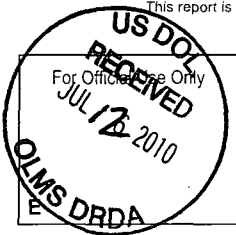


FORM LM-21

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.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432431

1. File Number C- <u>569</u>	2. Period Covered By This Report From: <u>1</u> / <u>1</u> / <u>08</u> Through: <u>12</u> / <u>31</u> / <u>08</u>
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A. Person Filing

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

Name Brad White
Title Pres
Organization Interlate
P.O. Box, Building and Room Number, if any
Street 145 S. Lincolnway
City N. Aurora
State IL ZIP Code + 4 60542

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> Title <u>President</u> On <u>7</u> / <u>1</u> / <u>10</u> <u>630-966-0214</u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number
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Name of Person Filing: Brad White	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 LRI	P.O. Box, Building and Room Number, if any
Trade Name	Street
Attention To	City Broken Arrow
Title	State Oklahoma ZIP Code + 4 74011

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **\$ 4,009.20**

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.

<p>15.a. Employer Name:</p> <p>15.c. To Whom Paid</p> <p>Name</p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street</p> <p>City</p> <p>State Washington ZIP Code + 4</p>	<p>15.b. Trade Name, If any:</p> <p>15.d. Amount</p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</p>	