

Agreement and Activities Report

U.S. Department 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.

OMB No. 1214-0001
02/29/93

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. 530

A. Person Filing

1. Name and mailing address (include ZIP code):

John Sullivan
2701 Trelawny Drive
Clarksville TN 37043

2. Any other address where records necessary to verify this report are kept:

3. Date fiscal year ends:

12-31-2000

4. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

Riley Medical, Inc.
27 Wrights Landing
Auburn ME 04210

6. Date entered into:

10/26/00

7. Names of persons through whom made:

Edward Riley

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 B-9 of instructions):

2 Consultants for (18) days at 3000⁰⁰ per day = 54,000.⁰⁰

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:

To hold captive audience meetings, show videos provided by employer, and answer questions.
Circulate with employees for questions and answers.

b. Period during which performed:

10/26 - 11/19/00

c. Extent performed:

Completed

d. Names and addresses of persons through whom performed:

- 1) Khanh Tran - PO Box 1501 Lake Forest CA 92630
2) Lee Bell - 10223 Sunridge Trail Dallas TX 75243

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

a) Riley Medical, Inc.

b) International Association of Machinists and Aerospace Workers

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:

Sole Proprietor
President

Signed:

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: Clarksville TN on: 11/18/00

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

Form LM-20
(Feb. 1990)

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



OMB No. 1214-0001

02/29/93

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).

File No. C. 530

A. Person Filing

1. Name and mailing address (include ZIP code): John Sullivan 2701 Trelawny Drive Clarksville TN 37043		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-2000	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): Precision Grinding & Mfg. Corp. 1305 Emerson Street Rochester NY 14506		6. Date entered into: 9-14-2000	
7. Names of persons through whom made: Bob Flanagan			
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 or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> 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):

- A. (3) Labor Relations Consultants to hold captive audience meetings and circulate with employees for questions and answers for 2 weeks.
- B. (1) Campaign Manager to manage Consultants and be on-site 1-3 days per week. All for \$90,000.00

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

- a. Nature of activity: A) hold captive audience meetings and circulate with employees.
B) manage consultants.

b. Period during which performed:

9-14 - 10/3/00

c. Extent performed:

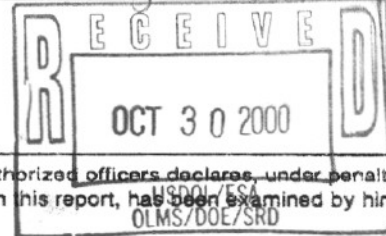
All completed

d. Names and addresses of persons through whom performed:

- 1) Charles Smith - 207 Gaylane Dr, Columbus MS 39701 (3) Lee Bell - 10223 Sunridge Trail Dallas TX 75243
2) Khanh Tran - PO Box 1501 Lake Forest CA 92630 (4) Gerri Ransom - 8717 Dartford Pl Eaglewood CA 90305

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

- a) Precision Grinding & Manufacturing Corp.
b) Machinist



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] Sole Proprietor/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	State	City	State
at: Clarksville TN	Date on: 10/3/00	at:	Date 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, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

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File No. C. 530

A. Person Filing

1. Name and mailing address (include ZIP code): John Sullivan 2701 Trelawny Drive Clarksville TN 37043		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-2000	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): Crown Cork & Seal Co. 2929 W. Bridge Street Buckhannon WV 25806		6. Date entered into: 9/15/2000
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 or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> 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.		7. Names of persons through whom made: Tim Grieves

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

1 Consultant for (3) Days at \$1500.00 Per Day.

C. Specific Activities to be Performed

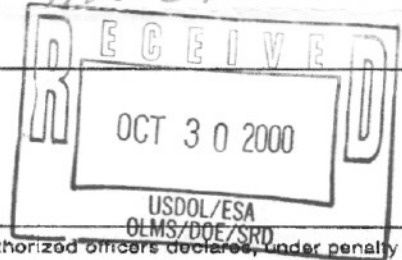
10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:
Show videos, tour plant, and answer employee questions.

b. Period during which performed: 9/15-9/17/2000	c. Extent performed: Completed
d. Names and addresses of persons through whom performed: Charles Smith - 207 Gaylane Drive, Columbus MS 39701	

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

a) Crown Cork & Seal Co.
b) Steelworkers



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] (If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 10/13/00	Signed: [Signature] (If other title, cross out and write in correct title above.) City: State: Date:
Sole Proprietor 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.

Form LM-20
(Feb. 1990)

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OMB No. 1214-0001
02/29/93

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. 630

A. Person Filing

1. Name and mailing address (include ZIP code): John Sullivan 2701 Trelew Drive Clarksville TN 37043		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-2000	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): Peddinghaus Corporation 101 Peddi Lane Andrews SC 29510		6. Date entered into: 8-29-00
7. Names of persons through whom made: Bob Meltzer		
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 or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> 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):

2 Consultants for 8 Days at \$1500⁰⁰ Per Day = \$12,000.00
1 Consultant for 20 Days at \$500⁰⁰ Per Day = 10,000.00

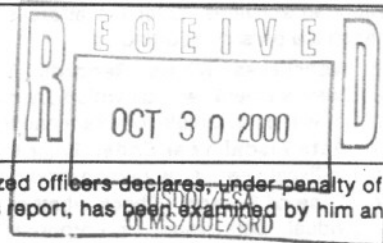
C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: 1) Show videos, tour plant, and answer employee questions. 2) Tour plant and answer employee questions		b. Period during which performed: 8/29 - 9/30/2000	c. Extent performed: Meetings and videos completed. Touring plant and answer questions completed.
d. Names and addresses of persons through whom performed: 1) Khanh Tran - P.O. Box 1501 Lake Forest CA 92630 2) Herman C. Wiggins - 8017 McKee Blvd, Oklahoma City OK 73132			

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

a) Peddinghaus Corporation
b) Steelworkers # 7898



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] (If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 9/28/00 at: on:	Signed: [Signature] (If other title, cross out and write in correct title above.) City: State: Date: on:
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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.

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File No. C. 530

A. Person Filing

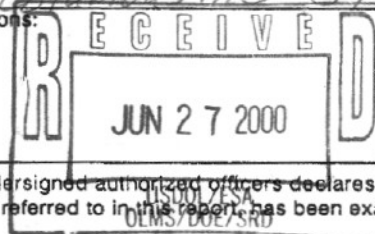
1. Name and mailing address (include ZIP code): John Sullivan DBA Sullivan & Associates 2701 Trelawny Drive Clarksville TN 37043		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-2000	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): Ralston Purina Co. 931 Dunluce Road King William VA 23086		6. Date entered into: May 17, 2000	
7. Names of persons through whom made: James C. Baugh / Ryan McGraw			
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input type="checkbox"/> 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. <input type="checkbox"/> 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): 3 Consultants for 23 Days at \$3600.00 Per Day = 82,800.00 1 Consultant for 4 Days at \$1500.00 Per Day = 6,000.00 Total = \$88,800.00			

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: Show videos, tour the plant, and answer questions.	
b. Period during which performed: 5/17 - 6/16/2000	c. Extent performed: All meetings, videos and tours are complete.
d. Names and addresses of persons through whom performed: 1) Khanh Tran - P.O. Box 1501 Lake Forest CA 92630 2) John Sullivan - Same #1 3) Herman C. Wiggins - 8017 McKee Blvd, Oklahoma City OK 73132 4) Charles H. Smith - 207 Gaylane Drive Columbus MS 39702	
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Ralston Purina Co. and laborers Union	



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] Sole Proprietor President	Signed: _____ 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 at: Clarksville TN on: 6/16/00	City State Date at: _____ on: _____

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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. 530

A. Person Filing

1. Name and mailing address (include ZIP code):

John L. Sullivan DBA Sullivan & Associates
105 Brook Hollow Road
Clarksville TN 37040

2. Any other address where records necessary to verify this report are kept

3. Date fiscal year ends:

12-31-2000

4. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

Champion Bus
331 GRAHAM RD
IMLAY CITY MI 48444

6. Date entered into:

3-13-2000

7. Names of persons through whom made:

Dean Bruick

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 B-9 of instructions):

1 Consultant for 15 Days at \$1,500.00 Per Day = 22,500.00
3 Consultants for 4 Days at \$4500.00 Per Day = 18,000.00
Total Paid = \$40,500.00

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:

show videos and answer questions.

b. Period during which performed:

3/13 - 4/6/2000

c. Extent performed:

Completed

d. Names and addresses of persons through whom performed:

Khanh Tran - P.O. Box 1501, Lake Forest CA 92630
Charles Smith - 207 Gaylane Drive Columbus MS 39702
John L. Sullivan - Same as #1

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

- a) Champion BUS Employees
b) Auto workers Union

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:

Sole Proprietor
President

Signed:

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: Clarksville TN

on: 4/8/2000

at:

on:

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Agreement and Activities Report

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Office of Labor Management Standards



OMB No. 1214-0001
02/29/93

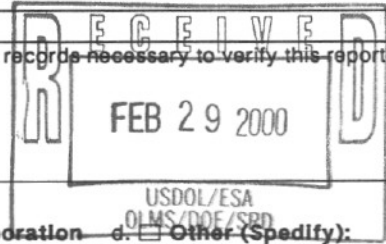
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Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 530

A. Person Filing

1. Name and mailing address (include ZIP code): John L. Sullivan DBA Sullivan Associates 105 Brook Hollow Road Clarksville TN 37040		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-2000	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): Western Power & Equipment Portland OR		6. Date entered into: 1/24/2000
7. Names of persons through whom made: Gary Frank's		

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 B-9 of instructions):

(1) Consultant for 11 Days at 1500.00 Per Day and
(2) Consultants for 1 Day at 3000.00 Per Day*
Total Paid = \$19,500.00

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:

show videos and answer questions.

b. Period during which performed:

1/24/2000 - 2/10/2000

c. Extent performed:

Completed

d. Names and addresses of persons through whom performed:

Khanh Tran - P.O. Box 1501, Lake Forest CA 92630
Charles K. Smith - 207 Gaylane Drive, Columbus MS 39702

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

Western Power & Equipment employers
Operating Engineers

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] (If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 2/11/00			Signed: [Signature] (If other title, cross out and write in correct title above.) City: State: Date:		
Sole Proprietor President			Treasurer		

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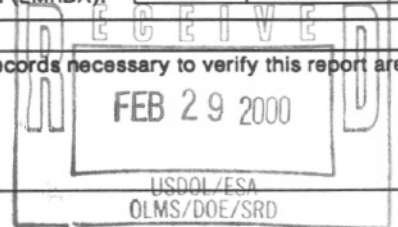
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File No. C. 530

A. Person Filing

1. Name and mailing address (include ZIP code): John L. Sullivan DBA Sullivan & Associates 105 Brook Hollow Road Clarksville TN 37040		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-2000	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): Western Power & Equipment Springfield OR		6. Date entered into: 1/17/2000
7. Names of persons through whom made: Gary Franks		

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 B-9 of instructions):

1 Consultant for (5) Days at 1500⁰⁰ per day = \$7,500.00

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:

Show videos and answer questions.

b. Period during which performed:

1/17/2000 - 1/21/2000

c. Extent performed:

Completed

d. Names and addresses of persons through whom performed:

Khanh Tran - P.O. Box 1501, Lake Forest CA 92630
John L. Sullivan - Same as #1.

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

Western Power & Equipment employers
Operating Engineers.

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: (If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 2/1/00	Sole Proprietor President	Signed: _____ (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: _____	Treasurer
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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.