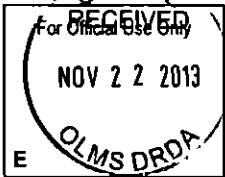


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 08-31-2016

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. 438 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

537647

1. File Number C- <u>65674</u>	2. Period Covered By This Report From: <u>10</u> / <u>01</u> / <u>2012</u> Through: <u>09</u> / <u>30</u> / <u>2013</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	<u>Jennifer</u> <input type="checkbox"/> <u>Martin</u>
Title	<u>HR Director</u>
Organization	<u>Doss Aviation, Inc.</u>
P.O. Box, Building and Room Number, if any	
<u></u>	
Street	<u>3670 Rebecca Lane</u>
City	<u>Colorado Springs</u>
State	<u>Colorado</u> ZIP Code + 4 <u>80917</u>
4. Any other address where records necessary to verify this report are kept:	
Name	<u></u> <input type="checkbox"/> <u></u>
Title	<u></u>
Organization	<u></u>
P.O. Box, Building and Room Number, if any	
<u></u>	
Street	<u></u>
City	<u></u>
State	<u></u> ZIP Code + 4 <u></u>

## 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 <u>Randall M. Davis</u> President (if other title, see instructions) Title <u>Other (Specify)</u> <u>CEO</u> On <u>11</u> / <u>20</u> / <u>2013</u> <u>719-302-7570</u> Date Telephone Number	18. Signed <u>Robert D. Hannon</u> Treasurer (If other title, see instructions) Title <u>Other (Specify)</u> <u>CFO</u> On <u>11</u> / <u>20</u> / <u>2013</u> <u>719-302-7585</u> Date Telephone Number
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Name of Person Filing: Jennifer Martin	File Number C-
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**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 Services	P.O. Box, Building and Room Number, if any	P.O. Box 1529
Trade Name		Street	
Attention To		City	Broken Arrow
Title		State	Oklahoma
		ZIP Code + 4	74013
5.b. Termination Date		5.c. Amount	
11/19/2013		2	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2			

**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			
Patrick Omara	9,000		9,000	9. Office and Administrative Expenses		
Byron Clay	3,000		3,000	10. Publicity	0	
				11. Fees for Professional Services		
				12. Loans Made		
				13. Other Disbursements	3,096	
8. Total disbursements to officers and employees:			12,000	14. Total Disbursements (Sum of Items 8-13)	15,096	

**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:	
LRI Consulting Services			
15.c. To Whom Paid		15.d. Amount	
Name	Eric Funston		
Title	Vice President	15.e. Purpose	
Organization	LRI Consulting Services		
P.O. Box, Building and Room Number, if any	P.O. Box 1529		
Street			
City	Broken Arrow		
State	Oklahoma		
ZIP Code + 4		74013	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			