

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

636688

1. File Number C- <u>65324</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	<u>01/01/2016</u>		<u>12/31/2016</u>

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name: <u>William T. Herrera</u>	Name: _____
Title: _____	Title: _____
Organization: <u>People Solutions Group</u>	Organization: <u>LRI Consulting Services Inc</u>
P.O. Box, Building and Room Number, if any: _____	P.O. Box, Building and Room Number, if any: _____
Street: <u>23914 Waterhole Ln</u>	Street: <u>7850 S. Elm Pl</u>
City: <u>San Antonio</u>	City: <u>Broken Arrow</u>
State: <u>Texas</u> ZIP Code + 4: <u>78261</u>	State: <u>OK</u> ZIP Code + 4: <u>74011</u>

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> President (if other title, see instructions)	18. Signed <u>[Signature]</u> Title: <u>Treasurer NA</u> Treasurer (if other title, see instructions)
On <u>1/31/2017</u> Date Telephone Number _____	On <u>03/01/2017</u> Date Telephone Number _____

Name of Person Filing:	File Number C- 65324
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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 Inc	P.O. Box, Building and Room Number, if any	
Trade Name		Street	7850 S. Elm PL
Attention To		City	Broken Arrow
Title		State	OK
		ZIP Code + 4	74011
5.b. Termination Date		5.c. Amount	
N/A		114,375	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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	
N/A				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:	
N/A			
15.c. To Whom Paid		15.d. Amount	
N/A			
Name		15.e. Purpose	
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State Washington		ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			
N/A			