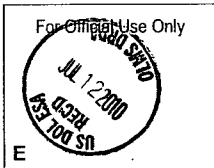


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

432517

1. File Number C- 22301 691	2. Period Covered By This Report From: 08/13/2008 Through: 08/20/2008	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
---	---	--------------------------------	--------------------------------

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name
Title
Organization
P.O. Box, Building and Room Number, if any

Street
City
State ZIP Code + 4

4. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Building and Room Number, if any

Street
City
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
Title President
(if other title, see instructions)

18. Signed _____ Treasurer
Title Treasurer
(If other title, see instructions)

On
Date Telephone Number

On
Date Telephone Number

Name of Person Filing: Carina Hunt

File Number C- 23301

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).

Mailing Address:

Employer LRI Consulting

P.O. Box, Building and Room Number, if any

Trade Name

Street

7850 S Elm Place

Attention To

Phil

Wilson

City

Broken Arrow

Title

President

State

Oklahoma

ZIP Code + 4

74011

5.b. Termination Date 08/20/2008

5.c. Amount 11,215

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 11,215

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

					9. Office and Administrative Expenses	
					10. Publicity	
Carina	Hunt	6,000	5,215	11,215	11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				11,215	14. Total Disbursements (Sum of Items 8-13)	11,215

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:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

Alabama

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY