## U.S. Department o

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Office of Labor Management Standards Washington, D.C. 20210 (Feb. 1986)		Consultants Under Secti	of Persons, Including Labor Relations ts and Other Individuals and Organizations, ction 203(b) of the Labor-Management and Disclosure Act of 1959, As Amended (LMRDA)				Form Approved. — OME No. 1214-0001 Expires: 12/31/86		
		A.—PER	SON FILING						
1. NAME AND ADDRESS (Include ZIP cod	le)			ADDRESS WH	IERE RECORDS NEC	ESSARY	,		
			10 VERIFY I	HIS REPURT	ARE KEPT:				
LRI Consulting Services, Inc.									
7850 South Elm Place									
Broken Arrow, OK 74011			3. FILE NO.	4.	PERIOD COVERED	Month	Day	Year	
			C52	5	BY THIS From:	01	01	01	
			050		To:	12	31	02	
			n connection with I	abor relations	advice or services re	gardless	of the purp	poses of	
	the advice or ser	vices.							
5. NAME AND ADDRESS OF EMPLOYER	(Include ZIP cod	e)			6. TERMINATION	DATE	7. AM	TNUC	
Labor Relations Services					12/29/20	00	\$ 6,29	8.00	
24 Corporate Plaza Suite 100									
Newport Beach, CA 92660									
Labor Relations Services					2/1/200	1	2,37	70.00	
24 Corporate Plaza Suite 100									
Newport Beach, CA 92660									
T. I. D. I					2/1/200	1	1.70	14.00	
Labor Relations Services					2/1/200	1	1,/9	94.00	
24 Corporate Plaza Suite 100 Newport Beach, CA 92660							-		
Newport Beach, CA 92000									
					TOTAL		\$ 10,4	62.00	
C.—STATEMENT OF DISBURSEMENTS.  8. DISBURSEMENTS TO OFFICERS AND  (a) Name	ice's rendered EMPLOYEES:	(c) Expenses	(d) Totals	9. Office	connection with laborated and Administrative E	xpenses			
	\$	\$	\$		y		-		
					r Professional Service				
	-	-			Made				
Total Disbursements to officers and employees: \$ 14. Total Disbursements									
					(Sum of items 8-13)				
D.—SCHEDULE FOR STATEMENT OF DI	SBURSEMENTS	Use this Sch	nedule to report only	v disbursemen	ts made for the purp	oses des	cribed in F	Part D of	
		the instruction	ons.	•	•	0000 000	onbod m i	an b or	
15. EMPLOYER	16. TO WHOM F	AID	17. AMOUNT	18. PC	JRPOSE				
			\$	Emplo	Employed to give speeches to employees to			es to	
				persua	persuade them to not join a union.				
							APR2		
							THE SE	\$ P	
		TOTAL	. \$						
	IF MORE	SPACE IS NEEDE	D ATTACH ADDITI	ONAL SHEET	s				
E.—VERIFICATION AND SIGNATURE. information in this report including all a knowledge and belief true correct, and consider the correct and considerable signature.  SIGNED:  at: Broken Arrow, OK on:	2/22/02	PRESIDEN (if other title, cross out and	IT SIGNED:	Strell	I PM	102	TRE	ASURER	
at: DIOKCH AHOW, OK on:	Date	··· write in correct title above.)	at: Disko	n Arrow, Ok State	on: Dat	e	write in co	orrect	

## U.S. Department c abo



ashington, D.C. 20210 Cor			quired of Persons, Including Labor Relations nsultants and Other Individuals and Organizations, der Section 203(b) of the Labor-Management					I. — OMB
(Feb. 1986)	Reporting and Disclosure Act of 1959, As Amended (LMRDA)					Expi	res: 12/31/8	Ю
		A.—PEF	SON FILING					
1. NAME AND ADDRESS (Include ZIP cod	e)				ERE RECORDS NE	CESSARY		
****			TO VERIFY 1	HIS REPORT	ARE KEPT:			
LRI Consulting Services, Inc.								
7850 South Elm Place								
Broken Arrow, OK 74011			3. FILE NO. C-	4.	PERIOD COVERED	Month	Day	Year
				_	BY THIS From:	01	01	02
			52		To:	12	31	02
	Report all receipt		in connection with	abor relations	advice or services re	egardless of	of the purpo	ses of
5. NAME AND ADDRESS OF EMPLOYER					6. TERMINATION	DATE	7. AMOU	INT
	include ZIP code	e)			_			
Labor Relations Services 24 Corporate Plaza Suite 100					3/2/200	)1	\$ 1,755	.00_
Newport Beach, CA 92660					_			
Newport Beach, CA 92000								
Labor Relations Services					3/2/200	1	2,057	1.25
24 Corporate Plaza Suite 100					0/2/200		2,007	120
Newport Beach, CA 92660								
Labor Relations Services					4/2/200	1	224.	25
24 Corporate Plaza Suite 100			1					
Newport Beach, CA 92660								
					TOTAL		\$ 4,036	50
C.—STATEMENT OF DISBURSEMENTS.	Report all d ices rendere	isbursements maded to the employers	e by the reporting listed in Part B.	organization in	connection with lab	or relation	s advice or	serv-
8. DISBURSEMENTS TO OFFICERS AND		, ,						
(a) Name	(b) Salary	(c) Expenses	(d) Totals	9. Office a	and Administrative E	ynenses	\$	
-	\$		\$		y			
					r Professional Servi			
				12. Loans N	Made			
				13. Other D	isbursements			
Total Disbursements to officers and employees:			\$	14. Total Disbursements			e	
					(Sum of items	8-13)	-	
D.—SCHEDULE FOR STATEMENT OF DIS	SBURSEMENTS.	<ul> <li>Use this Sch the instruction</li> </ul>		y disbursement	ts made for the purp	oses desc	ribed in Pa	rt D of
15. EMPLOYER	16. TO WHOM P		17. AMOUNT	18. PU	IRPOSE			
			s	Emplo	Employed to give speeches to emplo			s to
	S Employed to give			yea to give spee	— — — — — — — — — — — — — — — — — — —			
			persuade them to not join a un			nion.		
			1					
			-					
			1					
			+	_			6	
							130	至20
			-				13.	Da Da
		TOTAL	\$				104	~ 80/
	IF MORE	SPACE IS NEEDE	D ATTACH ADDIT	ONAL SHEETS	5			
E.—VERIFICATION AND SIGNATURE. T	he person in ite	m 1 above and ea	ach of his undersig	ned authorized	officers declares, u	nder øen	fity of law,	that all
information in this report, including all at knowledge and belief, true correct, and co	tachments incorr	porated therein or	referred to in this	report, has be	en examined by hir	n and is,	to the best	of his
Knowledge and belief, inde-corted, and co	Die.		/	///	1011			
SIGNED:		PRESIDEN	IT SIGNED	miles	1/10/14		TDEAG	SURER
D 1 1 077	- 11	(If other title,			1	1	(If other title	e,
at: Broken Arrow, OK on:	2 2 2 02 Date	cross out and write in correct title above.)	at: Broke	n Arrow, OK State	on: 2/2	102 te	cross out a write in corr title above.)	rect

## U.S. Department (

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Form Approved. — OMB

Office of Labor Management Standards Washington, D.C. 20210 (Feb. 1986)		Consultants Under Section	of Persons, Including Labor Relations is and Other Individuals and Organizations, tion 203(b) of the Labor-Management and Disclosure Act of 1959, As Amended (LMRDA)				Form Approved. — ON No. 1214-0001 Expires: 12/31/86		
		and the second second second second	SON FILING		(2 ,27 ,)				
1. NAME AND ADDRESS (Include ZIP co	de)		2. ANY OTHER	OTHER ADDRESS WHERE RECORDS NECESSARY VERIFY THIS REPORT ARE KEPT:					
LRI Consulting Services, Inc.			IO VERIFY I	HIS REPORT A	RE KEPT:				
7850 South Elm Place									
Broken Arrow, OK 74011									
Broken Allow, OK 74011			3. FILE NO. C-	4.1	PERIOD COVERED	Month	Day Year		
			52	e dia	BY THIS From:	01	01 02		
B.—STATEMENT OF RECEIPTS.	Deport all receives		200		То:	12	31 02		
B.—STATEMENT OF RECEIPTS.	the advice or serv	rices.	connection with la	abor relations a	dvice or services reg	jardless (	of the purposes of		
5. NAME AND ADDRESS OF EMPLOYER	(Include ZIP code				6 TERMINATION	DATE	7 414011117		
Labor Relations Services	(morado zar code	,			6. TERMINATION I		7. AMOUNT		
24 Corporate Plaza Suite 100					5/2/2001		\$ 329.43		
Newport Beach, CA 92660									
Labor Relations Services					5/9/2001		960.00		
24 Corporate Plaza Suite 100									
Newport Beach, CA 92660									
Labor Relations Services					51211200				
24 Corporate Plaza Suite 100					5/24/200	1	479.99		
Newport Beach, CA 92660									
, , , , , , , , , , , , , , , , , , , ,									
					TOTAL		\$ 1,769.42		
8. DISBURSEMENTS TO OFFICERS AND  (a) Name  Total Disbursements to officers and er	EMPLOYEES:  (b) Salary  \$	(c) Expenses \$	(d) Totals	10. Publicity 11. Fees for 12. Loans Ma 13. Other Dis	9. Office and Administrative Expenses 10. Publicity				
Total Disbursements to officers and en	nployees:	\$		14. Total Dis		4.01	\$		
D.—SCHEDULE FOR STATEMENT OF DIS	CRIIDCEMENTO	Lloo this Coho	dula ta rapart anh	dishumananta	(Sum of items 8-				
		the instruction	IS.		made for the purpos	ses desci	ribed in Part D of		
15. EMPLOYER	16. TO WHOM PA	AID	17. AMOUNT	18. PUF	RPOSE				
			s	Employ	Employed to give speeches to employees to				
				persuad	persuade them to not join a union.				
							4982 BO		
				_			1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		TOTAL	\$						
			ATTACH ADDITIO	-7			Control of the State		
E.—VERIFICATION AND SIGNATURE. T information in this report, including all at knowledge and belief true, correct, and co	tacnments, incomo	1 above and eac rated therein or re	n of his undersigner eferred to in this re	ed authorized of eport, has bee	officers declares, und n examined by him	ler penal and is, to	ty of law, that all o the best of his		
at: Broken Arrow, OK on:	-/22/02 Date	(If other title, cross out and write in correct title above.)	signed: at: Broken City	Arrow, OK	on: 2/2 2	- 102	TREASURER (If other title, cross out and write in correct title above.)		

Office of Labor Management Standards

City

State

## U.S. Department o



Required of Persons, Including Labor Relations Form Approved. -Washington, D.C. 20210 Consultants and Other Individuals and Organizations. No 1214-0001 (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: LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74011 3. FILE NO. C-4. PERIOD COVERED BY THIS Month Day Year 01 01 02 REPORT 01 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 6/14/2001 430.95 24 Corporate Plaza Suite 100 Newport Beach, CA 92660 Labor Relations Services 7/16/2001 960.00 24 Corporate Plaza Suite 100 Newport Beach, CA 92660 Labor Relations Services 10/10/2001 3.900.00 24 Corporate Plaza Suite 100 Newport Beach, CA 92660 TOTAL 5.290.95 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 (c) Expenses (b) Salary (d) Totals 9. Office and Administrative Expenses \$ \$ \$ 10. Publicity ..... 11. Fees for Professional Services ... 13. Other Disbursements Total Disbursements to officers and employees: \$ 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 Employed to give speeches to employees to \$ persuade them to not join a union. TOTAL \$ IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS The person in item 1 above and each of his undersigned authorized officers declares, under attachments incorporated therein or referred to in this report, has been examined by him and E.-VERIFICATION AND SIGNATURE. under penalty of law, that all nim and is, to the best of his information in this report, including all knowledge and belief true, correct, and complete PRESIDENT SIGNED: TREASURER (If other title, cross out and write in correct (If other title. Broken Arrow, OK Broken Arrow, OK cross out and write in correct

City

title above.)

State

title above.)