



14421

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)

LRI Consulting Services, Inc.
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
From: 1 1 00
To: 12 31 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. 24 Corporate Plaza Suite 100 Newport Beach CA 92660	9/8/00	\$ 1506.50
Labor Relations Services, Inc. 24 Corporate Plaza Suite 100 Newport Beach CA 92660	9/26/00	1267.50
Labor Relations Services, Inc. 24 Corporate Plaza Suite 100 Newport Beach CA 92660	11/2/00	1131.00
Labor Relations Services, Inc. 24 Corporate Plaza Suite 100 Newport Beach CA 92660	11/2/00	741.00
TOTAL		\$ 4,641.00

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.

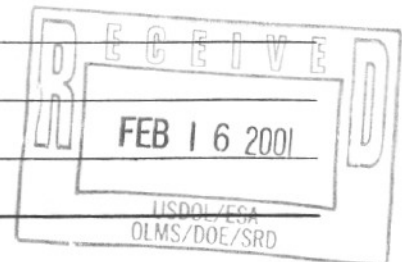
8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(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
		\$	
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:

Charles Philip
President

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

SIGNED:

Charles Philip
Treasurer

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

at: Broken Arrow OK on: 1/18/01
City State Date

at: Broken Arrow OK on: 1/18/01
City State Date

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A.—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code)

LRI Consulting Services, Inc.
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	00
12	31	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

Coating Services	6-28-00	\$ 3,000.00
PO Box 929		
Prairieville LA 70769		
Labor Relation Services Inc.	7-20-00	4,372.97
24 Corporate Plaza Suite 100		
New Port Beach, CA 52660		
Labor Relation Services Inc.	7-20-00	6,493.50
24 Corporate Plaza Suite 100		
New Port Beach, CA 52660		
Labor Relation Services Inc.	7-28-00	1,820.00
24 Corporate Plaza Suite 100		
New Port Beach, CA 52660		
TOTAL		\$ 15,686.47

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:

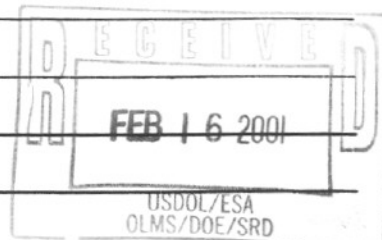
(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

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
Coating Services	William Scott 1032 Meda Street Memphis TN 38104	\$ 1500.00	Employed to give speeches to employees to persuade them to not join a union
TOTAL		\$ 1500.00	

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

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