

OMB No. 1214-000 02/29/9

Under Section 203(b) of the Labor-I	Management Reporting and D	isclosure Ac	t of 1959, as an	nended (LMRDA	)	c. 0530
A. Person Filing		10 :				e. able and a land
John L. Sullivan, Sullivan + Associates 2701 Trelawny Dri Clarksville TN 3	\$		A A	here records ne	cessery to veri	fy this report are ke
3. Date fiscal year ends:	4. Type of person:					
12/31/2002	a. 🗆 Individual b.	☐ Partners	ship c.	Corporation	d. 🗆 Other (S	pedify):
B. Nature of Agreement or Arra	ingement					
5. Full name and address of emple Airs tream Inc. 417 West Pike St Jackson Center O.	treet H 45334		7. Nan	entered into: 13/2002  nes of persons that Bruit of dispetts or indirectly or indirect	hrough whom n	nade:
Check the appropriate box to it     a. To persuade employee collectively through rep     To supply and employee dispute involving such criminal or civil judicial	ndicate whether an object of s to exercise or not to exercise presentatives of their own choor with information concerning employer, except information proceeding.	se, or persua cosing. g the activition for use sole	se of employees	s or a labor orga	nization in con	nection with a labo
		uctions):	1 -	Ca HIE	120 20	
9. Terms and conditions (Explain  One Consultant	-for 10 wor	Hing	Days	01 415	200.00	
and the late of the D	adamad					
C. Specific Activities to be P  10. For each activity, separately	let in detail the information of	aquired (See	Part C-10 of ins	structions):		
a. Nature of activity: DINENTACE WIT	th employees	for q	uestions	and a	ans we	rs.
b. Peroid during which per	ormed: c. Extr	mple	d: Le d			
6/13 - 6/26/200						
Khanh Tran - 7		ake For		92630	)	
11. Identify (a) Subject employe			rganizations:			- 4
a) Airstream, Inc	. employees nd Autoworke	v:s				AUG 1 2 2002
D. Verfication and Signature	. The person in item 1 above	and each o	of his undersign	ed authorized of	fficers declares	s, under penalty of
that all information in this report, to the best-of-hie knowledge and			nerein or referre	d to in this repo	rt, has been ex	amined by him and
Signed:	onioi, aud, correct, and cor		Signed:	Aug :	Sul Qui	20
(If other title, cross out and write	in correct title above )	President	(If other title >	ross out and wri	7	TIBES
at/Clarx5ville	State Da	2/1/02	at: Clark	sville	State	Date //
Public reporting burden for this coll searching existing data sources, gat regarding this burden estimate or ar Management Standards, Department Paperwork Reduction Project (1214-0	of Labor, Room N5625, 200 Con	red to average needed, and n of informati stitution Aven	e 20 minutes per completing and on, including sug ue, N.W., Wash., i	response, includi reviewing the coll gestions for reduc 0.C. 20210; and to	ing the time for ection of informa- ting this burden, to the Office of Ma	reviewing instruction ation. Send commen to the Office of Labo anagement and Budg



OMB No. 1214-000 02/29/9:

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. 0530

A. Person Filing				
1. Name and maling address (inclu	de ZIP code):	2. Any other a	address where records necessary to verify thi	s report are ke
John h. Sullivan		17/4	1	
Sullivan & Associate	5	NIA		
Oullivan & Associate 2701 Trelawny Driv Clarksville TN	30043			
3. Date fiscal year ends:	4. Type of person:	1	1	
12-31-2002	a. 🗆 Individual b. 🗆	Partnership	c, ☐ Corporation d. ☐ Other (Spedi	fy):
B. Nature of Agreement or Arra	angement			
5. Full name and address of empl	oyer with whom made (include	ZIP code):	6. Date entered into:	
Precision titting	inc:		6-10-2002	
Precision Fitting - 199 North Main Wellington OH  8. Check the appropriate box to in	Street		7. Names of persons through whom made:	:
Wellington Off	44090	antivitina unda	Men honul	
a. 💢 To persuade employee:	s to exercise or not to exercise,	or persuade en	rraken, is directly or indirectly: apployees as to the manner or exercising, the r	ight to organize
	resentatives of their own choos		mplayees or a labor ergenization in connection	on with a labor
			imployees or a labor organization in connection in connection with an administrative or arbitral p	
criminal or civil judicial			or a blad p	nooccaning or c
9. Terms and conditions (Explain	in detail; see Part B-9 of instruct	tions):	1	/
Une Consultant-	for 17 Working	gday5	and one additional	7)
Consultant for	2 days fan i	\$25 000	00	
	15 .07	145,000		
C. Specific Activities to be Pe	rformed			-
10. For each activity, separately li		ired (See Part C	-10 of instructions):	
	or in dottan in o innormation rodge		or modeloney.	7
a. Nature of activity:	l'a sa sant	- 1/-	loss no vided by	1 Paralauri
and caprive aud	Gence meens	90, 300	w videos provided by	1 - mpinger
and wisher go	(PS 77075.	/.	,	
Circulate with	employees for	guestio.	ns and answers.	
b. Peroid during which perfo	rmed: c. Extent p	pérformed:	ns and answers.	
6/10- 1/9/200	2 Com,	pleted		
d. Nam,es and addresses of	persons through whom perform	ned:		
) Joey Smith - 90	of GIRSTVEET	100, CO1	umbus MS 39701	
John L. Sullivan	- Same as #	/		
John L. Sulli Van 11. Identify (a) Subject employees	groups of employees, and (b)	labor organizat	tions:	
a) Precision Fitting	a production a	and ma	intenance employees	
5 Mark - +	production a	is ina	intervance employees	
U) II lachinisis an	d Herospace V	Corker	1 '	
D. Verfication and Signature.	The person in item 1 above and	each of his un	dersigned authorized officers declares, under	
to the best of his knowledge and b	cluding all attachments incorpo	orated therein or	dersigned authorized officers declares, under r referred to in this report, has been examined	by him and is
Signed:	oner, true, correct, and complet	.0.		,
		Signed:	5.000	
(If other title, cross out and write in	correct title above.)	sident (If other	John Julluan	Treasure
//	State Date	( 01.101	title, cross out and write in correct title above	
Public reporting burden (	//\ on: 7-/	10-00 at /	// State	Date
searching existing data sources, gather	ion of information is estimated to	average 20 minu	ites per response, including the time for reviewing	n: 10-00
Management Standards, Department of	other aspect of this collection of int	formation, includ	ng and reviewing the collection of information. Seing suggestions for reducing this burden to the	and comments
aparwork reduction Project (1214-000)	1), Wash., D.C. 20503.	A Avenue, N.W.,	ites per response, including the time for reviewing and reviewing the collection of information. Seing suggestions for reducing this burden, to the Of Wash., D.C. 20210; and to the Office of Management	nt and Budget,



OMB No. 1214-000 02/29/9:

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. 0530

A. Person Filing					
1. Name and maling address (include	le ZIP code):	2. Any other a	ddress where records	necessary to verify this	report are ke
John L. Sullivan	م مار		1		
Sullivan & Associa	¥€ 5	N/I	A		
2701 Trelawny Dr	1143	1			
3. Date fiscal year ends:	4. Type of person:				
12/31/2002	a. 🗆 Individual b. 🗆	Partnership	c. Corporation	d.   Other (Spedify	y):
B. Nature of Agreement or Arra	ingement				
5. Full name and address of emplo	yer with whom made (include	ZIP code):	6. Date entered into:		
Mc Farling toods	+		6/3/2007		
333 W. 14th Street	21			through whom made:	
Indianapolis I	N 46202		Mike Mct	arling	
Check the appropriate box to in     To persuade employees	dicate whether an object of the	activities under	taken, is directly or inc	lirectly:	ht to organize
collectively through rep	resentatives of their own choos	sing.	ployees as to the main	er or exercising, the rig	in to organize
<ul> <li>b.     To supply and employer</li> </ul>	r with information concerning th	ne activities of e			
	employer, except information fo	or use solely in c	onjunction with an adm	inistrative or arbitral pro	oceeding or a
criminal or civil judicial					
9. Terms and conditions (Explain in One Consultant Consultant for	n detail; see Part B-9 of instruct	tions):	a and re	of additi	and
One consultant	tor 16 works	ngady	> una or	ic acaiii	0/141
consultant for	one day tor	#25.0	00.00.		
Cornster.	1				
C. Specific Activities to be Pe	rformed				
10. For each activity, separately list	st in detail the information requi	ired (See Part C-	10 of instructions):		
a. Nature of activity:  1) Hold Captive a  employer and a	,	11 -	1	o Dravidad	1 6
1) Hold captive a	udience mee	ting 3,	Show VIOCO	S provided	04
employer and a	nswer quests	2015.			,
3 Complete with	21 / 200 - 6				
b. Peroid during which perfor	EMPINATE > TOO	guesno	ons and a	15WPF 31	
6/3 - 6/24/2002 d. Nam,es and addresses of	Côm	pleteol			
o. Nam,es and addresses of	persons through whom perform	ned:	1100 TV	7-31/3	
Lee Bell - 1022.	3 Sunridge IV	ail, Da	allas IX	15245	
Charles K. Smith -	201 Gaulone N	n Palu	whis ms 2	000 7	
11. Identify (a) Subject employees	groups of employees and (h)	labor organizati	iona:	9702	He
MeFarling Foods ;	Food Processing	employed	es +	OTN OTN	Red CE
2) -		, ,		low s	3 3
) leamsters Loca,	1 135			YOA	
D. Verfication and Signature	The person in item 1 above see	d a b d b - 1		fficers declared and	
that all information in this report, in to the best of his knowledge and be	cluding all attachments incorpo elief, true, correct, and complet	orated therein or	referred to in this repo	rt, has been examined b	enalty of law by him and is
Signed:	1	Signed:		m_	
	Pre	sident	Jollyn Jul	Our	_
(If other title, cross out and write in	correct title above.)	/	title, cross out and write	te in correct title above.)	Treasure
at City Sille	itate Date	/	City	State	
Public reporting burden for this collection	ing of information on: 7/1/	02 at: (/	20K6/11/0 -	71/	Date /
Public reporting burden for this collecti searching existing data sources, gatheri regarding this burden estimate or any o Management Standards, Department of L Paperwork Reduction Project (1997)	ng and maintaining the data need	average 20 minu	tes per response, includir	ng the time for reviewing	instructions
regarding this burden estimate or any o Management Standards, Department of L Paperwork Reduction Project (1214-000)	ther aspect of this collection of in abor, Room N5625, 200 Constitution	formation, includi	ng suggestions for reduci	ction of information. Sent	d comments
1214-0001	), wash., D.C. 20503.		vasn., D.C. 20210; and to	the Office of Management	and Budget,



OMB No. 1214-000 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. Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are ke John L. Sullivan Sullivany Associates 2701 Trelawny Drive Clarksville TN 3704 3. Date fiscal year ends: c. Corporation d. Cother (Spedify): b. Partnership a. Individual 12/31/2002 **B. Nature of Agreement or Arrangement** 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 5-16-2002 Trelle borg 61 State Route 43 7. Names of persons through whom made: Hartville OH 446.32 Chnistopher Christ 8. 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 or exercising, the right to organi collectively through representatives of their own choosing. b. 

To supply and employer with information concerning the activities of employees or a labor organization in connection with a labor organization. dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or criminal or civil judicial proceeding. 9. Terms and conditions (Explain in detail; see Part B-9 of instructions):
Two Consultants for 19 working days and one additional
Consultant for one day for \$72,000.00. C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): I Had Captive audience meetings, show videos provided by employer, and answer questions. D. Peroid during which performed: | c. Extent performed: | Completed d. Nam, es and addresses of persons through whom performed:

Charles K. Smith - 201 Gaylane Drive, Columbus M539102

Charles K. Smith - 201 Gaylane Drive, Clarksville TN 31043

Thanh Tran - PO BOX 1501, Lake Forest CA 92630 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: a) Trelleborg Employees United Steelworkers D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of I that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and to the best of his knowledge and belief, true, correct, and complete. Signed: President Treas

At: Cart SVI Con: 4/3/2 at: Ca

(If other title, cross out and write in correct title above.)

(If other title, cross out and write in correct title above.)



OMB No. 1214-000 02/29/9

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. 0530

Person Filing				
Name and maling address (incl.	de ZIP code):	- 1 1	address where records necessary to	o verify this report are k
John L. Sullivan Sullivan & Associat	25	NH		
Sullivan 4 HSSocial	NP			
2701 Trelawny Dr	200112			
Janksville TN .	4. Type of person:			
Date fiscal year ends:			~	
2/31/2002	a. 🗆 individual	b.   Partnership	c. Corporation d. □ Oth	er (Spedity):
. Nature of Agreement or An	angement		le Data astered into:	
Full name and address of emp	loyer with whom made (i	include ZIP code):	6. Date entered into:	
LOOMIS FARGO CE	. ]		4/29/2002	
1601 Hylton ROO	d		7. Names of persons through w	nom made:
Pennsauken W	J 08110		ertaken, is directly or indirectly:	
. Check the appropriate box to	indicate whether an object	ct of the activities unde	ertaken, is directly or indirectly:	ining the right to eroon
a. To persuade employe	is to exercise of not to ex	e chaosing	mployees as to the manner or exerc	
2	presentatives of their own	oming the activities of	employees or a labor organization i	n connection with a lab
b.   10 supply and employ	emolover except inform	nation for use solely in	conjunction with an administrative	or arbitral proceeding of
. Terms and conditions (Explain	in detail- see Part R-9 of	instructions):	1 2 2	11 +
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Two Consultan	13 701 13	2000	1	
Two Consultan	C \$ \$ 40.0	00.00	l .	
for one day	for \$140,0	00.00	1	
For one day	for \$140,0	00.00	ays and one con	
		00.00	1	
O Consider Activities to be	Performed	· · · · · · · · · · · · · · · · · · ·		
C. Specific Activities to be	Performed list in detail the informati	ion required (See Part	C-10 of instructions):	
C. Specific Activities to be	Performed list in detail the informati	ion required (See Part	C-10 of instructions):	
C. Specific Activities to be	Performed list in detail the informati	ion required (See Part	C-10 of instructions):	
C. Specific Activities to be t	Performed list in detail the informati	ion required (See Part	c-10 of instructions): w videos provided	by employer
C. Specific Activities to be t	Performed list in detail the informati	ion required (See Part	c-10 of instructions): w videos provided	by employer
C. Specific Activities to be t	Performed  list in detail the information  audience, Management of guestions  the employees	ion required (See Part neetings, sho for quest	c-10 of instructions): w videos provided	by employer
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C. Specific Activities to be to compare the compare of activity.  a. Nature of activity:  b. Peroid during which personal and	Performed  list in detail the information and ience. Many strains the employees formed: C.	ion required (See Part  Neetings, Sho  for quest  Extent performed:	c-10 of instructions): w videos provided	by employer
C. Specific Activities to be to compare the compare of activity.  a. Nature of activity:  b. Peroid during which personal and	Performed  list in detail the information and ience. Many strains the employees formed: C.	ion required (See Part  Neetings, Sho  for quest  Extent performed:	c-10 of instructions): w videos provided	by employer
a. Nature of activity:  D. Hold captive and answer  Circulate with b. Peroid during which per	Performed  list in detail the information and ience. My guestions the employees formed: C.	ion required (See Part Neetings, Sho For guest Extent performed: Lompleted	c-10 of instructions): w videos provided tions and answer	by employer,
a. Nature of activity:  D. Hold captive and answer  Circulate with b. Peroid during which per	Performed  list in detail the information and ience. My guestions the employees formed: C.	ion required (See Part Neetings, Sho For guest Extent performed: Lompleted	c-10 of instructions): w videos provided tions and answer	by employer,
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a. Nature of activity:  a. Nature of activity:  b. Peroid during which per the second and answer to be period during which per the second answer to be period during which per the second answer to be period during which per the second and addresses the second and the second an	Performed  list in detail the information of persons through whom the property of the persons through whom the persons through the persons the persons through the persons through the persons through the persons through th	ion required (See Part  neetings, sho  for quest  Extent performed:  I performed:  St. #6317, L	c-10 of instructions):  w videos provided  tions and answer  -os Angeles CA 900	by employer,
c. Specific Activities to be  o. For each activity, separately  a. Nature of activity:  D. Hold captive  and answer  d. Circulate with  b. Peroid during which per  4/29 - 5/15/2000  d. Names and addresses  Gerri Ransom - 2  Joey Smith - 90 a	Performed  list in detail the information and ience. My guestions the employees formed: c. and a superior of persons through whom the groups of employees groups of employees arouns of employees.	for quest Extent performed:  Deptormed:  A # B317, L  No, Columbia  and (b) labor organic	c-10 of instructions):  w videos provided  ions and answer  os Angeles CA 900  us MS 39701	by employer,
c. Specific Activities to be t	Performed  list in detail the information and ience. My guestions the employees formed: c. and a superior of persons through whom the groups of employees groups of employees arouns of employees.	for quest Extent performed:  Deptormed:  A # B317, L  No, Columbia  and (b) labor organic	c-10 of instructions):  w videos provided  ions and answer  os Angeles CA 900  us MS 39701	by employer,
c. Specific Activities to be  o. For each activity, separately  a. Nature of activity:  D. Hold captive  and answer  d. Circulate with  b. Peroid during which per  4/29 - 5/15/2000  d. Names and addresses  Gerri Ransom - 2  Joey Smith - 90 a	Performed  list in detail the information and ience. My guestions the employees formed: c. and a superior of persons through whom the groups of employees groups of employees arouns of employees.	for quest Extent performed:  Deptormed:  A # B317, L  No, Columbia  and (b) labor organic	c-10 of instructions):  w videos provided  ions and answer  os Angeles CA 900  us MS 39701	by employer,
c. Specific Activities to be 10. For each activity, separately  a. Nature of activity:  D. Hold captive and answer  D. Circulate with  b. Peroid during which per  4/29 - 5/15/2006  d. Names and addresses  Gerri Ransom - 11  11. Identify (a) Subject employed  12. IBT #500	Performed  list in detail the information  audience, Management of guestions.  The employees formed:  c. of persons through whom Da7 Alvern Street Management of the street	ion required (See Part  neetings, sho  for quest  Extent performed:  Impleted  n performed:  St. #6317, L  No, Columbia  and (b) labor organiz  d ATM See	c-10 of instructions):  w videos provided  ions and answer  os Angeles CA 900  us MS 39701	by employer,

City State Date

City State Date

On: 5/28/02 at: Cury State Date

On: 5/28/02 at: Cury State On: 5/28

President

Signed:

ulluan

Treasi

Signed:



OMB No. 1214-000 02/29/9

Required of Persons, including Labo Under Section 203(b) of the Labor-N				DA). File No. C. 530
A. Person Filing				
John L. Sullivar Sullivan + Associa 2701 Trelawny D Clarkoville TN	tes Inc. rive 30043	2. Any	/ ^	necessary to verify this report are ke
3. Date fiscal year ends:	4. Type of person:			4 C Other (Gradiby)
12-31-2002	a. 🗆 Individual	b. Partner	ship c. 🗹 Corporation	d.  Other (Spedify):
B. Nature of Agreement or Arra	ingement		٥	
5. Full name and address of emplo Great Dane Train	yer with whom made	(include ZIP code	7-11-0	od 2_s through whom made:
P.O. BOX 350	211		mike S	tean
b. To supply and employe dispute involving such	idicate whether an ob- to exercise or not to resentatives of their of r with information con employer, except info	exercise, or persuown choosing.  ncerning the activity  primation for use sol	s undertaken, is directly or inc ade employees as to the man es of employees or a labor or ely in conjunction with an adm	directly: ner or exercising, the right to organi rganization in connection with a labo ministrative or arbitral proceeding or
9. Terms and conditions (Explain	in detail; see Part B-9	of instructions):	/· 1 ~ C	#1500000
9. Terms and conditions (Explain  One Consulta	nt for	10 WORK	ing day 540 P	1113 MI
				(B)
a. Nature of activity:  1) Circulate u	ist in detail the inform	nation required (Second of 1988)	For questions	and answers.
b. Peroid during which period 4/11 - 5/2/2006  d. Nam,es and addresses of	2	c. Extent perform  Co My  horn performed:	leted	105 2000
d. Nam, es and addresses of Charles Smith	-207 bay	lane Dri	ve, Columbus	5 M3 39 10 Z
11. Identify (a) Subject employed  a) Great Dance  b) United Au	es, groups of employee e Trailer uto worker	ees, and (b) labor $S \in Mp/oy$	organizations: 1685	
D. Verfication and Signature that all information in this report, to the best of his knowledge and	including all attachm	nents incorporated	of his undersigned authorized therein or referred to in this re	f officers declares, under penalty of i port, has been examined by him and
Signed:		President	Signed: Chun 5	ulluar Treas
(If other title, cross out and write	in correct title above	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	(If other title, cross out and	
at: City  St.	State	Data / 02	at: Clarksville	State Date on: 5/9/0 auding the time for reviewing instructions

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budge Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.



City

State

OMB No. 1214-000 02/29/9

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations,

File No. C. 737

Inder Section 203(b) of the Labor-Management Repo	orting and Disclosure Act of	of 1959, as amended (LMRDA).
A. Person Filing		
Name and maling address (include ZIP code):  John Sullivan Sullivan & Associates, Inc., 2701 Trelawny Drive Clarksville TN 37043 3. Date fiscal year ends:  12/31/2002 a. 🗆 Individ	n:	er address where records necessary to verify this report are k
B. Nature of Agreement or Arrangement		
5. Full name and address of employer with whom n	nade (include ZIP code):	6. Date entered into:
American Tokyo Rope. 1857 South By Pass Rd. Danville Ky 40422	a binet of the activities u	7. Names of persons through whom made:  MKe Bewley  ndertaken, is directly or indirectly: employees as to the manner or exercising, the right to organi
<ul> <li>collectively through representatives of the b.</li> <li>To supply and employer with information dispute involving such employer, except criminal or civil judicial proceeding.</li> </ul>	neir own choosing.  n concerning the activities tinformation for use solely	of employees or a labor organization in connection with a lab in conjunction with an administrative or arbitral proceeding or
9. Terms and conditions (Explain in detail; see Part Four Consultants for for Consultant for two day	14-toon ray 2	250.00
C. Specific Activities to be Performed  10. For each activity, separately list in detail the in  a. Nature of activity:  And Captive audience me  and answer question  Circulate with employe	eetings, show	video provided by employer
gurante with empion	c. Extent performed:	
<ul> <li>b. Peroid during which performed:</li> </ul>	Complete.	/
d. Nam, es and addresses of persons through  D. Khanh Tran - PO BOX 1501 La  2) Elizabeth Hernandez - 3621  3) Joey Smith - 902, 9th street  11. Identify (a) Subject employees, groups of emp  a) American Tokyo Rope, E.  b) Steelworkers	-Ko. Bearst, Worth, Columb	2630 Santa Ana CA 92704 us M5 39901 anizations:
D. Verfication and Signature. The person in it	item 1 above and each of I	his undersigned authorized officers declares, under penalty of rein or referred to in this report, has been examined by him an
to the best of his knowledge and belief, true, corre	ect, and complete.	
Signed:	President Si	gred Dan Sullevar Treas
(If other title, cross out and write in correct title ab	ove.) (1	f other title, cross out and write in correct title above.)

Date

at: On: 3/6/02 at: Our KS VI/E

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budge Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

City

State

Date

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#10d. Cont'd

4) William Price - 1015 Hillshire Drive, Clarksville TX 37040

5) Charles Smith - 201 Gaylane Drive, Columbus M5 3 9 702



OMB No. 1214-000

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations.

Inder Section 203(b) of the Labor-Management Reporting and Disclosu	re Act of 1959, as amended (LMRDA).	
A. Person Filing		
. Name and maling address (include ZIP code):  John Sullivan  Sullivan & Associates, Inc.,  2701 Trelawny Drive  Alarksville TN 37043  3. Date fiscal year ends:  4. Type of person:	Any other address where records necessary to verify this report are ke	
5. Date 11000 you ditter	tnership c. Corporation d. Cother (Spedify):	
B. Nature of Agreement or Arrangement		
5. Full name and address of employer with whom made (include ZIP)  Delta Metals 1338 North 74 Street  Memphis TN 38107	7. Names of persons through whom made:  Gary Anderson	
<ul> <li>collectively through representatives of their own choosing.</li> <li>To supply and employer with information concerning the addispute involving such employer, except information for us criminal or civil judicial proceeding.</li> </ul>	ctivities of employees or a labor organization in connection with a labor organization or arbitral proceeding or	
9. Terms and conditions (Explain in detail; see Part B-9 of instructions Two consultants for eighteen Consultant for one day for \$3.	days and one additional 5,776.00.	
C. Specific Activities to be Performed  10. For each activity, separately list in detail the information required	The state of the s	
a. Nature of activity:  1) Hold Captive audience meetings, stanswer guestions:  2) Circulate with employees for g  b. Peroid during which performed:  2/4/2002 - 2/27/2002  Comp	ormed:	
d. Nam, es and addresses of persons through whom performed  D Lee Bell-10223 Sunridge Trail, De	illas TX 75243	
2) Herman C. Wiggins - 8017 McKee Blvd, OKlahoma City OK 1313 2		
11. Identify (a) Subject employees, groups of employees, and (b) la  a) All full time production a maintena memphis facility b) United Steelworkers of Amer  D. Vertication and Signature. The person in item 1 above and ethat all information in this report, including all attachments incorpora	por organizations: ance employees at Delta Metals	
to the best of his knowledge and belief, true, correct, and complete.	To:	
Signed: Presi	dent Signed: John Sullwan Treas	
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)	
reparding this hurden estimate or any other senect of this collection of info	at: CarkSvile TA on: 3/4/02  verage 20 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. Send comment relation, including suggestions for reducing this burden, to the Office of Labor Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budge	