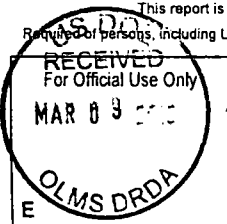


RECEIPTS AND DISBURSEMENTS REPORT

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

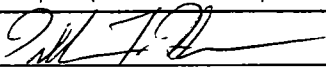
608278

1. File Number C- 764	2. Period Covered By This Report From: 01/01/2015 Through: 02/31/2015	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name William T Herrera	4. Any other address where records necessary to verify this report are kept:
Title	Name
Organization	Title
P.O. Box, Building and Room Number, if any	Organization
Street 9427 Reston Grove Ln	P.O. Box, Building and Room Number, if any
City Houston	Street
State TX ZIP Code + 4 77095	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 02/01/2016	Date	On 1/1	Date
Telephone Number		Telephone Number	

Name of Person Filing: <u>William T. Herrera</u>	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 <u>LRI</u>	P.O. Box, Building and Room Number, if any		
Trade Name		Street	<u>7850 S Elm Place</u>
Attention To		City	<u>Broken Arrow</u>
Title		State	<u>OK</u> ZIP Code + 4 <u>74611</u>

5.b. Termination Date	5.c. Amount
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 133,455.86

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:				<u>0</u>	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
Name	
Title	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State <u>Washington</u> ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY