#### Agreement and Activities Rep

6-19-00.6-20-00

1032 Meda Street

Memphis, TN 38104

# U.S. Departme of Labo

Office of Labor-Management Standards



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,

Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

OMB No. 1214-0001 02/29/93

File No.

A. Person Filling 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: William E. Scott, Sr. - Scott Consulting 1032 Meda Street Memphis, TN 38104 3. Date fiscal year ends: 4. Type of person: a. 🗆 individual c. 
☐ Corporation d. ☐ Other (Spedify): b. 
Partnership 12-31-00 B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 5-24-00 Tripp Lite Power Protection 1111 W. 35th Street 7. Names of persons through whom made: Chicago, IL 60609 Rob Laub 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. It is persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize 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 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 8-9 of instructions): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. 4 Days 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: Employed to give speeches to employees to persuade them to not join a union. c. Extent performed: b. Peroid during which performed: 5-24-00, 5-25-00 Fully performed

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

d. Nam,es and addresses of persons through whom performed:

William E. Scott, Sr.- Scott Consulting

	Teamsters					
	Warehouse					
hat all		including all attachm	ents incorporated ti	of his undersigned authorize		
Signed	Shall VM	Upp	President	Signed:	MAL	Treasurer
(If othe	er title, cross out and write	in correct title above	.)	(If other title, cross out and	write in correct title a	bove.)
at.	City Broken Arrow	State OK	on: (1/30/00	City at: Broken Arrow	State OK	on: le/30/00
searchir regardir Manage	ng existing data sources, gath ng this burden estimate or an	ering and maintaining y other aspect of this o of Labor, Room N5625,	s estimated to average the data needed, and collection of informati 200 Constitution Average	e 20 minutes per response, ind completing and reviewing the ion, including suggestions for name, N.W., Wash., D.C. 20210; a	collection of information	ewing instructions n. Send comments the Office of Labor

USDOL/ESA OLMS/DOE/SRD

#### Agreement and Activities Re

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

State

OK

City

Broken Arrow

## U.S. Department of Labor

Office of Labor-Mans\_ment Standards



This report is mandatory under P.L. 88-257 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. 1214-000 02/29/93

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 2. Any other address where records necessary to verify this report are kept: 1. Name and maling address (include ZIP code): William Scott- LRI Consulting Services, Inc. 7850-E South Elm Place Broken Arrow, Oklahoma 74011 4. Type of person: 3. Date fiscal year ends: a. Individual b. Partnership c. \( \subseteq \text{Corporation} \quad \text{d.} \subseteq \text{Other (Spedify):} 12-31-00 B. Nature of Agreement or Arrangement 6 Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 12/1/00 Contract Freighters, Inc. 4701 East 32nd Street 7. Names of persons through whom made: Joplin, MO 64804 Mr. Kris Ikeiiri 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. X To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. To supply and 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 8-9 of instructions): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. Duration of 4 days 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: Employed to give speeches to employees to persuade them to not join a union. c. Extent performed: b. Peroid during which performed: 12/1/00, 12/2/00, 12/4/00, 12/5/00 Fully performed d. Nam, es and addresses of persons through whom performed: William Scott, Sr. - Scott Consulting D 1032 Meda Street Memphis TN 38104 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Maintenance USDOL/ESA OLMS/DOE/SRI Teamsters D. Verfication 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: Signed: President Treasurer

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 comments 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 Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

on: 17-27-00 | at:

Date

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

State

OK

City

Broken Arrow

on: 12-27-00

# U.S. Departm 7 of Labor Office of Labor-Manaument Standards



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

OMB-No. 1214-0001 02/29/93

Required of Persons,	, including Labor Relations Consultants and Other Individuals and Organizations,	
Under Section 203(b	<ul> <li>of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA)</li> </ul>	

File No. C. 534

. Person Filing	The second of th	THE PROPERTY AND	107 1000, 60			
Name and maling address (includ	e ZIP code);	2. Any o	ther address	where records r	necessary to verify I	this report are kept:
William E. Scott, Sr Scott Con	sulting				5 151	
1032 Meda Street		- 1				
Memphis, TN 38104		- 1				
. Date fiscal year ends:	4. Type of person:					
12-31-00	a. 🗆 individual	b. 🗆 Partners	hip c. 🔯	Corporation	d. 🗆 Other (Spe	idify):
3. Nature of Agreement or Arra	ungement					
5. Full name and address of empk	oyer with whom made (in	clude ZIP code		te entered into:		
Tripp Lite Power Protection			5-	24-00		
1111 W. 35th Street			7. N	ames of persons	through whom ma	de:
Chicago, IL 60609				b Laub		
b.  To supply and employe	s to exercise or not to exp presentatives of their own or with information concer employer, except informa-	ercise, or persual choosing. ming the activities	de employers s of employ	es as to the many	ner or exercising, th ganization in conne	ction with a labor
9. Terms and conditions (Explain						
Oral agreement to provide c	onsultant to give speech	es to employee	s to persuad	de them to not jo	in a union.	
A. A.						
4 Days						
C. Specific Activities to be Po						
Employed to give speed	hes to employees to per	suade them to	not join a un	ion.		
b. Peroid during which perf	ormed: c.	Extent performe	d:			
5-24-00, 5-25-00	1		Fully perform	ned		
6-19-00,6-20-00			any periori	ileu		
d. Nam,es and addresses of	of persons through whom	performed:				
William E. Scott, Sr S	cott Consulting			75		
1032 Meda Street				_		-
Memphis, TN 38104		_				
11. Identify (a) Subject employee	s. Groups of employees.	and (b) labor of	canizations:			
Teamsters	-( Storbe of ourbin) tool	(5) 12501 01	Am wanterier			
leamsters						
Warehouse						
						, j.
D. Vertication and Signature that all information in this report, to the best of his knowledge and	including all attachments	s incorporated to	of his undersi perein or refe	gned authorized red to in this rep	officers declares, uport, has been exam	inder penalty of law, nined by him and is,
Signed:	11/2-		Signed:	1///	11/1	
(If other title other and and write	in comment that the state of	President	111		7	Treasurer
(If other title, cross out and write		Date			write in correct title	
City  Broken Arrow	State OK	Date		City	State	Date / L
		0: /1/30/00	at: Bro	ken Arrow	OK	on: le/3000
Public reporting burden for this coll searching existing data sources, get regarding this burden estimate or ar Management Standards. Department Paperwork Reduction Project (1214-0	ection of information is est hering and maintaining the ty other aspect of this colle- of Labor, Moom N5625, 200 QQ1), Wash., D.C. 20503.	timated to average data needed, and information of information average.	e 20 minutes completing a on, including a rue, N.W., Wax	per response, include neviewing the or suggestions for red h., D.C. 20210; end	iding the time for re- ollection of informati- juding this burden, to I to the Office of Man-	riewing instructions on. Send comments the Office of Labor agement and Budget,

### Agreement and Activities Port

Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

### U.S. Depart nt of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 88-257 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.

OMB No. 1214-000 02/29/93

File No.

C.

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 kept: William Scott- LRI Consulting Services, Inc. 7850-E South Elm Place Broken Arrow, Oklahoma 74011 4. Type of person: 3. Date fiscal year ends: a Individual b. Partnership c. 

 Corporation d. 

 Other (Spedify): 12-31-00 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): Date entered into: 7-11-00 Coating Services, Inc. 14350 Highway 73 7. Names of persons through whom made: Prairieville, LA 70769 Norman Neal 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. It is persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize 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 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): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. 2 Days 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: Employed to give speeches to employees to persuade them to not join a union. c. Extent performed: b. Peroid during which performed: 7-11-00, 7-12-00 Fully performed d. Nam, es and addresses of persons through whom performed: William Scott, Sr. - Scott Consulting 1032 Meda Street Memphis TN 38104 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: 9 2000 Painters & Allied Trades USDOL/ESA Plant OLMS/DOE/SRD D. Verfication 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: Signed: President Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) Date State State on: 7/31/00 Broken Arrow OK Broken Arrow at: on: 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 comments 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 Budget,

#### Agreement and Activities Roort

City

Broken Arrow

State

OK

#### U.S. Departrent of Labor

Office of Labor-Management Standards



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,

OMB No. 1214-0001 02/29/93

File No

C.

Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filling 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: William E. Scott, Sr. - Scott Consulting 1032 Meda Street Memphis, TN 38104 4. Type of person: 3. Date fiscal year ends: a. 🗆 Individual c. ☑ Corporation d. ☐ Other (Spedify): b. Partnership 12-31-00 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6 Date entered into: 5-24-00 Tripp Lite Power Protection 1111 W. 35th Street 7. Names of persons through whom made: Chicago, IL 60609 Rob Laub 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 organize 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 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 8-9 of instructions): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. 4 Days 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: Employed to give speeches to employees to persuade them to not join a union. c. Extent performed: b. Peroid during which performed: 5-24-00, 5-25-00 Fully performed 6-19-00,6-20-00 d. Nam, es and addresses of persons through whom performed: William E. Scott, Sr.- Scott Consulting 1032 Meda Street Memphis, TN 38104 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Teamsters USDOL/ESA OLMS/DOE/SRD Warehouse D. Verfication 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 Signed President Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.)

Date

on: /2/30/00

at:

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions

Broken Arrow

searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments 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 Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

on: Le

30100

(Feb. 1990)

OK

### Agreement and Activities Auport

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

State

## U.S. Depart. nt of Labor

Office of Labor-Management Standards



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 11-30-99

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 2. Any other address where records necessary to verify this report are kept: 1. Name and maling address (include ZIP code): WILLIAM E. SCOTT, SR 1032 MEDAST MPH5/TN. 38/64 3. Date fiscal year ends: 4. Typ c. Corporation d. Cother (Spedify): a. Individual b. Partnership B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): COATING SERVICES INC 14350 HWY 73 7. Names of persons through whom made: PRARTEVILLE, LA. 70769 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 organize 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 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 8-9 of instructions): MEET WITH EMPLOYEES AID THRU LRI MGT SERVICES BROKEN ARROW, OK 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: SHOW VIDEO AND TALK TO EMPLOYEES c. Extent performed: b. Peroid during which performed: and addresses of persons through whom performed: NORMAN NEAL ADDISEE 5 ABOVE 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: 20 PAINTERS PAI D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares Aunder penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been been about a single penalty of law, to the best of his knowledge and belief, true, correct, and complete. Signed: President Treasurer

Date

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

State

City

## Agreement and Activities hoport



## U.S. Depart. Int of Labor

Office of Labor-Management Standards



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 11-30-99

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

Elle No C

Under Section 203(b) of the Lab								
A. Person Filing	Proceedings of the Control of the Co	en en de distributes de la fabrication de la fab	The second secon					
1. Name and maling address (in	clude ZIP code):	2: Any other i	address where records nec	essery to ve	rify this report ar			
WILLIAM E. 50	:071,5R.		CONSULTING	•	•			
1032 MEDA 3								
MEMPHIS TN. 3. Date fiscal year ends:	38104	5AM	1E ADD. AS	# /				
3. Date fiscal year ends:	4. Type of person:		and Constant to State State State State Supply and a single discussion of college State State State Constant of Constant State	THE SECRETARY SECOND SE	Photography of the statement of the stat			
9-1-00	a. 🔀 individual to	Partnership	c. Corporation d	. 🗆 Other (	Spedity):			
8. Nature of Agreement or A		and the state of the section of the	The second secon	TO ST. CO. LEWIS CO., THE PARTY OF THE PARTY				
5. Full name and address of en		lude ZIP code):	6. Date entered into:	The second district of the second				
EDWARDS MIG.	BRANDON, FL:		5-829-00	AND	52122=			
LRI MGT. SERV.	ICES		7. Names of persons thr	rough whom	made:			
ELM ST. BRO. 8. Check the appropriate box t	KEN ARROW, OK.	. The same state	PHILLIP W.	1450N				
<ul> <li>To supply and emplo</li> </ul>	representatives of their own coper with information concerning employer, except informational proceeding.	ing the activities of a	mployees or a labor organiconjunction with an adminis	ization in cor strative or art	nection with a la piral proceeding			
9. Terms and conditions (Expis	ain in detail; see Part B-9 of ins	structions):	AN MICE CAN THE BEAUTY THE PROPERTY OF THE SHARE THE STATE OF THE STAT		n wind Militer (Bellin 1) - Ar montons yerd 1865/F 1977 FF Western			
\$75000 PER	DAY PLUS EXP	BNSES						
, ,								
Control Contro								
		The second secon	A 1000 CARGO CAR STAR START	RE (\$434.1 (0.41) 1 1 1 1	Commence of the commence of th			
the plane of the property of the property of the plane of								
C. Specific Activities to be 10. For each activity, separatel a. Nature of activity:  DERSUADE	ly list in detail the information.		-10 of instructions):	Maria Serial Color	ARLEY PARKET			
10. For each activity, separate a. Nature of activity:  PERSUBDE	EMPLOYEES TO	VOTE NO	-10 of instructions):	MIC SECULO SAS				
10. For each activity, separatel s. Nature of activity:	EMPLOYEES TO	VOTE No	-10 of instructions):	MIC SERMI CAS				
10. For each activity, separate a. Nature of activity:  PERSUADE	EMPLOYEES TO	VOTE NO	-10 of instructions):	MAC SEEMS CASS				
a. Nature of activity:  PERSUADE  b. Peroid during which pe	EMPLOYEES To	VOTE Note that the performed:  FULLY	-10 of instructions):	MAC ARRAY CAS				
a. Nature of activity:  PERSUADE  b. Peroid during which per  d. Nam,es and addresses	EMPLOYEES TO enformed:  c. Extends of persons through whom pe	VOTE Note that the performed:  FULLY	10 of instructions):	P E 1	W B D			
a. Nature of activity:  PERSUADE  b. Peroid during which per  d. Nam,es and addresses	EMPLOYEES To	VOTE Note that the performed:  FULLY	10 of instructions):	G E I	VEN			
a. Nature of activity:  PERSUADE  b. Peroid during which per d. Nam,es and addresses	EMPLOYEES TO enformed:  c. Extends of persons through whom pe	VOTE Note that the performed:  FULLY	10 of instructions):	G E I	VEN			
a. Nature of activity:  PERSUADE  b. Peroid during which per  MAY  d. Nam, as and addresses  SEE 5 A	EMPLOYEES TO enformed:  c. Extended the information.	VOTE Note tent performed:  FULLY  performed:	Of Instructions):					
a. Nature of activity:  PERSUADE  b. Peroid during which per  A  d. Nam,es and addresses  SEE S A  11. Identify (a) Subject employ	EMPLOYEES TO enformed:  c. Extended the information of the information	tent performed:  FULLY  orformed:  d (b) labor organizat	ions:	G E I V	VED OO D			
a. Nature of activity:  PERSUADE  b. Peroid during which per  d. Nam, es and addresses  SEE SAI	EMPLOYEES TO enformed:  c. Extended the information.	tent performed:  FULLY  orformed:  d (b) labor organizat	ions:	UN 2 2 2				
a. Nature of activity:  PERSUADE  b. Peroid during which per  d. Nam, es and addresses  SEE SAI	EMPLOYEES TO enformed:  c. Extended the information of the information	tent performed:  FULLY  orformed:  d (b) labor organizat	ions:	UN 2 2 2				
a. Nature of activity:  PERSUADE  b. Peroid during which per  d. Nam, es and addresses  SEE SAI	EMPLOYEES TO enformed:  c. Extended the information of the information	tent performed:  FULLY  orformed:  d (b) labor organizat	ions:	UN 2 2 2				
a. Nature of activity:  PERSUADE  b. Peroid during which per  MAY  d. Nam,es and addresses  SEE SAM  11. Identify (a) Subject employ  EDWARDS	enformed:  c. Extended the information.  EMPLoy EES To complete the co	tent performed:  FULLY  informed:  d (b) labor organizat  WOOD PL	ions:	USDOL/ESA OLMS/DOE/S	RD			
a. Nature of activity:  PERSUADE  b. Peroid during which per  d. Nam, es and addresses  SEE SAI	ene. The person in item 1 abover, including all attachments including	tent performed:  FULLY  informed:  d (b) labor organizat  WOOD PL  e and each of his uncorporated therein or	ions:  AAT(5)  dersigned authorized office	USDOL/ESA OLMS/DOE/S	RD under penalty of			
a. Nature of activity:  PERSUADE  b. Peroid during which per  MAY  d. Nam, as and addresses  SEE SAI  11. Identify (a) Subject employ  EDWARDS  D. Vertication and Signature that all information in this report	ene. The person in item 1 abover, including all attachments including	tent performed:  FULLY informed:  d (b) labor organizat  WOOD PL  e and each of his uncorporated therein or mplete.  Signed:	ions:  ANTON  dersigned authorized office referred to in this report, from	USDOL/ESA OLMS/DOE/S	under penalty of mined by him an			
a. Nature of activity:  PERSUADE  b. Peroid during which per  MAY  d. Nam.es and addresses  SEE SAM  11. Identify (a) Subject employ  EDWARDS  D. Vertication and Signature that all information in this report to the best of his knowledge ar	EMPLOY EES TO enformed:  c. Extended the information.  EMPLOY EES TO enformed:  c. Extended the information.  c. Extended the information of the i	tent performed:  FULLY informed:  d (b) labor organizat  WOOD PL  e and each of his un corporated therein or mplete.  Signed: President	ions:  ANTON  dersigned authorized office referred to in this report, from	USDOL/ESA OLMS/DOE/S ore declares, as been exer	RD under penalty of mined by him an			
a. Nature of activity:  PERSUADE  b. Peroid during which per  MAY  d. Nam, es and addresses  SEE SAI  11. Identify (a) Subject employ  EDWARDS  D. Verfication and Signatur that all information in this report to the best of his knowledge ar  Signed: Author	enformed:  EMPLOYEES TO  enformed:  c. Ext  of persons through whom per  HD 7 ABOVE  rees, groups of employees, and  MRG, METAL  in, including all attachments indicated belief, true, correct, and contains the correct title above.)  State  De	tent performed:  FULLY informed:  d (b) labor organizat  J WOOD PL  e and each of his uncorporated therein or mplete.  Signed: President  (if other	ions:  ANTON  dersigned authorized office referred to in this report, heretices the cross out and write in	USDOL/ESA OLMS/DOE/S ore declares, as been exer	RD under penalty of mined by him an			

## Agreement and Activities hoport

## U.S. Depart, of Labor

Office of Labor-Management Standards



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 11-30-99

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).

FIIe No. C. 63//

A. Person Filing					
I. Name and maling address (incl	ude ZIP code):	2. Any	other address where	e records necessary to ve	rify this report are kept:
WILLIAM E. Sc	ATT. SR				
1032 MEDA ST.	011/21				
MPHS, TN. 3810	4				
3. Date fiscal year ends:	4. Type of person:				
3. Date fiscal year ends.		2.22		neretion d COther 6	Cnedity):
7-1	a. 🗵 Individu	ial b. Partne	ership c. U Cor	poration d.   Other	
B. Nature of Agreement or Ar			e): 6. Date ent	and late.	
5. Full name and address of em			0).		
J. HUNGERFORD.	SMITH (CO)	N-AGRA)	7	of persons through whom	
HUMBOLDT, TN.			Bo	B GOSDALL	
8. Check the appropriate box to	indicate whether an	object of the activiti	es undertaken, is dire	ectly or indirectly:	
To persuade employe collectively through rough and employed dispute involving suc	es to exercise or not epresentatives of thei yer with information of h employer, except in	to exercise, or person ir own choosing. concerning the activi	uade employees as to ties of employees or	the manner or exercising	nnection with a labor
criminal or civil judici					
9. Terms and conditions (Explain HOLD	n in detail; see Part B	-9 of instructions):	EXPLAIN	V DOWN 5	IDE OF UNION
\$500 GB PER	DAY + EXI	P.		2 22	
	,				
C. Specific Activities to be	Performed			· Processon	
10. For each activity, separately	the state of the s	mation required (Se	e Part C-10 of instruc	tions):	(A) (B) (B) (B)
a. Nature of activity: PL	ERSUADER			1013	GELVEN
HOLD AND	T-UNION	MEETENG	»)	THE W	AY 1 1 2000
b. Peroid during which pe	rformed:	c. Extent perform	ed:		USDOL/ESA
4-4245-00		9 1	HR MEET	INGS	LMS/DOE/SRD
d. Nam,es and addresses	of persons through w	nom performed:			
11. Identify (a) Subject employe	es groups of employ	rees and (h) labor o	roanizations:		
BARGAININ	GUNIT -	- tood +	CONFECTION	VARY UNION	
D. Verfication and Signatur that all information in this report to the best of his knowledge an	t, including all attachr	ments incorporated t	of his undersigned au herein or referred to i	ithorized officers declares in this report, has been ex	, under penalty of law, amined by him and is,
Signed: quellions E.	Lion	OLMEA Besident	Signed:		Treasurer
(If other title, cross out and writ	e in correct title abov		(If other title, cross	out and write in correct titl	
City	State	Date	City	State	Date
at: MEMPHIS	TW	on: 5/00	at:	Clair	on:

#### Agreement and Activities . . . port

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

### U.S. Depar ... ent of Labor

Office of Labor-Management Standards



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 11-30-99 Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. C. 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 kept: WILLIAM E. SCOTT, SR 1032 MEDA ST MEMPHIS, TX. 38104
3. Date fiscal year ends: 14. Typ 4. Type of person: a. W individual b. C Partnership c. Corporation d. Other (Spedify): 8. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): BEKAERT 4-6-00 7. Names of persons through whom made: DYERSBURG, TH 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. ET To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. To supply and 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. Terms and conditions (Explain in detail; see Part 8-9 of instructions): \$500.00 PER DAY + EXP. 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: HOLD MTGS TO PERSUADE WORKERS TO VOTE NO b. Peroid during which performed: 4-6 2-4-7-4-25-24-26-00 7-3 o MIN. MTGS.

d. Nam, es and addresses of persons through whom performed: SHAWN LILLY - ATTY, MEMPHIS, TN
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: BARGAINING UNIT - STEELWORKERS USDOL/FSA D. Vertication and Signature. The person in item 1 above and each of his undersigned authorized officers declares. MSGP 568Bby 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: OWNER Treasurer

Date

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

State

City