer</u> On <u>6/14/2009</u> <u>479-280-1087</u> Date Telephone Number
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Name of Person Filing: *The Employer Consulting Group*File Number C- *00525***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 *LRI Consulting Services, INC*

Trade Name

Street *7850 South Elm Place*

Attention To

City *Broken Arrow*

Title

State *OK* ZIP Code + 4 *74011*5.b. Termination Date *10-28-2009*5.c. Amount *68,248.00*

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 rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

<i>CLARK</i>	<i>L</i>	<i>MCCHRISTY</i>	<i>55,000</i>	<i>13,248</i>		9. Office and Administrative Expenses	<i>1700</i>
						10. Publicity	
						11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	<i>2100</i>
8. Total disbursements to officers and employees:					<i>51,200</i>	14. Total Disbursements (Sum of Items 8-13)	<i>3800</i>

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

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