

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

470638

1. File Number:

C-696

Person Filing

2. Name and mailing address (include ZIP Code):

Name Rebecca M Smith

Title Owner

Organization Taltos Consulting

P.O. Box, Bldg., Room No., if any

Street 1474 Lodgepole Dr

City Henderson

State Nevada

ZIP Code + 4 89014

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 11

5. Type of person:

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):

Name Phil Wilson

Organization Labor Relations Institute

Trade Name, if any LRI

P.O. Box, Bldg., Room No., if any P.O. Box 1529

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma

ZIP Code + 4 74013

7. Date entered into:

7 / 26 / 2011

8. Name of person(s) through whom made:

Name

Name

Name

Name

Name

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 Section VII on penalties in the instructions.)

13. Signed

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On 12/09/2011

Date

702-494-8416

Telephone Number

On

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an 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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Specific Activities to be Performed

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

a. Nature of activity:

Speak with employees during breaks in break rooms in an unstructured manner.

11.b. Period during which performed:

9/6/2011 thru 9/8/2011

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Lisa Forsthoeft

Organization Peterman Transportation

P.O. Box, Bldg., Room No., if any

Street 14444 Northeast 199th St

City Battleground

State Washington ZIP Code + 4 98604

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

School bus drivers

12.b. Identify subject labor organizations:

Name of Person Filing: Rebecca Smith

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:

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

Employer Phil Wilson

P.O. Box 1529

Trade Name Labor Relations Institute

Street 7850 South Elm Place

Attention To Phil Wilson

City Broken Arrow

Title President

State Oklahoma ZIP Code + 4 74013

5.b. Termination Date 9/8/11

5.c. Amount 6,831

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,831

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

Rebecca	M	Smith	5,513	1,317	6,830	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:					6,830	14. Total Disbursements (Sum of Items 8-13)	6,830

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