



Office of Labor Management Standards  
Washington, D.C. 20210  
(Feb. 1986)

Required of Persons, Including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved. — OMB  
No. 1214-0001  
Expires: 12/31/86

#### A.—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code)  LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74011		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:			
		3. FILE NO. C- 1525	4. PERIOD COVERED BY THIS REPORT  From: To:	Month 01 12	Day 01 31

### 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. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Labor Relations Services	12/29/2000	\$ 6,298.00
24 Corporate Plaza Suite 100		
Newport Beach, CA 92660		
Labor Relations Services	2/1/2001	2,370.00
24 Corporate Plaza Suite 100		
Newport Beach, CA 92660		
Labor Relations Services	2/1/2001	1,794.00
24 Corporate Plaza Suite 100		
Newport Beach, CA 92660		
	TOTAL	\$ 10,462.00

### 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.

**8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:**

(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses	\$
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements	\$
(Sum of Items 8-13)	

## D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS.

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
		\$	Employed to give speeches to employees to persuade them to not join a union.
	TOTAL	\$	

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

#### **F.—VERIFICATION AND SIGNATURE.**

**E.—VERIFICATION AND SIGNATURE:** The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report including all attachments incorporated therein or referred to in this report, has been examined by him and is to the best of his knowledge and belief true, correct, and complete.

SIGNED: \_\_\_\_\_ PRESIDENT  
at: Broken Arrow, OK on: 2/22/02 (If other title, cross out and write in correct  
City State Date

SIGNED: \_\_\_\_\_ TREASURER  
at: Broken Arrow, OK on: 2/22/02 (If other title,  
*City State Date* cross out and  
write in correct  
title above.)





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		<b>3. FILE NO.</b> C- 525	<b>4. PERIOD COVERED BY THIS REPORT</b>  From: To:	Month 01 12

### 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. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Labor Relations Services	5/2/2001	\$ 329.43
24 Corporate Plaza Suite 100		
Newport Beach, CA 92660		
Labor Relations Services	5/9/2001	960.00
24 Corporate Plaza Suite 100		
Newport Beach, CA 92660		
Labor Relations Services	5/24/2001	479.99
24 Corporate Plaza Suite 100		
Newport Beach, CA 92660		
	TOTAL	\$ 1,769.42

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(a) Name	(b) Salary	(c) Expenses	(d) Totals
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