

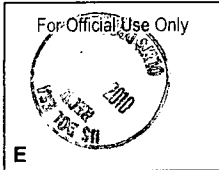
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

432511

1. File Number C- 697	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/2007		12/31/2007

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization TREGEAR & ASSOCIATES LLC	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 2119 WEST WOOD COURT	Street
City EGG HARBOR CITY	City
State NJ ZIP Code + 4 08215	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 <u><i>Jatanez Trefan</i></u> President Title President (if other title, see instructions)	18. Signed _____ Treasurer Title Treasurer (If other title, see instructions)
On <u>07/01/10</u> Date <u>215-779-3844</u> Telephone Number	On <u>/ /</u> Date _____ Telephone Number

Name of Person Filing: TREGGAR & ASSOCIATES LLC	File Number C-
--	----------------

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). Employer LRI CONSULTING SERVICES, INC Trade Name Attention To PHIL WILSON Title PRESIDENT	Mailing Address: P.O. Box, Building and Room Number, if any Street 1850 S. ELM PLACE, SUITE E City BROKEN ARROW State OKLAHOMA ZIP Code + 4 74011
5.b. Termination Date 05/24/07	5.c. Amount \$8899
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$8899	

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	
KATHLEEN TREGGAR	\$7500	\$1349	\$8849	10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			\$8899	14. Total Disbursements (Sum of Items 8-13)	

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	15.d. Amount	
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		