

FORM LM-20 AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

441025

1. File Number: C-702

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name F T Sprunger	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization Sprunger & Associates, LLC	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 208 E. 113th Street	P.O. Box, Bldg., Room No., if any
City Jenks	Street
State Oklahoma	City
ZIP Code + 4 74037	State
ZIP Code + 4	ZIP Code + 4
4. Date fiscal year ends:	
Dec / 10	
5. Type of person:	
a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	
Organization Andersen Corporation	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street 100 Fourth Avenue North	
City Bayport	
State Minnesota	
ZIP Code + 4 55003	
7. Date entered into: 11 / 11 / 2010	
8. Name of person(s) through whom made:	
Name Allen Bernick	
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 F. T. Sprunger President
(If other title, see instructions)

Title President

14. Signed _____ Treasurer
(If other title, see instructions)

Title Treasurer

On 12/16/2010 918-629-1959
Date Telephone Number

On _____
Date Telephone Number

Filer: F Sprunger Sprunger & Associates, LLC	File Number C-
---	----------------

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.):

Oral Agreement. Paid on a daily basis, plus appropriate expenses.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: 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.	
11.b. Period during which performed: various days 11/15 to 12/9/2010	11.c. Extent performed: Fully performed
11.d. Name and address through whom performed: Name Organization Labor Relations Institute P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74013	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: Production Workers	12.b. Identify subject labor organizations: Auto Workers