

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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:

c-534

469962

Person Filing

2. Name and mailing address (include ZIP Code):

Name WILLIAM E. SCOTT
Title OWNER - INDIVIDUAL
Organization SCOTT LABOR CONSULTING
P.O. Box, Bldg., Room No., if any N/A
Street 1032 MEDA ST.
City MEMPHIS
State TN. ZIP Code + 4 38104

3. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4
N/A

4. Date fiscal year ends:

9-1-2012

5. Type of person:

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name L.R.I.
Organization LABOR RELATIONS INSTITUTE
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 7850 SOUTH ELM PLACE
City BROKEN ARROW
State OK. ZIP Code + 4 74011

7. Date entered into:

10/14/2011

8. Name of person(s) through whom made:

Name DON WALSON
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

William E. Scott

President
(If other title, see instructions)

Title

President - OWNER

14. Signed

N/A

Treasurer
(If other title, see instructions)

Title

Treasurer

On

11-9-11

Date

Telephone Number 901-581-2814

On

Date

Telephone Number

Filer:

WILLIAM E. SCOTT

File Number C- 534

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.):

\$1250.00 PER DAY X 4 DAYS
 PERSUADE EMPLOYEES NOT TO AUTHORIZE
 TEAMSTERS UNION (ALBUQUERQUE, N.M.)
 OR SUPPORT THEM IN ANY WAY

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity: PERSUADE EMPLOYEES NOT TO BE
 A PART OF ANY UNION.

11.b. Period during which performed:

10-16-11 THRU 10-19-11

11.c. Extent performed:

BEST OF ABILITY

11.d. Name and address through whom performed:

Name

WESTERN REFINING

Organization

P.O. Box, Bldg., Room No., if any

Street

2040 BROADWAY

City

ALBUQUERQUE

State

N.M.

ZIP Code + 4

87105

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:

DRIVERS

12.b. Identify subject labor organizations:

TEAMSTERS