

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)

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DEPARTMENT OF LABOR
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ATLANTA DISTRICT OFFICE

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

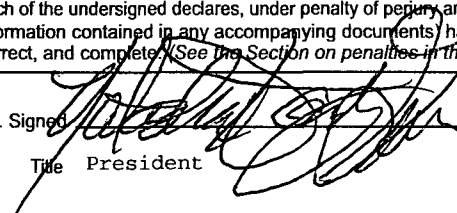
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1. File Number C- 778	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2008	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2008
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Natasha D Gordon Title Organization P.O. Box, Building and Room Number, if any Street 2247 Chestnut Place City Lithia Springs State Georgia ZIP Code + 4 30122	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  Title President On 08 / 20 / 2012 404-781-6398 Date Telephone Number	18. Signed _____ Title Treasurer On / / Date Telephone Number
President (if other title, see instructions)	Treasurer (If other title, see instructions)

Name of Person Filing: Natasha Gordon	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 Consulting Services		P.O. Box, Building and Room Number, if any	
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 9/05/2008		5.c. Amount 7,049	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7,049			

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	
	0	0	0	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:			0	14. Total Disbursements (Sum of Items 8-13)
				0

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: LRI Consulting Services, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Natasha D Gordon Title Organization P.O. Box, Building and Room Number, if any Street 2247 Chestnut Place City Lithia Springs State Georgia ZIP Code + 4 30122	15.d. Amount 7,049 15.e. Purpose Verbal agreement with LRI to Represent United Cerebral Palsey/Greater Sacramento by giving speeches to their employees regarding exercising their rights to organize and bargain collectively. The terms verbally agreed to were \$1500 per day plus expenses. As per my bank statements and indicated on my submitted LM-20 I was paid an actual amount of \$7048.69.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 7,049	