Agreement and Activities port 6.00

U.S. Depar ent of Labor Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188

result in criminal prosecution; fines and civil penal	ties as provid	ed by 29 U.S.C. 439, 440.	Expires 11-30-2002
Required of Persons, including Labor Relations Consultant: Under Section 203(b) of the Labor-Management Reporting			File No. C. 233
A. Person Filing			
. Name and maling address (include ZIP code):	2. An	y other address where records nec	assary to verify this report are kept:
R.T. Blankenship & Associates	3	n/a	
540 N. Madison Ave.		11/ a	
P.O. Box 306			
3. Date fiscal year ends: 4. Type of person:	b □ Partn	ership c. □ Corporation d.	Other (Specify):
12-31-00	b. 🗆 raidi	ersnip c. 🗆 corporation c.	
Nature of Agreement or Arrangement Full name and address of employer with whom made	(include 71P co	da): 6. Date entered into:	
S. Powell Construction Co.	(11101000 211 001	5-24-00	
P.O. Box 116		7. Names of persons thro	ough whom made:
Weirton, WV 26062			
Check the appropriate box to indicate whether an objection.	ct of the activit	James Gribb	
a. To persuade employees to exercise or not			
organize and bargain collectively through re	presentatives	of their own choosing.	mailler of exercising, the right to
b. To supply an employer with information cond dispute involving such employer, except info or a criminal or civil judicial proceeding.	erning the acti	vities of employees or a labor orga	nization in connection with a labor ninistrative or arbitral proceeding
9. Terms and conditions (Explain in detail; see Part 8-9 of	finstructions):		
1. Conduct meetings with the	employe	r's employees in an	offert to oduante
them regarding being memb	ers of a	labor organization	errore to educate
2. Represent employer in unf	air labo	r practice proceedi	ngs.
C. Specific Activities to be Performed		-	
10. For each activity, separately list in detail the informati	on required (Se	e Part C-10 of instructions):	
a. Nature of activity:			
See "9" above			
b. Period during which performed: c.	Extent perform	ed:	2100
b. Period during which perioritied.			JA (S
5-24-00 through present	complete	d	AUG P
 d. Names and addresses of persons through who 	m performed:		2 5
Employees of R.T. Blankenship	& Assoc	iates	A Be
11. Identify (a) Subject employees, groups of employees,	and (b) labor o	organizations:	B O B I W B F
		10	E GUE I V E
West Virginia Regional Counci	I of Car	penters	SEP 8 2000
D. Verfication and Signature. The person in item 1 at that all information in this report, including all attachments to the best of his knowledge and belief, true, correct, and	s incorporated t	of his undersigned authorized office herein or referred to in this report, h	rs declares under penalty of law, as been examined by him and is,
Signed: Sand	Procident	Signed:	Treasurer
(If other title, cross out and write in correct title above.)	President	(If other title, cross out and write in	
	Date		
at: Greenway The	n:8-18.00	City S at:	State Date on:

U.S. Department of Labor

Office of Labor-Managerr

tandards



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. 233

	(-)	•	3		· .		
A. Person Filing	J						
1. Name and ma	ling address (inclu	ide ZIP code):		2. Any other	er address where recor	ds necessary to verify thi	s report are kept:
R.T. Bl	ankenshir	& Associ	ates	27 / 7			
540 N.	Madison A	ve., P.O.	Box 306	N/A	A		
Greenwo	od, IN 4	6142					
3. Date fiscal year	r ends:	4. Type of perso	n:				
12-31-0	0	a. 🗆 Individ	dual b. 🗆 Par	tnership o	c. Corporation	d. Other (Specify):	
B. Nature of Ag	reement or Arran	gement					
5. Full name and	address of employ	er with whom mad	le (include ZIP code	e):	6. Date entered into	:	
ProCraf	t Laminat	ions			9-25-	00	
		P.O. Box	185		7. Names of persons	through whom made:	
Marine	City, MI	48039				ddel, Pres.	
					is directly or indirectly:		
		o exercise or not to sentatives of their		ade employee:	s as to the manner of e	xercising, the right to org	anize and bargain
	employer, except					n in connection with a lab proceeding or a criminal o	
9. Terms and cond	ditions (Explain in a	detail; see Part B-9	9 of instructions):				
1.	Conduct	meeting w	ith the er	nnlover	s employees	in an effor	t to
1.	educate	them rega	rding beir	ng membe	ers of a lab	or organizat	ion.
2.	Represen	t employe	r in unfai	ir labor	practice p	roceedings	
	1.001.0001.	omproje			. practice p	rooccariigo.	
			0.00				
C. Specific Activ	ties to be Perfor	med					
For each activ	ty, separately list	in detail the inform	nation required (See	Part C-10 of in	structions):		
a. Nature of a	ctivity:						
C 0	-1						
See "9"	above	2					
		7				*	
b. Period durir	ng which performed	d:	c. Extent perfo	rmed:		1	
9-25-00	to prese	nt					
d. Names and	addresses of pers	ons through whom	n performed:				
Employe	es of R T	Blanken	ship & Ass	sociates		IT RO	
пиртоус	CD OI N.I	· Diamen	BIIIP & ABE	SOCIACES	,	10 B B	BIWBI
						11051	3
 Identify (a) Sub 	ect employees, gr	roups of employee	s, and (b) labor orga	anizations:		IIII NOV	2 0 0000
United	Brotherho	od of Car	penters			1-4 1101	2 8 2000
						110	
						OLMS	DOL/ESA S/DOE/SRD
. Verification and ormation in this repnowledge and believed.	ort, including all a	attachments incor	above and each of i	his undersigne referred to in t	d authorized officers d his report, has been ex	eclares, under penalty o kamined by him and is, to	f law, that all in- o the best of his
igned:	01	1		Signed:		*	
1/4	Star	A Company of the Comp	President		*	\ <u>\</u> <u>\</u> <u>\</u>	Treasure
	ut and write in cor				cross out and write in c		•
City		State	Date		City	State	Date

on:

Agreement and Activities port

U.S. Depar ent of Labor

Employment Stanuards Administration Office of Labor-Management Standards



6 .00 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.

Form approved - OMB No. 1215-0188 Expires 11-30-2002

A. Person Filing						
1. Name and maling address (Include Zi R.T. Blankenship & A 540 N. Madison Ave. P.O. Box 306	P code): .ssociates	2. Any other	n/a	ecessary to verify this report are kep		
Greenwood, IN 46142						
	ype of person:			(6		
12/31/00	. To Individual	b. Partnership	c. Corporation	d. Cother (Specify):		
B. Nature of Agreement or Arrange			La Bata antonidista			
5. Full name and address of employer		nclude ZIP code):	6. Date entered into: 4-12-00			
American Feed & Farm Supply 1533 Knox			7. Names of persons through whom made:			
N. Kansas City, MO 64116			Eugene Duren			
8. Check the appropriate box to indica a. To persuade employees t				rectly: e manner of exercising, the right to		
organize and bargain colle b. To supply an employer with	ectively through rep n information conce ployer, except infor	resentatives of their rning the activities o	own choosing. employees or a labor or	ganization in connection with a labo administrative or arbitral proceeding		
9. Terms and conditions (Explain in de	tail; see Part 8-9 of i	nstructions):				
1. Conduct meetings them regarding be	with the e eing member	mployer's e s of a labo	mployees in an r organization	effort to educate		
2. Represent employ	yer in unfa	ir labor pr	actice proceed	lings.		
C. Specific Activities to be Perfor						
10. For each activity, separately list in	detail the information	n required (See Part (:-10 of instructions):			
a. Nature of activity: See "9" above				USBOL/ PGH/		
b. Period during which performe	ed: c. E	xtent performed:		32		
4-12-00 through prese	ent	completed		o o		
d. Names and addresses of per	sons through whom	performed:		W		
	Employe	es of R.T. 1	Blankenship &	Associates		
11. Identify (a) Subject employees, gro Teamsters Local No. 5		nd (b) labor organiza	tions:	SEP 8 2000		
D. Verfication and Signature. The that all information in this report, include	person in item 1 abo	ove and each of his ur	ndersigned authorized offi	-		

Signed:		Signed:		
Kan Bland	President			Treasurer
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)		
City / State	Date	City	State	Date
at: Creenna M	on: 8-18-00	at:		on: