

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

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

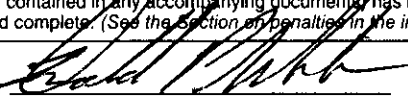
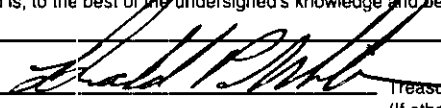


READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 525 325371	2. Period Covered By This Report From: 01 / 01 / 2006 Through: 12 / 31 / 2006
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Title Organization LRI Consulting Services, Inc. P.O. Box, Building and Room Number, if any Street 7850 South Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74011	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 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On 03 / 08 / 2007 Date	918-455-9995 Telephone Number	On 03 / 08 / 2007 Date	918-455-9995 Telephone Number

Name of Person Filing:	File Number C-
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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 MasTec, Inc.	P.O. Box, Building and Room Number, if any
Trade Name	Street 8973 Palm River Road
Attention To Tim Stranton	City Tampa
Title	State Florida ZIP Code + 4 33619
5.b. Termination Date 6/10/2006	5.c. Amount 7,875
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7,875	

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and 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:	
15.c. To Whom Paid	15.d. Amount 5,135	
Name Charles Smith	15.e. Purpose	
Title Independent Consultant	Employed to give speeches to employees regarding exercising their right to organize and bargain collectively.	
Organization WRD, Inc.		
P.O. Box, Building and Room Number, if any		
Street 207 Gaylane Drive		
City Columbus		
State Mississippi ZIP Code + 4 39702		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 5,135		