

# Agreement and Activities Report

## U.S. Department of Labor

Office of Labor-Management Relations



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001  
12/31/86

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).

File No. C. 561

### A. Person Filing

1. Name and mailing address (include ZIP code): SJE PARTNERS, LLC 11509 BRIDGETENDER DRIVE RICHMOND, VA 23233		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12/31/02	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

### B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): MURPHY BROWN P.O. BOX 856 WARSAW, NC 28398		6. Date entered into: SEPTEMBER 30, 2002	
		7. Names of persons through whom made: JIM LUDS, SR. VP OPERATION	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.			
9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Compensation would be @ Hourly RATE, plus expenses			

### C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):		
a. Nature of activity: INFORMATIONAL PRESENTATIONS INFORMATIONAL CONVERSATIONS		
b. Period during which performed: 9/30 - PRESENT/on-going	c. Extent performed: On-Going	
d. Names and addresses of persons through whom performed: SELF EMPLOYED STEPHEN J. ENRIGHT SJE PARTNERS, LLC		



11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:  
 (a) Members of proposed bargaining unit - DRIVERS, MECHANICS + support staff  
 (b) Local 301 Teamsters

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.			
Signed: [Signature] President		Signed: [Signature] Treasurer	
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City: Richmond	State: Va	City:	State:
Date: 10/26/02		Date:	