

# 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.

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. 525

### A. Person Filing

1. Name and mailing address (include ZIP code): Matt Perovic/LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74013		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-02	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): Tweeter Home Entertainment 320 South Henderson Road King of Prussia, PA 19403		6. Date entered into: February 22, 2002	
		7. Names of persons through whom made: Trish Zwaan	
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): 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: February 26, 27 and 28, 2002		c. Extent performed: Fully performed	
d. Names and addresses of persons through whom performed: LRI Consulting 10917 Kilpatrick Oak Lawn, IL 60453			
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: International Brotherhood of Teamsters  Drivers			



**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 State Date at: Broken Arrow OK on: 3/28/02		Signed: (If other title, cross out and write in correct title above.) City State Date at: Broken Arrow OK on: 3/28/02	
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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 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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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. 525

**A. Person Filing**

1. Name and mailing address (include ZIP code):  
Matt Perovic/LRI Consulting Services, Inc.  
7850 South Elm Place  
Broken Arrow, OK 74013
2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends:  
12-31-02
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):  
Millard Refrigerated Services, Inc.  
4715 South 132nd Street  
Omaha, NE 68137
6. Date entered into:  
March 8, 2002
7. Names of persons through whom made:  
Steve Offner
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 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.



b. Period during which performed:  
March 12 and 13, 2002

c. Extent performed:

Fully performed

d. Names and addresses of persons through whom performed:

Matt Perovic/Quantum Consulting  
10917 Kilpatrick  
Oak Lawn, IL 60453

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

United Food and Commercial Workers

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

City State Date  
at: Broken Arrow OK on: 4/4/02  
City State Date  
at: Broken Arrow OK on: 4/4/02

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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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. 525

**A. Person Filing**

1. Name and mailing address (include ZIP code): Gerald O'Brien/LRI Consulting Services, Inc. 7850 South Elm Place Broken Arrow, OK 74013		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12/31/02	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): Orchard Village 7670 Marmora Manor Skokie, IL 60077		6. Date entered into: 3/4/02
		7. Names of persons through whom made: Ken Honderich
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):  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:**

3/13/02, 3/14/02, 3/15/02

**c. Extent performed:**

Fully performed

**d. Names and addresses of persons through whom performed:**

Gerard O'Brien  
5150 Jamaca Boulevard North  
Lake Elmo, MN 55042

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

Field employees

AFSCME

**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.)	President	Signed: (If other title, cross out and write in correct title above.)	Treasurer
City at: Broken Arrow	State OK	Date on: 4/8/02	City at: Broken Arrow
		State OK	Date on: 4/8/02

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