



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001
02/29/93

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).

File No. C. 525

A. Person Filing

1. Name and mailing address (include ZIP code): Brad White/LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74013		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-02	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Rock and Soil Drilling 1720 East Tyler Road St. Charles, IL 60174		6. Date entered into: 5/23/02
		7. Names of persons through whom made: Gina Shugar
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		
9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. Duration of 3 days		

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: Employed to give speeches to employees to persuade them to not join a union.		b. Period during which performed: 5/23/02, 5/24/02, 6/17/02	c. Extent performed: Fully performed
d. Names and addresses of persons through whom performed: Brad White Interlate Systems, inc. 145 A. South Lincolnway, North Aurora, IL 60542			
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Drillers and Helpers Operating Engineers			

D. 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.

Signed: President	Signed: Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)
City: Broken Arrow State: OK Date: 6/24/02	City: Broken Arrow State: OK Date: 6/24/02

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.



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File No. C.

A. Person Filing

1. Name and mailing address (include ZIP code): Richard Lynn/LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74013		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-02	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Renner Quarries 1700 South Galena Suite 1700		6. Date entered into: 5/8/02
		7. Names of persons through whom made: Bob Egert
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		
9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. Duration of 2 days		

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:

Employed to give speeches to employees to persuade them to not join a union.

b. Period during which performed: 5/8/02 and 5/23/02	c. Extent performed: Fully performed
d. Names and addresses of persons through whom performed: Richard Lynn/LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74011	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Equipment operators

Operating Engineers

D. 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.

Signed: President	Signed: Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)
City State Date at: Broken Arrow OK on:	City State Date at: Broken Arrow OK on:

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.



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OMB No. 1214-0001

02/29/93

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).

File No. C.

A. Person Filing

1. Name and mailing address (include ZIP code): Michael Penn/LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74013		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12/31/02	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Aramark Uniform Services 1827 Walden Office Square, Suite 200 Schaumburg, IL 60173		6. Date entered into: 3/25/02
7. Names of persons through whom made: Heather Ronnow, Esquire		
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		
9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. Duration of 5 days		

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: Employed to give speeches to employees to persuade them to not join a union.	
b. Period during which performed: March 25, 26, 27, 28 and 29, 2002	c. Extent performed: Fully performed
d. Names and addresses of persons through whom performed: Michael Penn/LRS Labor Relations Services, Inc. 24 Corporate Plaza, Suite 100 Newport Beach, CA 92660	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Drivers & Dock Workers

International Brotherhood of Teamsters

D. 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.

Signed: President	Signed: Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)
City at: Broken Arrow	City at: Broken Arrow
State OK	State OK
Date on: 4/29/02	Date on: 4/19/02

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