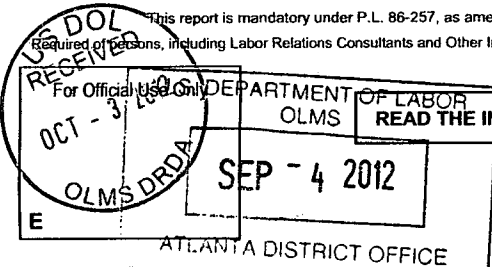


FORM LM-21

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 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)



ATLANTA DISTRICT OFFICE

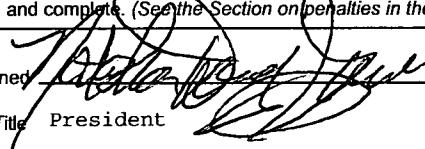
506063

1. File Number C- 778	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2010		12 / 31 / 2010

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Natasha D Gordon Title Organization P.O. Box, Building and Room Number, if any Street 2247 Chestnut Place City Lithia Springs State Georgia ZIP Code + 4 30122	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City 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  President
Title President
(if other title, see instructions)

18. Signed _____ Treasurer
Title Treasurer
(If other title, see instructions)

On 08 / 20 / 2012 404-781-6398
Date Telephone Number

On / /
Date Telephone Number

Name of Person Filing: Natasha Gordon	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: P.O. Box, Building and Room Number, if any
Employer LRI Consulting Services	
Trade Name	Street 7850 S. Elm Place
Attention To Phil Wilson	City Broken Arrow
Title President	State Oklahoma ZIP Code + 4 74011
5.b. Termination Date 7/23/2010	5.c. Amount 13,524
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 13,524	

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		
	0	0	0	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:			0	14. Total Disbursements (Sum of Items 8-13)	0

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: LRI Consulting Services, Inc.	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 13,524	
Name Natasha D Gordon	15.e. Purpose Verbal agreement with LRI to Represent North Shore Community Health by giving speeches to their employees by exercising their rights in to organize and bargain collectively. The terms verbally agreed to were \$750 per day plus expenses. As per my bank statements and indicated on my submitted LM-20 I was paid an actual amount of \$13,524.21. LRI still owes me for invoices totaling \$12,552.32 and an additional \$18,281.25 for additional expenses and hours worked. I have attempte to clain what I am owed with no success since November 2010. Bank statetements and other documentation submitted with LM-20.	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street 2247 Chestnut Place		
City Lithia Springs		
State Georgia	ZIP Code + 4 30122	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 13,524		