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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 08-31-2016

This report is mendatory 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 persona 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)

required of persons architeming Labor Relations Consultants and Other Individuals and Organizations, Under	section ZU3(b) of the Lisbor-Management Relations and Disclosure Act of 1959, as emended. (LMRDA)									
For RESIDENCE	LY BEFORE PREPARING THIS REPORT									
555 363										
1 . File Number C- 00714	2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy) (mm/dd/yyyy)									
	By This Report From: 01/01/2013 Through: 12/31/2013									
A. Person Filling	<u> </u>									
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:									
Name Eric Funston	Name									
Title President	Title									
Organization SEO Solutions Organization										
P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any										
Street 4613 E. 13th Street	Street									
City Tulsa	City									
State Oklahoma ZiP Code + 4 74112	State ZIP Code + 4									
State Oktationa 217 Code + 4 74112	ZIP Code + 4									
Signatures										
Each of the undersigned declares, under penalty of perjury and other applicable penaltie information contained in any accompanying documents) has been examined by the correct, and complete. (See the section opportunities in the instructions).	es of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,									
17. Signed President	18. Signed Treasurer									

Title

Date

(if other title, see

instructions)

On

Title President

04 / 28 / 2014

Date

918-836-5111

Telephone Number

(If other title, see

instructions)

Telephone Number

Name of Person Filing: Eric Funston						File Number C- 00714						
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 Labor Relations Insstitute, Inc												
Trade Name	LR				Street 7850 South Elm Place							
Attention To	Ph	illip Wi	lson		City [Broken Arrow						
Title President State Oklahoma ZIP Code + 4 74011									74011			
5.b. Termination Date 5.c. Amount												
												
6. TOTAL RECEIPTS FROM ALL EMPLOYERS												
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.												
(a) Name	o Um	cers and Employees:	(b) Salary	(c) Expenses ((d) Totals							
	JC		63,001	23,556	86,55	7 9. Office and A	Administrative Expenses	Ī				
					<u> </u>	10. Publicity						
						11. Fees for Professional Services						
				0		0 12. Loans Made	12. Loans Made					
						13. Other Disbursements						
8. Total disburser	Total disbursements to officers and employees:				86,55	7 14. Total Disbur	14. Total Disbursements (Sum of Items 8-13) 86,					
D Cabadula at 1												
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 N	ame				15.b. Tra	de Name, If any:	· ·					
		··						\neg	1			
15.c. To Whom Paid 15.d. Amount												
	Name 15.e. Purpose											
Title	Title											
Organization												
P.O. Box, Building and Room Number, if any												
- The state of the												
Street												
City												
State		ZI	P Code + 4		–ı∏	ı 📗						
16 TOTAL DISB	URS			VITY								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY												

Form LM-21 (2003)