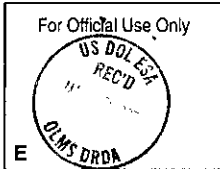


# FORM LM-21

## 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)



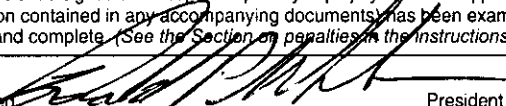
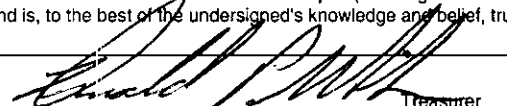
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- <b>525 325373</b>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2006		12 / 31 / 2006

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	Name
Title	Title
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 7850 South Elm Place	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74011	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 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On 03 / 08 / 2007 918-455-9995	Date Telephone Number	On 03 / 08 / 2007 918-455-9995	Date Telephone Number

Name of Person Filing:	File Number C-
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<b>B. Statement of Receipts</b> 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 Star Iron Works	P.O. Box, Building and Room Number, if any
Trade Name	Street 257 Caroline Street
Attention To Frank Stockdale	City Punxsutawney
Title	State Pennsylvania ZIP Code + 4 15767
5.b. Termination Date 8/17/2006	5.c. Amount 3,599
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 3,599	

<b>C. Statement of Disbursements</b> 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)	

<b>D. Schedule of Disbursements for Reportable Activity</b>		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 3,029	
Name Matt Perovic	15.e. Purpose	
Title Independent Consultant	Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.	
Organization Quantum Consulting		
P.O. Box, Building and Room Number, if any		
Street 10917 Kilpatrick		
City Oak Lawn		
State Illinois ZIP Code + 4 60453		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 3,029		