

OMB No. 1214-0001
02/29/93

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

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).

File No. C. 525

A. Person Filing

1. Name and mailing address (include ZIP code): Brad White/LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74013	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12-31-01	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Conway Farms Golf Club 425 South Conway Farms Drive Lake Forest, IL 60045	6. Date entered into: 5/3/01
7. Names of persons through whom made: Todd Marsh	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union.

Duration of 1 day

C. Specific Activities to be Performed**10. For each activity, separately list in detail the information required (See Part C-10 of instructions):****a. Nature of activity:**

Employed to give speeches to employees to persuade them to not join a union.

b. Period during which performed:

5/3/01

c. Extent performed:

Fully performed

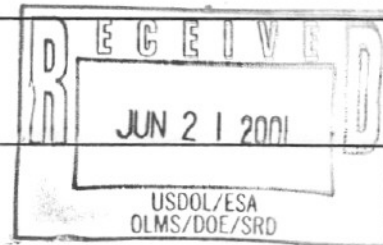
d. Names and addresses of persons through whom performed:

Brad White
Interlate Systems, inc.
145 A. South Lindomway, North Aurora, IL 60542

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Groundskeepers

Operating Engineers



D. 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: <i>[Signature]</i> President	Signed: <i>[Signature]</i> Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)

City at: Broken Arrow	State OK	Date on: 6/1/01	City at: Broken Arrow	State OK	Date on: 6/1/01
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Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.



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File No. C. 525

A. Person Filing

1. Name and mailing address (include ZIP code): Brad White/LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74013	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12-31-01	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Prestwick Country Club 601 Prestwick Drive Frankfort, IL 60423	6. Date entered into: 4/25/01
	7. Names of persons through whom made: Tim Anderson
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	
9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. Duration of 1 day	

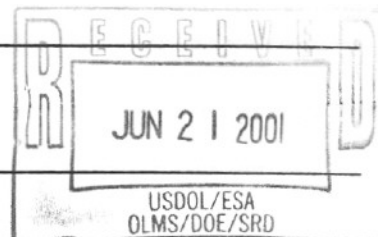
C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:

Employed to give speeches to employees to persuade them to not join a union.

b. Period during which performed: 4/25/01	c. Extent performed: Fully performed
d. Names and addresses of persons through whom performed: Brad White Interlate Systems, inc. 145 A. South Lindolmway, North Aurora, IL 60542	
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Groundskeepers Operating Engineers	



D. 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: President	Signed: Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)
City: Broken Arrow State: OK Date on: 5/21/01	City: Broken Arrow State: OK Date on: 5/21/01

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