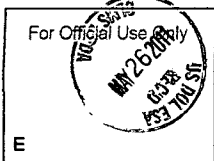


# FORM LM-20

## 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.

1. File Number: C- 702

<b>Person Filing</b>	
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 / 11	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

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Dick Sferry	7. Date entered into: 4 / 7 / 2011
Organization Jantech Building Services	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 4963 Schaaf Lane	Name
City Brooklyn Heights	Name
State Ohio	Name
ZIP Code + 4 44131	

### 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 J. T. Sprunger President  
(If other title, see instructions)  
Title President

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Treasurer

On 16 MAY 11 918.629.1959  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

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, if successful, for persuasion and other related activities.

**Specific Activities to be Performed**

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

a. Nature of activity:

Direct persuasion and other related consulting activities.

11.b. Period during which performed:

various days beginning 07 April 11

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Phillip Wilson  
Organization LRI Consulting Services, Inc.  
P.O. Box, Bldg., Room No., if any P.O. Box 1529  
Street 7850 South Elm Place  
City Broken Arrow  
State Oklahoma ZIP Code + 4 74037

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:

Regular fulltime and part-time employees

12.b. Identify subject labor organizations:

Steelworkers, Paper, Rubber, Manufacturing,  
Energy Workers