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 09-30-2011



1. File Number:

Person Filing

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.

Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:		
Name James H S	Strong	Name		
Title President (Retired)	)	Title		
Organizătion Labor Crisis, Inc.		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 4105 Rolling Knolls		Street		
City Parker		City		
State Texas	ZIP Code + 4 75002	State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:			
/	a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangemen	t			
6. Full name and address of employer w	ith whom made (include ZIP Code):	7. Date entered into:		
Name Phillip B Wil	lson			
Organization Labor Relations	Institute	Name of person(s) through whom made:		
Trade Name, if any		Name		
P.O. Box, Bldg., Room No., if any		Name		
Street 7850 South Elm Place,	Suite E	Name		
City Broken Arrow		Name		
State Oklahoma	ZIP Code + 4 74011	Name		
	Signa	tures		
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 Signed Signed	President (If other title, see	14. Signed Treasurer		
Title President	(If other title, see instructions)	Title Treasurer (If other title, see instructions)		
On 7/8/2010 214	4-547-8993	On		
Date	Telephone Number	Date Telephone Number		
Form LM-20 (2003)		Page 1 of 2		

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Filer:	James Strong	Labor Crisis, Inc.	File Number C-
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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.):

No direct agreement or arrangement was entered into with the employer. Acted solely as an agent for Labor Relations Institute.

## Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
  - a. Nature of activity:
  - 1. Conducted research and provided information to the employer for use in their discussions with employees.
- 2. Presented films provided by LRI to employees selected by the employer and answered any questions presented from employees.
- 3. Assisted senior management in preparation for final speech to employees prior to the NLRB election.

11.c. Extent performed:		
Completed		
Additional Name and address through whom performed, if any:		
Name Paul Bilunas		
Organization Tankstar USA, Inc.		
P.O. Box, Bldg., Room No., if any		
Street 1801 Lonestar Drive		
City Dallas		
State Texas ZIP Code + 4 75212		
12.b. Identify subject labor organizations:		
International Brotherhood of Teamsters, Local 745		