City

U.S. Department of Labor



Required of Persons, Including Labor Relations Form Approved. — Office of Labor-Management Standards No. 1214-0001 Consultants and Other Individuals and Organizations, Washington, D.C. 20210 (Feb. 1986) Under Section 203(b) of the Labor-Management Expires: 12/31/86 Reporting and Disclosure Act of 1959, As Amended (LMRDA) A-PERSON FILING 1. NAME AND ADDRESS (Include ZIP code) 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: Consulting Services, Irc. S. Elm Place 4. PERIOD Broken Arrow OK 74011 3. FILE NO. Month Day Year COVERED 00 RY THIS REPORT To: 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 Relations Services. Beach CA Suite 100 Reach Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. -STATEMENT OF DISBURSEMENTS. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses \$ 11. Fees for Professional Services 13. Other Disbursements Total Disbursements to officers and employees: S (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. 16. TO WHOM PAID 17. AMOUNT 18. PURPOSE FEB | 6 2001 TOTAL IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS E. YERIFICATION 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. PRESIDENT
(If other title,
cross out and
write in correct
title above.) SIGNED: SIGNED: TREASURER (If other title, cross out and write in correct title above.) at Broken Anow OK on: at Muchen Arrow O/S on: State

City

State

U.S. Department of Labor



Office of Labor-Management Standards Washington, D.C. 20210 (Feb. 1986)

at: Broke Anow OK City State

Required of Persons, Including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Form Approved. - OMB No. 1214-0001 Expires: 12/31/86

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Receipts and Disbursements Report

SIGNED:

City

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U.S. Department of Labor



Office of Labor-Management Standards Required of Persons, Including Labor Relations Form Approved. — OMB Consultants and Other Individuals and Organizations, No. 1214-0001 Washington, D.C. 20210 Under Section 203(b) of the Labor-Management Expires: 12/31/86 (Feb. 1986) Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.—PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: 1. NAME AND ADDRESS (Include ZIP code) Consulting Services, Inc. 7850 S. Elm Place 4. PERIOD roken Arrow OK 74011 3. FILE NO. Month Year COVERED 00 BY THIS REPORT To: 00 B .- STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 6. TERMINATION DATE abor Relations Services. Frc. Newport Beach Relations Services Ste 3,000.00 4451 Kelations Beach -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: (b) Salary (c) Expenses (d) Totals (a) Name 9. Office and Administrative Expenses S S 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements Total Disbursements to officers and employees: 1 5 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. 16. TO WHOM PAID 15. EMPLOYER 18. PURPOSE Clarence Goddard 3750 So 32nd Employed to give speeches to \$ 1,500.00 employees to persuade them to not join a West Avenue union 74107 Tulsaok 6 200 \$1,500.00 TOTAL OLMS/DOE/SRD IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS _YERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penelty 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.

PRESIDENT

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

SIGNED:

City

Arrow OK

State

TREASURER