



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.

534

A. Person Filing

1. Name and mailing address (include ZIP code): William Scott- LRI Consulting Services, Inc 7850-E South Elm Place Broken Arrow, Oklahoma 74011	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12-31-01	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): Matsushita Home Appliance Company Lebanon Road, PO Box 7 Danville, KY 40423	6. Date entered into: 5/18/01
	7. Names of persons through whom made: J. D. Lewis
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 of 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): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. Duration of 1 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:

Employed to give speeches to employees to persuade them to not join a union.

b. Period during which performed:

5/18/01

c. Extent performed:

Fully performed

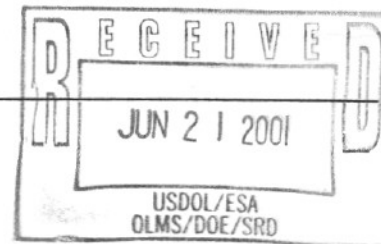
d. Names and addresses of persons through whom performed:

William Scott, Sr. - Scott Consulting
1032 Meda Street
Memphis TN 38104

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

International Brotherhood of Teamsters

Warehouse employees



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: Broken Arrow State: OK Date: 6/8/01	Signed: (If other title, cross out and write in correct title above.) City: Broken Arrow State: OK Date: 6/8/01
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.



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File No.

C.

534

A. Person Filing

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

William Scott- LRI Consulting Services, Inc
7850-E South Elm Place
Broken Arrow, Oklahoma 74011

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

3. Date fiscal year ends:

12-31-2001

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):

Floor Brite Guard
407 South 27th Avenue
Omaha, NE 68131

6. Date entered into:

4-11-2001

7. Names of persons through whom made:

Roger DeBeclar

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):

Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union.

6 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.

b. Period during which performed:

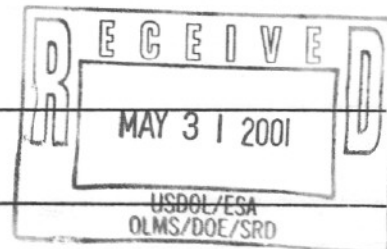
4/11/01, 4/12/01, 4/18/01, 4/19/01, 4/25/01,
4/26/01

c. Extent performed:

Fully performed

d. Names 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:

Service Department

Auto 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: *William Scott* President Signed: *William Scott* 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: Broken Arrow OK on: 5/22/01 City State Date at: Broken Arrow OK on: 5/22/01

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Agreement and Activities Report

U.S. Department 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).

File No. C. 534

A. Person Filing

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

WILLIAM E. SCOTT, SR.
1032 MEAD ST.
MEMPHIS, TN. 38104

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

N/A

3. Date fiscal year ends:

7-1

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):

F.B.G. - 1339 W. 7th ST.
DAVENPORT, IA. 52802

6. Date entered into:

4-10-01

7. Names of persons through whom made:

ROGER DEBACHER

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 an 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):

L.R.I. MGT. SERVICES - WROTE CONTRACT & EXECUTED SAME
ONE LRI PLAZA
7850 S. ELM BL.
BRAKEX ABBOW, OK 74011

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:

PERSUADE EMPLOYEES TO VOTE NO

b. Period during which performed:

4-10 THRU- 4-27-01

c. Extent performed:

COMPLETELY TO BEST OF MY ABILITY

d. Names and addresses of persons through whom performed:

PHILLIP ~~WILSON~~ B. WILSON

SEE # 9 ABOVE FOR ADDRESS

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

F.B.G. DUBUQUE, IA. AT JOHN DEERE

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:

William E. Scott, Sr.

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: Memphis, TN.

on: 43001

City State Date

on:



OMB No. 1214-0001

02/29/93

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File No.

C. 534

A. Person Filing**1. Name and mailing address (include ZIP code):**

William Scott- LRI Consulting Services, Inc
7850-E South Elm Place
Broken Arrow, Oklahoma 74011

2. Any other address where records necessary to verify this report are kept:**3. Date fiscal year ends:**

12-31-01

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):**

Desert Aggregates
PO Box 592
Hanford, CA 93732

6. Date entered into:

2/12/01

7. Names of persons through whom made:

Mr. Bruce Bunting

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):

Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union.

Duration of 3 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.

b. Period during which performed:

2/12/01, 2/13/01, 2/14/01

c. Extent performed:

Fully performed

d. Names 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:

Production Workers

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:

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: Broken Arrow

OK

on: 3/14/01

City

State

Date

at: Broken Arrow

OK

on: 3/14/01

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File No. C. 534

A. Person Filing

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

SCOTT CONSULTING
WILLIAM E. SCOTT, SR
1032 MEADOW ST.
MEMPHIS, TN. 38104

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

NO

3. Date fiscal year ends:

7-1

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):

DESERT AGGREGATE
P.O. BOX 569
HANFORD, CA. 93232-0569

6. Date entered into:

02-11-01

7. Names of persons through whom made: BROKEN
LRI MGT. SERVICES ARROW, OK

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 a criminal or civil judicial proceeding.

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

750.00 PER DAY PLUS EXPENSES

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:

PERSUADER - SHOWED VIDEO & TALK

b. Period during which performed:

02-11-01 THRU 02-15-01

c. Extent performed:

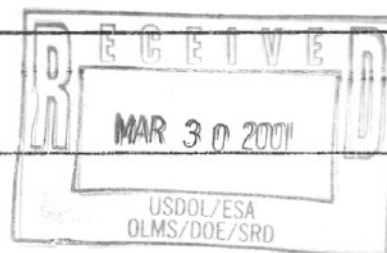
FULL

d. Names and addresses of persons through whom performed:

LRI MGT. SERVICES
7850 S. ELM PL.
BROKEN, ARROW, OK.

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

OPERATING ENGINEERS
DESERT AGGREGATE



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: <u>William E. Scott</u> President		Signed: <u>[Signature]</u> 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: MEMPHIS, TN. 38104	Date: 02/16/01	at:	Date: