

This report is
Required of persons including L

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AUG 13 2012
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

502136

1. File Number C: <u>776</u>	2. Period Covered By This Report From: <u>02/01/00</u> Through: <u>02/27/01</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
<p>3. Name and mailing address (include ZIP Code):</p> <p>Name <input style="width: 80%;" type="text" value="Simon"/> <input style="width: 10%; text-align: center;" type="checkbox"/> <input style="width: 10%;" type="text" value="JARR"/></p> <p>Title <input style="width: 80%;" type="text" value="owner"/></p> <p>Organization <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Building and Room Number, if any</p> <p><input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text" value="10300 Rochelle Avenue"/></p> <p>City <input style="width: 80%;" type="text" value="Santee"/></p> <p>State <input style="width: 20%;" type="text" value="California"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="92071"/></p>	<p>4. Any other address where records necessary to verify this report are kept:</p> <p>Name <input style="width: 80%;" type="text"/> <input style="width: 10%; text-align: center;" type="checkbox"/> <input style="width: 10%;" type="text"/></p> <p>Title <input style="width: 90%;" type="text"/></p> <p>Organization <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Building and Room Number, if any</p> <p><input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>

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).

<p>17. Signed <u></u> President (If other title, see instructions) Title <u>President</u></p> <p>On <u>6/7/200</u> <u> </u> Date Telephone Number</p>	<p>18. Signed _____ Treasurer (If other title, see instructions) Title <u>Treasurer</u></p> <p>On <u> </u> / <u> </u> / <u> </u> <u> </u> Date Telephone Number</p>
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Name of Person Filing:	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).

Employer <u>Labor Relations Institute</u>	Mailing Address: P.O. Box, Building and Room Number, if any <u>P.O. Box 1529</u>
Trade Name <u>LRI</u>	Street <u>7050 South Elm Plaza</u>
Attention To <u>Phillip</u> <input type="checkbox"/> <u>Wilson</u>	City <u>Broken Arrow</u>
Title <u>President</u>	State <u>OK</u> ZIP Code + 4 <u>74103</u>

5.b. Termination Date

5.c. Amount \$ 750.00

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	
<u>Simon</u> <input type="checkbox"/> <u>Jara</u>	<u>\$750.00</u>	<u>606.00</u>	<u>1356.00</u>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

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: <input type="text"/>	15.b. Trade Name, if any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <u>Washington</u> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	