

Receipts and Disbursements Report

U.S. Department of Labor



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)		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:	
LRI Consulting Services, Inc. 7850 S. Elm Place Broken Arrow OK 74011			
3. FILE NO.	4. PERIOD COVERED BY THIS REPORT	Month	Day
C-525	From: 1/1/00 To: 12/31/00	1	1
		00	00

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, Inc. 620 Newport Ctr Dr Ste 1050 Newport Beach CA 92660	2/28/00	\$ 2800.00
Huck International, Inc. 941 Lake Road Medina OH 44256	4/6/00	3000.00
Labor Relations Services, Inc. 620 Newport Ctr Dr Ste 1050 Newport Beach CA 92660	5/4/00	1340.00
Labor Relations Services, Inc. 620 Newport Ctr Dr Ste 1050 Newport Beach CA 92660	5/3/00	4200.00
TOTAL		\$ 11,540.00

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
Huck International	Clarence Goddard 3750 S. 32nd Ave Tulsa OK 74107	\$ 1500.00	Employed to give speeches to employers to persuade them to not join a union
TOTAL		\$ 1,500.00	

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS



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: [Signature] PRESIDENT
at Broken Arrow OK on 1/18/01
City State Date
(If other title, cross out and write in correct title above.)

SIGNED: [Signature] TREASURER
at Broken Arrow OK on 1/18/01
City State Date
(If other title, cross out and write in correct title above.)

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7850 S. Elm Place
Broken Arrow OK 74011

2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY
TO VERIFY THIS REPORT ARE KEPT:3. FILE NO.
C-

525

4. PERIOD
COVERED
BY THIS
REPORT

Month	Day	Year
1	1	2000
12	31	2000

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, Inc. 620 Newport Ctr Dr Ste 1050 Newport Beach CA 92660	2/18/2000	\$ 468.00
Labor Relations Services, Inc. 620 Newport Ctr Dr Ste 1050 Newport Beach CA 92660	2/18/00	37,139.50
Labor Relations Services, Inc. 620 Newport Ctr Dr Ste 1050 Newport Beach CA 92660	3/8/00	4200.00
Labor Relations Services, Inc. 620 Newport Ctr Dr Ste 1050 Newport Beach CA 92660	3/15/00	1998.06
TOTAL		\$ 43,805.56

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.

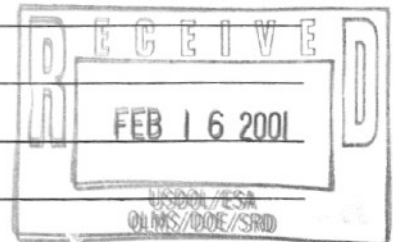
8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

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

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11. Fees for Professional Services	
12. Loans Made	
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14. Total Disbursements (Sum of Items 8-13)	\$

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15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
		\$	
TOTAL		\$	



IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

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:

Richard P. White
at Broken Arrow OK on: 1/18/01
City State Date

PRESIDENT

(If other title,
cross out and
write in correct
title above.)

SIGNED:

Richard P. White
at Broken Arrow OK on: 1/18/01
City State Date

TREASURER

(If other title,
cross out and
write in correct
title above.)

