*ய.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. 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) 273206 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 110 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 Eric Vanetti Name Title Title Owner Organization SEO Solutions LLC Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 341 Crown Point Drive Street City City Centerville State Ohio **ZIP Code + 4** 45458 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: a. Individual b. Dec 31 Partnership C. Corporation Other (Specify): **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2018 Name 8. Name of person(s) through whom made: Organization ONE Gas, Inc. Name Joanne 11142 Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street PO Box 21049 City Tulsa Name ZIP Code + 4 State OK 74103 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 ongenalties in the instructions.)								
13. Signed	(m		President (If other title, see	14. Signed _			Treasurer (If other title, see	
Title	Owner		instructions)	Title _	 		instructions)	
On	6/15/2018			On				
	Date	Telephone Number			Date	Telephone Number		

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Filer: SEO Solutions LLC	File Number C- 714						
Check the appropriate box to indicate whether an object of the activities under	rtaken, is directly or indirectly:						
To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain						
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.):						
Verbal agreement made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.							
Specific Activities to be Performed							
11. For each activity, separately list in detail the information required (See instructions):a. Nature of activity:							
Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.							
11.b. Period during which performed:	11.c. Extent performed:						
various days beginning 5/11/18 11.d. Name and address through whom performed:	Fully Performed Additional Name and address through whom performed, if any:						
Name Phillip B Wilson	Name						
-	Name						
Organization LRI Consulting 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:						
various employees	pre-petition						