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



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. 1. File Number: **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Eric A Funston Title Title Owner Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 4613 E. 13th Street City City Tulsa ZIP Code + 4 74112 State Oklahoma State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify): Dec **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 13 / 2010 Name David Kephart 8. Name of person(s) through whom made: Organization Kephart Trucking Name David Kephart Trade Name, if any Name P.O. Box, Bldg., Room No., if any P.O. Box 386 Name Street Route 322 West City Bigler Name ZIP Code + 4 16825 State Pennsylvania Name

Signatures						
Each of the undersigned declares, under penalty of perjuithe information contained in any accompanying documentrue, correct, and complete. (See Section III on penalties	ts) has been examine					
Title Sole Proprietor	President (If other title, see instructions)	14. Signed	·		Treasurer (If other title, see instructions)	
On 7/6/10 9/8-836-5.  Date Telephone Number		On	Date	Telephone Number		

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Filer: Eric Funston	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.					
<u> </u>					
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):					
Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain colletively. Terms are \$187.50 per hour plus expenses.					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity:					
To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.					
11.b. Period during which performed:	11.c. Extent performed:				
Various Days Beginning 5/24/10	Fully Performed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
	Name				
Name	Name				
Organization Lri Counsulting Services Inc.	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 7850 South Elm Place Suite E	Street				
City Broken Arrow	City				
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Drivers	Teamsters				