

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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)

U.S. DEPARTMENT OF LABOR
OLMS
RECEIVED
OCT - 3 2012
SEP - 4 2012
ATLANTA DISTRICT OFFICE

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

506061

1. File Number C- 778	2. Period Covered By This Report From: 01 / 01 / 2009 Through: 12 / 31 / 2009
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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)

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

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

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). Employer LRI Consulting Services Trade Name Attention To Phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74011
5.b. Termination Date 6/19/2009	5.c. Amount 12,384
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 12,384	

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 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	15.d. Amount 12,384 15.e. Purpose Verbal agreement with LRI to Represent Devereux by giving speeches to their employees regarding exercising their rights in to organize and bargain collectively. The terms verbally agreed to were \$1500 per day plus expenses. As per my bank statements and indicated on my submitted LM-20 I was paid an actual amount of \$12,384.35	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 12,384		