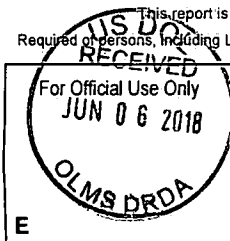


FORM LM-21

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.
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

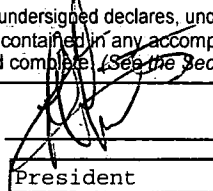
678848

1. File Number C- <input type="text" value="67805"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2017"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Lory"/> <input type="text" value="Fairfield"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="President"/>	Name <input type="text"/>
Organization <input type="text" value="LC Fairfield & Associates Inc."/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text" value="70453"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text" value="1574 Gulf Road"/>	Street <input type="text"/>
City <input type="text" value="Point Roberts"/>	City <input type="text"/>
State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text" value="98281"/>	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 <input type="text" value="President"/>		Title <input type="text" value="Treasurer"/>	
On <input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2018"/> <input type="text" value="604-338-5911"/>	Date Telephone Number	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	Date Telephone Number

Name of Person Filing: Lory Fairfield

File Number C- 67805

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 Inc.

Trade Name

Street

7850 S. Elm Place

Attention To

Phil

Wilson

City

Broken Arrow

Title

President

State

Oklahoma

ZIP Code + 4

74011

5.b. Termination Date 12/31/2017

5.c. Amount 28,595

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 28,595

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

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: LRI Consulting Services, Inc.

File Number C- 00325 **67805**

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: Fuyao Glass America Inc		15.b. Trade Name, if any:	
15.c. To Whom Paid Name Lory Fairfield Title Owner Organization P.O. Box, Building and Room Number, if any Street 1574 Gulf Road #70453 City Point Roberts State WA ZIP Code +4 70453		15.d. Amount 28,595 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	