



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

OMB No. 1214-000
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 mailing address (include ZIP code): John L. Sullivan Sullivan & Associates 2701 Trelawny Drive Clarksville TN 37043	2. Any other address where records necessary to verify this report are kept: N/A
3. Date fiscal year ends: 12/31/2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Airstream Inc. 417 West Pike Street Jackson Center OH 45334	6. Date entered into: 6/13/2002
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. <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 criminal or civil judicial proceeding.	

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

One consultant for 10 working days for \$15,000.00

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:
D) Interface with employees for questions and answers.

b. Period during which performed: 6/13 - 6/26/2002	c. Extent performed: Completed
d. Names and addresses of persons through whom performed: Khanh Tran - PO Box 1501 Lake Forest CA 92630	

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

a) Airstream, Inc. employees
b) Teamsters and Autoworkers



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 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: TX Date: 7/1/02	Signed: John L. Sullivan (If other title, cross out and write in correct title above.) City: Clarksville State: TX Date: 7/1/02
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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 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 Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.



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OMB No. 1214-000
02/29/95

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 mailing address (include ZIP code): John H. Sullivan Sullivan & Associates 2701 Trelawny Drive Clarksville TN 37043	2. Any other address where records necessary to verify this report are kept N/A
3. Date fiscal year ends: 12-31-2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Precision Fitting, Inc. 709 North Main Street Wellington OH 44090	6. Date entered into: 6-10-2002
7. Names of persons through whom made: Ken Kohut	

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):

One consultant for 17 working days and one additional consultant for 2 days for \$25,000.00

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) Hold captive audience meetings, show videos provided by employer and answer questions.
- 2) Circulate with employees for questions and answers.

b. Period during which performed:

6/10 - 7/9/2002

c. Extent performed:

Completed

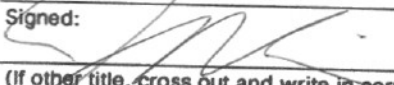
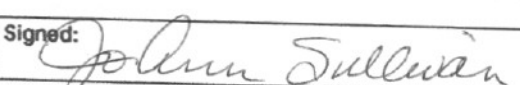
d. Names and addresses of persons through whom performed:

- 1) Joey Smith - 902 9th Street No, Columbus MS 39201
- 2) John H. Sullivan - Same as #1

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

- a) Precision Fitting production and maintenance employees.
- b) 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: 	Signed: 
(If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 7-10-02	(If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 7-10-02

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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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 mailing address (include ZIP code): John L. Sullivan Sullivan & Associates 2701 Trelawny Drive Clarksville TN 37043	2. Any other address where records necessary to verify this report are kept: N/A
3. Date fiscal year ends: 12/31/2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): McFarling Foods 333 W. 44th Street Indianapolis IN 46202	6. Date entered into: 6/3/2002
7. Names of persons through whom made: Mike McFarling	
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):

One consultant for 16 working days and one additional consultant for one day for \$25,000.00.

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) Hold captive audience meetings, show videos provided by employer and answer questions. 2) Circulate with employees for questions and answers.		
b. Period during which performed: 6/3 - 6/24/2002	c. Extent performed: Completed	
d. Names and addresses of persons through whom performed: 1) Lee Bell - 10223 Sunridge Trail, Dallas TX 75243 2) Charles K. Smith - 201 Gaylane Dr, Columbus MS 39702		
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: 1) McFarling Foods Food Processing employees. 2) Teamsters Local # 135		



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: 7/1/02	Signed: [Signature] (If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 7/1/02
President	Treasurer

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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 mailing address (include ZIP code): John L. Sullivan Sullivan & Associates 2701 Trelawny Drive Clarksville TN 37043	2. Any other address where records necessary to verify this report are kept: N/A
3. Date fiscal year ends: 12/31/2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Trelleborg 61 State Route 43 Hartsville OH 44632	6. Date entered into: 5-16-2002
7. Names of persons through whom made: Christopher Christen	

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 of 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 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):

a. Nature of activity: 1) Hold captive audience meetings, show videos provided by employer, and answer questions. 2) Circulate with employees for questions and answers.		
b. Period during which performed: 5/16 - 6/12/2002	c. Extent performed: Completed	
d. Names and addresses of persons through whom performed: 1) Charles K. Smith - 207 Gaylane Drive, Columbus MS 39702 2) John L. Sullivan - 2701 Trelawny Drive, Clarksville TN 37043 3) Khanh Tran - PO Box 1501, Lake Forest CA 92630		

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

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of 1 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: (If other title, cross out and write in correct title above.) President	Signed: (If other title, cross out and write in correct title above.) Treasurer
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at: <u>Clarksville</u> <u>TN</u> <u>State</u> <u>City</u> <u>Date</u> <u>6/13/02</u>	at: <u>Clarksville</u> <u>TN</u> <u>State</u> <u>City</u> <u>Date</u> <u>6/13/02</u>
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OMB No. 1214-000
02/29/99

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).

File No. C. 0530

A. Person Filing

1. Name and mailing address (include ZIP code): John L. Sullivan Sullivan & Associates 2701 Trelawny Drive Clarksville TN 37043	2. Any other address where records necessary to verify this report are kept: N/A
3. Date fiscal year ends: 12/31/2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Loomis Fargo Co. 1601 Hyatt Road Pennsauken NJ 08110	6. Date entered into: 4/29/2002
7. Names of persons through whom made: Jerry Grisafi	
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 criminal or civil judicial proceeding.	

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):
Two Consultants for 13 working days and one consultant for one day for \$40,000.00

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) Hold captive audience meetings, show videos provided by employer, and answer questions. 2) Circulate with employees for questions and answers.	b. Period during which performed: 4/29 - 5/15/2002	c. Extent performed: Completed
d. Names and addresses of persons through whom performed: 1) Gerri Ransom - 7027 Alvern St. #B317, Los Angeles CA 90045 2) Joey Smith - 902 9th Street No, Columbus MS 39701		
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: a) Loomis Fargo Co. Tellers and ATM Service. b) IBT #500		



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 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: 5/28/02	Signed: John L. Sullivan (If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 5/28/02
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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. 530

A. Person Filing

1. Name and mailing address (include ZIP code): John L. Sullivan Sullivan & Associates, Inc. 2701 Trelawny Drive Clarksville TN 37043	2. Any other address where records necessary to verify this report are kept: N/A
3. Date fiscal year ends: 12-31-2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Great Dane Trailers P.O. Box 350 Brazil TN 37023	6. Date entered into: 4-11-2002
7. Names of persons through whom made: Mike Steed	
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 organ 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 criminal or civil judicial proceeding.	
9. Terms and conditions (Explain in detail; see Part B-9 of instructions): One consultant for 10 working days for \$15,000.00	



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) Circulate with employees for questions and answers.	b. Period during which performed: 4/11 - 5/2/2002	c. Extent performed: Completed
d. Names and addresses of persons through whom performed: 1) Charles Smith - 207 Gaylane Drive, Columbus MS 39702		

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

- a) Great Dane Trailers Employees
b) United Autoworkers

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 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: 5/9/02	Signed: (If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 5/9/02
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 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 Budget Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.



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OMB No. 1214-000
02/29/99

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).

File No. C. 530

A. Person Filing

1. Name and mailing address (include ZIP code): John Sullivan Sullivan & Associates, Inc. 2701 Trelawny Drive Clarksville TN 37043		2. Any other address where records necessary to verify this report are kept: N/A	
3. Date fiscal year ends: 12/31/2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): American Tokyo Rope 1857 South ByPass Rd. Danville KY 40422		6. Date entered into: 2-20-2002	
7. Names of persons through whom made: Mike Bewley			
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 criminal or civil judicial proceeding.			

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

Four Consultants for fourteen days and one additional consultant for two days for \$137,250.00

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) Hold captive audience meetings, show video provided by employer and answer questions.
2) Circulate with employees for questions and answers.

b. Period during which performed:

2/20 - 3/12/2002

c. Extent performed:

Completed

d. Names and addresses of persons through whom performed:

- 1) Khanh Tran - PO Box 1501 Lake Forest CA 92630
2) Elizabeth Hernandez - 3621-K So. Bear St, Santa Ana CA 92704
3) Joey Smith - 402 9th Street North, Columbus MS 39401

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

- a) American Tokyo Rope Employees
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 to the best of his knowledge and belief, true, correct, and complete.

Signed: (If other title, cross out and write in correct title above.)	Signed: (If other title, cross out and write in correct title above.)
President	Treasurer

City: Clarksville State: TN Date: 3/16/02	City: Clarksville State: TN Date: 3/16/02
at: Clarksville TN on: 3/16/02	at: Clarksville TN on: 3/16/02

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#10d. cont'd

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

5) Charles Smith - 201 Gaylane Drive, Columbus MS 39702



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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. 530

A. Person Filing

1. Name and mailing address (include ZIP code): John Sullivan Sullivan & Associates, Inc. 2701 Trelawny Drive Clarksville TN 37043	2. Any other address where records necessary to verify this report are kept: N/A
3. Date fiscal year ends: 12/31/2002	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Delta Metals 1338 North 7th Street Memphis TN 38107	6. Date entered into: 2/4/02
7. Names of persons through whom made: Gary Anderson	

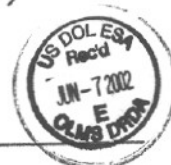
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

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 criminal or civil judicial proceeding.

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

Two consultants for eighteen days and one additional consultant for one day for \$35,776.00.



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) Hold captive audience meeting, show video provided by employer and answer questions. 2) Circulate with employees for questions and answers.	b. Period during which performed: 2/4/2002 - 2/27/2002	c. Extent performed: Completed
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d. Names and addresses of persons through whom performed:

1) Lee Bell - 10223 Sunridge Trail, Dallas TX 75243
2) Herman C. Wiggins - 8017 McKee Blvd, Oklahoma City OK 73132

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

a) All full time production & maintenance employees at Delta Metals Memphis facility
b) United Steelworkers of America

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 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: 3/4/02	Signed: John Sullivan (If other title, cross out and write in correct title above.) City: Clarksville State: TN Date: 3/4/02
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