U.S. Department o bo



| | rooms remarks | marriage, reservations | | | | */ | | | |
|--|---|---|--|---|--|--|--|--|--|
| Office of Labor Management Standards Washington, D.C. 20210 (Feb. 1986) | | Consultants Under Sect | f Persons, Includi s and Other Indivi ion 203(b) of the I and Disclosure Ac | Form Approved. — OM No. 1214-0001 Expires: 12/31/86 | | | | | |
| | | A.—PEF | SON 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 | | | 10 VERIFT | THIS REPORT | TANE REFT. | | | | |
| Broken Arrow, OK 74011 | | | | | | | | | |
| Biotomium, on 7 ion | | | 3. FILE NO. C- 52 | 5 | 4. PERIOD COVERED BY THIS From: REPORT To: | Month Day Year 01 01 02 12 31 02 | | | |
| | Report all receipt the advice or ser | | in connection with | labor relations | | rdless of the purposes of | | | |
| 5. NAME AND ADDRESS OF EMPLOYER | (Include ZIP cod | e) | | | 6. TERMINATION DA | ATE 7. AMOUNT | | | |
| Labor Relations Services | | | | | 10/11/2001 | \$ 5,616.00 | | | |
| 24 Corporate Plaza Suite 100 | | | | | | | | | |
| Newport Beach, CA 92660 | | | | | | | | | |
| Labor Relations Services | | | | | 10/11/2001 | 6,220.50 | | | |
| 24 Corporate Plaza Suite 100 Newport Beach, CA 92660 | | | | | | | | | |
| Newport Beach, CA 92000 | | | | | | | | | |
| Labor Relations Services | | | | | 10/11/2001 | 5,343.00 | | | |
| 24 Corporate Plaza Suite 100 | | | | | | | | | |
| Newport Beach, CA 92660 | | | | | | | | | |
| | | | | | TOTAL | \$ 17,179.50 | | | |
| C.—STATEMENT OF DISBURSEMENTS. | Report all dices rendere | lisbursements maded to the employers | e by the reporting listed in Part B. | organization | in connection with labor | relations advice or serv- | | | |
| 8. DISBURSEMENTS TO OFFICERS AND | | | | | | | | | |
| (a) Name | (b) Salary | (c) Expenses | (d) Totals | | and Administrative Expe | | | | |
| | 9 | * | 4 | | city for Professional Services | | | | |
| | | | | | Made | | | | |
| | | | | | Disbursements | | | | |
| Total Disbursements to officers and e | mployees: | | \$ | | Disbursements | ė | | | |
| | | | | | (Sum of Items 8-1 | 3) \$ | | | |
| D.—SCHEDULE FOR STATEMENT OF DI 15. EMPLOYER | 16. TO WHOM F | the instruction | | , | ents made for the purpose PURPOSE | es described in Part D of | | | |
| | | | \$ | Emp | loyed to give speech | es to employees to | | | |
| | | | | persi | persuade them to not join a union. | | | | |
| | | | | | | | | | |
| | | | | | | (a) | | | |
| | | | | | | Reco | | | |
| | | TOTAL | \$ | | | The state of the s | | | |
| | IF MORE | SPACE IS NEEDE | | TIONAL SHEE | ŢS | | | | |
| E.—VERIFICATION AND SIGNATURE. information in this report, including all a knowledge and belief true correct, and co | The person in ite ttachments incorp complete. | em 1 above and ea porated therein or | ach of his undersi referred to in thi | igned authorize s report has | ed officers declares, undo | poralty of law, that all ind is, to the best of his | | | |
| SIGNED: | 120100 | PRESIDEN (If other title, | - | | / / | TREASURER | | | |
| at: Broken Arrow, OK on: 2 | Date 10 2 | write in correct title above.) | at: Broke | en Arrow, O ty State | K on: 2/22/0 | cross out and write in correct title above.) | | | |

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

U.S. Department o

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. – No. 1214-0001 Expires: 12/31/86

| | | A.—PEI | RSON FILING | | | | | | | | |
|--|--|---|--|----------------|------------------------------------|---------------------------------------|------------------------|---|-------------------------|--|--|
| 1. NAME AND ADDRESS (Include ZIP of | AME 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 | | | | | | | | | | | |
| Dionen inton, Oil 71011 | | | 3. FILE NO. | | 4. PERIOD COVERED | | Month | Day | Year | | |
| | | | 50 | 5 | BY THIS REPORT | From: | 01 | 01 | 02 | | |
| | | | 20 | | | To: | 12 | 31 | 02 | | |
| B.—STATEMENT OF RECEIPTS. | Report all receip the advice or se | ts from employers rvices. | in connection with | labor relation | ons advice or se | ervices re | gardless | of the pur | poses of | | |
| 5. NAME AND ADDRESS OF EMPLOYE | R (Include ZIP cod | le) | | | | INATION | | | OUNT | | |
| Labor Relations Services | | | | | | 0/11/20 | \$ 3,393.00 | | | | |
| Nowport Page CA 02660 |) | | | | | | | | | | |
| Newport Beach, CA 92660 | | | | | | | | | | | |
| Labor Relations Services | | | | | 1 | 1/5/200 | 11 | 60 | 0.00 | | |
| 24 Corporate Plaza Suite 100 |) | | | | | 11/3/2001 | | | 600.00 | | |
| Newport Beach, CA 92660 | | | | | | | | | | | |
| V 1 D 1 1 0 1 | | | | | | | | | | | |
| Labor Relations Services | | | | | 1 | 1/5/200 |)1 | 96 | 0.00 | | |
| 24 Corporate Plaza Suite 100 Newport Beach, CA 92660 | J | | de de la composition | | | | | | | | |
| Newport Beach, CA 92000 | | | | | | | | | | | |
| | | | | | TOTAL | | | \$ 4,9 | 53.00 | | |
| C.—STATEMENT OF DISBURSEMENTS | C. Parantalla | lisbursements mad | | | | | | | | | |
| 8. DISBURSEMENTS TO OFFICERS AN (a) Name | (b) Salary | (c) Expenses | (d) Totals | 10. Publ | ce and Adminis | nal Servic | es | | | | |
| | | | | | ns Made | | | | | | |
| Total Disbursements to officers and | employees: | | s | | er Disbursemen | | | | | | |
| | employees. | | \$ | 14. TOta | l Disbursement | s n of items i | 3-13) | \$ | | | |
| D.—SCHEDULE FOR STATEMENT OF | DISBURSEMENTS | . Use this Sch | nedule to report on | lv disbursen | | | | ribed in F | Part D of | | |
| 15. EMPLOYER | 16. TO WHOM F | the instruction | ons. | | | по рагре | 303 4030 | noca iii i | art D or | | |
| 15. EMPLOTER | 16. TO WHOM P | AID | 17. AMOUNT | | PURPOSE | ie speed | hes to a | mploye | es to | | |
| | \$ Emplo | | | | project to gr | oyed to give speeches to employees to | | | | | |
| | | | | pers | persuade them to not join a union. | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | (NTO | 15 3 | | |
| | | | | | | | | DROP TO SOL | Rec'd | | |
| | | TOTAL | s | | | | | | ASI | | |
| | IF MORE | SPACE IS NEEDE | D ATTACH ADDITI | IONAL SHE | ETS | | | | | | |
| E.—VERIFICATION AND SIGNATURE information in this report including all knowledge and belief, tree, correct and | attachments incorr | m 1 above and ea porated therein or | ch of his undersig referred to in this | ned authoriz | zed officers de been examine | clares, und by him | der pena and is, | ity of law to the be | , that all st of his | | |
| SIGNED: | | PRESIDEN | IT SIGNED: | 10 | 1111 | | The Real Property lies | TOF | CHIPER | | |
| at: Broken Arrow, OK on: | 5/22/02 Date | (If other title, cross out and write in correct title above.) | | n Arrow, (| OK on: | 2/22 Date | 102 | TREA (If other to cross out write in co title above | and prect | | |
| | | | | | | | | | LM-21 | | |

U.S. Department o

| 1 | b | o | r | |
|---|---|---|---|--|
| • | | - | • | |



| 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 | | | | | | | |
|---|--------------------|---|------------------------------------|---|------------------------------------|----------------------|--|--|--|
| | | | SON FILING | | | | | | |
| 1. NAME AND ADDRESS (Include ZIP code | e) | | 2. ANY OTHER ADD TO VERIFY THIS | RESS WHE | RE RECORDS NEC | ESSARY | | | |
| LRI Consulting Services, Inc. 7850 South Elm Place | | | | | | | | | |
| Broken Arrow, OK 74011 | | | 3. FILE NO. | 4. P | ERIOD OVERED | Month | Day | Year | |
| | | | 525 | | REPORT To: | 01 12 | 01 | 02 | |
| B.—STATEMENT OF RECEIPTS. | Report all receipt | s from employers in vices. | n connection with labor | relations a | dvice or services re | gardless | of the pur | poses of | |
| 5. NAME AND ADDRESS OF EMPLOYER (| Include ZIP code | e) | | | 6. TERMINATION | DATE | 7. AM | DUNT | |
| Labor Relations Services | | | | | 11/8/200 | \$ 2,320.50 | | | |
| 24 Corporate Plaza Suite 100 | | | | | | | | | |
| Newport Beach, CA 92660 | | | | | | | - | | |
| Labor Relations Services | | | | | 11/8/200 |)1 | 2.10 | 16.00 | |
| 24 Corporate Plaza Suite 100 | | | | | 11/6/200 | 71 | 2,106.00 | | |
| Newport Beach, CA 92660 | | | | | | | | | |
| | | | | | | | | | |
| Labor Relations Services | | | | | 12/5/200 |)1 | 84 | 0.00 | |
| 24 Corporate Plaza Suite 100 | | | | | | | - | | |
| Newport Beach, CA 92660 | | | | | | | | | |
| | | | | | TOTAL | | \$ 5,266.50 | | |
| (a) Name Total Disbursements to officers and en | (b) Salary | | \$ 1 1 1 1 | 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements | | | | | |
| Total Dispursements to officers and en | iipioyees. | | <u> </u> | 4. Total Dis | (Sum of items | 8-13) | \$ | | |
| D.—SCHEDULE FOR STATEMENT OF DIS | SBURSEMENTS | Use this Sch | edule to report only dis | bursements | | _ | cribed in F | art D of | |
| | 16. TO WHOM P | the instruction | ns. 17. AMOUNT | | | | | | |
| | | | \$ | Employed to give speeches to employ | | | employe | es to | |
| | | | | persuac | persuade them to not join a union. | | | | |
| | | | | | | | | | |
| | | | | | | | Sw.S. | THE PROPERTY OF THE PROPERTY O | |
| | | | | 1 | | | SPI | 700 | |
| | IE MODE | TOTAL | \$ D ATTACH ADDITIONA | L SHEETS | | | | | |
| E.—VERIFICATION AND SIGNATURE. T information in this report, including all throwledge and belief, true, correct, and co | | | | | officers declares, u | nder pen n and is | alty of lave | , that all est of his | |
| SIGNED: Shell | | PRESIDEN | 1 /m | sof , | KNIS | | TRE | ASURER | |
| at: Broken Arrow, OK on: 5 | 22 02 Date | (if other title, cross out and write in correct title above.) | at: Broken Ar | TOW, OK | | 102 | (If other cross out write in c title above | t and orrect | |

Receipts and Disbursements Report

noher Anow OK

State

City

23

U.S. Department of Labor



Required of Persons, Including Labor Relations Office of Labor-Management Standards 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) 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 So Elm Place Broken Arrow OK 74011 4. PERIOD 3. FILE NO. Year COVERED 01 From: BY 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 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 6. TERMINATION DATE Drive 4042 alcy Forest TOTAL Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. C .-- STATEMENT OF DISBURSEMENTS. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: (d) Totais (a) Name (b) Salary (c) Expenses 9. Office and Administrative Expenses \$ \$ 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 16. TO WHOM PAID 17. AMOUNT 18. PURPOSE 15. EMPLOYER Employed to give speeches Brad white not join a union employees to Interlate S 145A So Lincola 1 1 11 Lincolnu 11 1.115. L.3 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. PRESIDENT
(If other title,
cross out and
write in correct
title above.) TREASURER (If other title, cross out and write in correct title above.)

City

Date