U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 12-31-2010



¢- 00525

1. File Number:

This report is mandatory under P.L. 86-257, as amended. Fallure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Re-ations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclusure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing			
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept: **		
Name	Name		
Title	Title		
Organization LRI Consulting Services, Inc.	Organization		
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., if any		
Street 7850 South Elm Place, Suite E	Street		
City Broken Arrow	City		
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec 31 a Individual b Partnership	c. Corporation d Other (Specify):		
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 9 / 23 / 2008		
Name			
Organization Doyon Utilities	8. Name of person(s) through whom made:		
Trade Name, if any	Name Steve Mitchell		
P.O. Box, Bidg., Room No., if any P.O. Box 74040	Name		
Street	Name		
City Fairbanks	Name		
State Alaska ZIP Code + 4 99707	Name		
Signa			
Each of the undersigned declares under tribinally of perjury and other applicable the information contained in any accompany in declares in the particular true, correct, and complete. (See School unit perallies in the instructions.)  13. Signed  President (If other title, see	penalties of law, that all of the information submitted in this report (including by the signatory and is, to it is see the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is, to it is see that the signatory and is a second and the signatory and is see that the signatory are set the signatory are set the signatory are set that the signatory are set that		
Title President instructions)	Title Treasurer instructions)		
On 10/20/2008 918-455-9995  Date Telephone Number	On 10/20/2008 918/455-9995  Chita Telephone Number		
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9. Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade enterprise collectively through representatives of their own choosing.	ployees as to the manner of exercising, the right to organize and bargain
b. 10 supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with a	ployees or a labor organization in connection with a labor dispute involving n administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions, Written agreements	must be attached.):
Agreement to provide consultation, to give speeches organize and bargain collectively.	to employees about exercising their right to
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct	ions):
a. Nature of activity:	
Employed to give speeches to employees regarding excollectively.	sercising their rights to organize and bargain
11.b. Period during which performed:	11.c. Extent performed

11.b. Period during which performed:	11.c. Extent performed		
Various days 9/17 and ongoing	Ongoing		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Rebecca Smith	Name Terry Cuba		
Organization	Organization Brahmu Defense Enterprise LLC		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 4836 Castle Lake Ct.	Street 10815 Argonite Drive, N.W.		
City Las Vegas	City Albuquerque		
State Nevada ZIP Code + 4 89139	State New Mexico: ZIP Code + 4 87114		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Administrative Assistants, Quality Control, Water Treatment Plant Operators, Journeyman, Lineman, Water/Waste Water & Heat Distribution Employees, Central Heating Plant Employees, Electricians/Instrument Technicians, Utility Filter/Mechanics, Instrument Engineers, Shift Engineers, Assistant Plant Operators, Leads and Foreman	Electrical Workers		

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## Specific Activities to be Performed (Continuation Page)

- 11. For each activity, separately list in detail the information required (See instructions):
  - a. Nature of activity:

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:		11.c. Extent performed:			
Various days 9/	17 and ongoing	Ongoing			
11.d. Name and address thro	ugh whom performed:	Additional Name and address through whom performed, if any:			
Name Pat	O'Mara	Name			
Organization O'Mara & A	ssociates, LLC	Organization			
P.O. Box, Bldg., Room No., if any P.O. Box 2624	P.O. Box, Bldg., Room No., if any			P.O. Box, Bidg., Room No., if any	
Street		Street			
City Novato		City			
State California	ZIP Code + 4 94948	State	ZIP Code + 4		
Additional Name and address	through whom performed, if any:	Additional Name and address through whom performed, if any:			
Name		Name			
Organization		Organization			
P.O. Box, Bldg., Room No., if	any	P.O. Box, Bldg., Rooth No., if	Room No., if any		
Street		Street			
City		City			
State	ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject groups of	femployees:	12.b. Identify subject abor or	ganizations:		
Treatment Plant Ope Water/Waste Water & Central Heating Pla Electricians/Instru Filter/Mechanics, 1	istants, Quality Control, Water erators, Journeyman, Lineman, Eleat Distribution Employees, ant Employees, ment Technicians, Utility Instrument Engineers, Shift at Plant Ooperators, Leads and	Electrical Workers			

#### AGREEMENT FOR CONSULTING SERVICES

TO: Tim Wallis

Doyon Utilities LLC P.O. Box 74040

Fairbanks, AK 99707

DATE:

September 24, 2008

#### PROPOSED INTERVENTION:

LRI Consulting Services, Inc. will provide consulting services to assist Doyon Utilities LLC in communicating factual and legally accurate information to eligible voters in NLRB-conducted election to enable voters to make fully informed choices in voting.

#### TIMING:

The project will begin on or about 9/17/08 and conclude on the outcome of the election.

### **TERMS AND CONDITIONS:**

Fees: The fee for this project is \$3000.00 per 8 hour day per consultant plus travel expenses.

Payment Terms: A 50% deposit is required upon acceptance of this proposal with the balance due within 30 days or prior to the date of your election, whichever is first. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of the consultant(s) and a penalty of 1.5% per week until all outstanding invoices are paid in full.

Expenses: Expenses will be billed as actually incurred and are due on presentation of the invoice. Reasonable business expenses include, but are not limited to, transportation (air, rental car, taxi, etc.), lodging, food, and costs for campaign communication materials.

You further acknowledge that no representation by LRICS or its representatives were relied on by you or any member of your company in entering this agreement, and that this document represents the full understanding of the parties. Your deposit, in the absence of your signature below, indicate: your acceptance of this project and the terms and conditions as stated herein.

## ACCEPTANCE:

We accept the Agreement and terms described above:

For LRI Consulting Services, Inc.

KOKL

For Doyon Util :ies LLC

Phillip B. Wilson

Vice President - General Counsel

Tim Wallis

DATE: September 24, 2008

DATE: Septem er 24, 2008