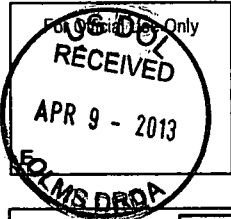


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

525675

1. File Number C- 00714	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 01/01/2012 Through: Month/Day/Year (mm/dd/yyyy) 12/31/2012
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	Eric Funston
Title	SEO Solutions Co, LLC
Organization	
P.O. Box, Building and Room Number, if any	
Street	4613 E. 13th Street
City	Tulsa
State	Oklahoma ZIP Code + 4 74112
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 (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title	President	Title	
On 03/29/2013	918-836-5111	On	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Eric Funston	File Number C- 00714
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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:

Employer <u>Labor Relations Institute, Inc</u>	P.O. Box, Building and Room Number, if any <u></u>
Trade Name <u>LRI</u>	Street <u>7850 South Elm Place</u>
Attention To <u>Phillip</u> <input type="checkbox"/> <u>Wilson</u>	City <u>Broken Arrow</u>
Title <u>President</u>	State <u>Oklahoma</u> ZIP Code + 4 <u>74011</u>

5.b. Termination Date  5.c. Amount 208,395

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 208,395

**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	
<u></u>	<u>153,562</u>	<u>54,833</u>	<u>208,395</u>	9. Office and Administrative Expenses <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	10. Publicity <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements <u></u>
8. Total disbursements to officers and employees:			<u>208,395</u>	14. Total Disbursements (Sum of Items 8-13) <u>208,395</u>

**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: <u></u>	15.b. Trade Name, If any: <u></u>
15.c. To Whom Paid	15.d. Amount <u></u>
Name <u></u> <input type="checkbox"/> <u></u>	15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>
Title <u></u>	
Organization <u></u>	
P.O. Box, Building and Room Number, if any <u></u>	
Street <u></u>	
City <u></u>	
State <u>Washington</u> ZIP Code + 4 <u></u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	