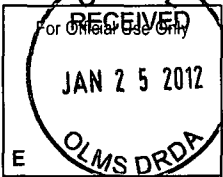


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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 employers employing 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

472159

1. File Number C- <u>746</u>	2. Period Covered By This Report From: <u>01/01/2011</u> Through: <u>12/31/2011</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>RONALD T. PREIFER</u>	4. Any other address where records necessary to verify this report are kept:
Title	Name
Organization	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>1545 ARAPAHOE TR.</u>	P.O. Box, Building and Room Number, if any
City <u>GREEN BAY</u>	Street
State <u>WISCONSIN</u> ZIP Code + 4 <u>53913-6159</u>	City
	State

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>[Signature]</u> President (if other title, see instructions) Title <u>President</u>	18. Signed _____ Treasurer (If other title, see instructions) Title <u>Treasurer</u>
On <u>1/15/2012</u> Date <u>920 449 7018</u> Telephone Number	On _____ Date _____ Telephone Number

Name of Person Filing:

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).

Mailing Address:

Employer LABOR RELATIONS INSTITUTE

P.O. Box, Building and Room Number, if any

P.O. Box 1529

Trade Name

Street

2850 SOUTH ELM PARK

Attention To

City

BROOK ARROW

Title

State

OKLAHOMA

ZIP Code + 4

74113

5.b. Termination Date

12/31/2011

5.c. Amount

10,486.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

\$10,486.00**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.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

					9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	

8. Total disbursements to officers and employees:

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

15.e. Purpose

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY