U.S. Der tment of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 88-257 as amended. Failure to comply may

OMB No. 1214-0001

result in criminal prosecution, fines and civil penalties as	provided by 2	9 U.S.C. 439, 440.		0	2/29/93
Required of Persons, including Labor Relations Consultants and O Under Section 203(b) of the Labor-Management Reporting and Dis	ther Individuals	and Organizations	File No.	c. 530	0
A. Person Filing					
Name and maling address (include ZIP code): John Sullivan	2. Any other s	iddress where records neces	sary to verif	y this report	are kept
2701 Trelawny Drive Clanksville TN 37043 3. Date fiscal year ends: [4. Type of person:					
	100				
12-31-2000	Partnership	c. Corporation d. C	Other (S	pedify):	
B. Nature of Agreement or Arrangement					
5. Full name and address of employer with whom made (include Riley medical, Inc.	ZIP code):	6. Date entered into: 10/26/00			
Auburn ME anding		7. Names of persons throu Edward Rile	1	ade:	
8. Check the appropriate box to indicate whether an object of the a. To persuade employees to exercise or not to exercise, collectively through representatives of their own choose. To supply and employer with information concerning to dispute involving such employer, except information for criminal or civil judicial proceeding.	, or persuade em sing. he activities of e	ployees as to the manner or omployees or a labor organiza	exercising, to	ection with a	a labor
C. Transport of the desired of the d	tions):	//			
2 Consultants for (18) days a	7 3000	aper day = 55	7,000.=		
C. Specific Activities to be Performed					
10. For each activity, separately list in detail the information requ	ired (See Part C-	-10 of instructions):			
a. Nature of activity: To hold captive audience meets employer, and answerquestion Circulate with employees for b. Peroid during which performed: c. Extent	ings, 5 km	now videus pro	vided	by	
Circulate with employees to	partormed:	ions and ans	wers.		-
b. Peroid during which perioritied.	1(LS		_
10/26 - 11/19/00 Com	pieted		522		1
d blom as and addresses of sames through whom and	med:	1 01 02/33	8	8	0
D Khanh Tran - PO Box 1501 La	Ke Fores	+ CH 92630		8	SS
2) Lee Bell- 10223 Sunridge Trail	Dallas 7	X 75243	553	4	SD01/E S/D0E
11. Identify (a) Subject employees, groups of employees, and (b) labor organizat	ions:	ಆ	DEC	OLN
a) Riley Medical, Inc.			2		
b) International Association of A				1500	
D. Vertication and Signature. The person in item 1 above an that all information in this report, including all attachments incorp to the pest of his knowledge and belief, true, correct, and complete.	orated therein o				

Signed:	(Sole Proprietor	Signed:	10	7/	Treasurer
(If other title, cross out and	write in correct title	above.)	(It other	title, cross o	ut and write in correct t	itle above.)
City City	State	Date /		City	State	Date

at: Con Suite

on:

Public reporting burden for this collection of information is estimated to everage 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the datal needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other espect 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. 20509.

U.S. Department of Labor

Office of Labo

agement 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

File No. 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). A. Person Filling 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: John Sullivan 2701 Trelawny Drive 3. Date fiscal year ends: 4. Type of person: a. Individual b. Partnership c. Corporation d. Other (Spedify): 2-31-2000 B. Nature of Agreement or Arrangement 6. Date entered into: Full name and address of employer with whom made (include ZIP code): 9-14-2000 recision Grinding + Mfa. Com 7. Names of persons through whom made: 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): 4. (3) Labor Relations Consultants to hold captive audience meetings and circulate with employees for questions and answers for week.

3. (1) Campaign Manager to manage consultants and be on-site 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 consultant 3, c. Extent performed: b. Peroid during which performed: All completed 9-14-10/3/20 charles Smith 200 Gaylane Dr. Columbus M53970/ 3) Lee Bell - 10223 Dallas Khanh Tran Po Box 150/ Lake Forest CA 92630(4) Gerri Ranson 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Precision Grinding & Manufacturing Corp. MachinisT OCT 3 0 2000 D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under beneity of law, that all information in this report, including all attachments incorporated therein or referred to in his report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete. to the best of his knowledge and belief, true, correct, and complete. Signed: 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 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 NS525, 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.

Agreement and Activities Report

U.S. Department of Lapor

Office of Labo

nagement Standards



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02/29/93

OMB No. 1214-0001

lequired of Persons, including Labor Relations Consultants and Other Indi Under Section 203(b) of the Labor-Management Reporting and Disclosure	viduals and Organizations, Act of 1959, as amended (LMRDA). File No. C. 536
A. Person Filing	
Traine and June 1	y other address where records necessary to verify this report are kept
John Sullivan	
2701 Trelawny Drive	
ClarkSville TN 30043 3. Date fiscal year ends: 4. Type of person:	
Date fiscal year ends: 4. Type of person:	
a. 2 Individual b. Partn	ership c. Corporation d. Other (Spedify):
12-31-2000	
B. Nature of Agreement or Arrangement	La Data and late
5. Full name and address of employer with whom made (include ZIP co	de): 6. Date entered into:
Crown Cork & Seal Co.	9/15/2000
2929 W. Bridge Street 55060	7. Names of persons through whom made:
8. Check the appropriate box to indicate whether an object of the activity	ios undertaken is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise.	suade 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 actividation involving such employer, except information for use seems. 	rities of employees or a labor organization in connection with a labor olely in conjunction with an administrative or arbitral proceeding or a
criminal or civil judicial proceeding.	siery in sorigination with an actininous action of arbitrar provideding of a
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):	
10 17 (2) 3	# 1500 12 Par Dur
1 Consultant for (3) Days at	7 7 1300.00 TEV LOUY!
C. Specific Activities to be Performed	医圆形性 经通过保险 医皮肤病 经完全 计二级数 计自然连接 化对抗性质性 化二十二烷烷
10. For each activity, separately list in detail the information required (S	se Part C-10 of instructions):
a. Nature of activity: 1) Show videos, tour plant, and ar b. Peroid during which performed: c. Extent perform	
9/15-9/17/2000 Cample	1/2
9/15-9/17/2000 Comple	TEQ .
d. Names and addresses of persons through whom performed:	B1 1 205 DOOD 1
Charles Smith - 201 Gaylane Drive	, Columbus MIS 39701
	DEEE BUNE
11. Identify (a) Subject employees, groups of employees, and (b) labor	arconitations:
a) Crown Cork & Seal Co. b) Steelworkers	1/01/
a) Crown cork + stat co.	[UU] OCT 3 0 2000 [[V]]
h) in the same of	
1 Steelworkers	USDOL/ESA
	OLMS/DOF/SPD
D. Verfication and Signature. The person in item 1 above and each that all information in this report, including all attachments incorporated	
to the best of his knowledge and belief, true, correct, and complete.	the same of the sa
	Signed:
Sole Proprie for	
(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: 10/13/00	at:
Public reporting burden for this collection of information is estimated to avera	ge 20 minutes per response, including the time for reviewing instructions
regarding this burden estimate or any other sepect of this collection of informs Management Standards, Department of Labor, Room N5625, 200 Constitution Ave	tion, including suggestions for reducing this burden, to the Office of Labor
Management Standards, Department of Labor, Room N5625, 200 Constitution Ave Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.	nue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget,

Office of Labor-N

gement Standards

File No.



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

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 John Sullivan 2701 Trelawny Drive Clarksville TN 3704 3. Date fiscal year ends: Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Spedify): 12-31-2000 B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): reddirehaus Corporation 101 Peddi Lane 7. Names of persons through whom made: Andrews SC 29510 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. 12 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 8 Days at \$15000 per Day = \$12,000.000.000 1 Consultant for 20 Days at \$5000 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): Show videos, tourplant, and answer employee guestions Tourplant and answer employee questions c. Extent performed:

Meetings and videos completed.

Meetings and videos completed.

Touring plant and answer questions completely.

Khanh Tran - P.O. BOX 1501 Lake Fovest CA 92630 2) Herman C. Wiggins - 8017 Mckee Blud, OKlahoma City OK 73/32 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Peddinghaus Corporation Steelworkers #7898 OCT 3 n 2000 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 leport, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete. Sole Propriety President Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) City Date State 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.

U.S. Department of Labor

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OMB No. 1214-0001

File No.

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). A. Person Filing 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: John Sullivan DBA Sullivan & Associates 2701 Trelawny Drive Clarksville TN 30043 a Individual b. Partnership c. Corporation d. Other (Spedify): B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): May 17,2000 Ralston Purina Co. 931 Dun luce Road 7. Names of persons through whom made: 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): 3 Consultants for 23 Days at \$3600.00 Per Day = 82,800.00 I 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): Thow videos, four the plant, and answer questions. b. Peroid during which performed: c. Extent performed: All meetings, videos and tours are d. Nam, es and addresses of persons through whom performed: Khanh Tran - p.O. Box 1501 Lake Fovest CA 92630 2) John Sullivan-San Herman C. Wiggins - 8017 Makee Blvd, D. Klahoma City OK 73132 Chanles K. Smith - 201 Gay lane Drive Blumbus MS 39202 I. Identify (a) Subject employees, groups of employees, and (b) labor organizations: BRIWR Ralston Purina Co, and habovers Union JUN 2 7 2000 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. Jole Proprietor 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.) State 6/16/00

U.S. Department of Labor

Office of Labor-

agement Standards



OMB No. 1214-0001 This report is mandatory under P.L. 86-257 as amended. Failure to comply may

	anagement Reportin	ig and Disclosure	Act of 1959, a	s amended (LMn		
A. Person Filing	5 7 7 8 8 8 7 5 7	M				ANI/A
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John L. Sullivan DBF		tssociales				/
105 Brook Hollow RE	oad ,	N 100 HC				APR 20 '00
Clarksville TN 3	1040	Congress of the				20 8346 40 202
3. Date fiscal year ends:	. Type of person:		1002 - 1404		1267 1387 185	Q P-16
12-31-2000	a. individua	b. 🗆 Parti	nership c. [Corporation	d. 🗆 Other (Spedify):
B. Nature of Agreement or Arran		523/00/00	one and ranger	1-5 - 1-38 (2.4)	edit is dinames. I pa	in granton - Jacobski
5. Full name and address of employ	er with whom mad	e (include ZIP co	ode): 6. D	ate entered into:		
Champion Bus				3-13-20		8105 E 16000
331 GRAHAM RD	8444			Dean Bri	s through whom	made:
3. Check the appropriate box to ind	M. I.	hiert of the activi	AND ADDRESS OF THE RESIDENCE OF THE PARTY OF	D 101 (21010	
a. To persuade employees to						, the right to organi:
collectively through repre	sentatives of their	own choosing.				- None
 b. To supply and employer to the control of the cont	with information co	ncerning the acti	vities of employ	rees or a labor or	rganization in co	nnection with a labo
dispute involving such en criminal or civil judicial p		ormation for use s	solely in conjun	ction with an adi	ministrative or ari	pitral proceeding or
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0. For each activity, separately list	in detail the inform	t ar and		instructions):	APR 2 4 20	
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O. For each activity, separately list a. Nature of activity: Show videos and b. Peroid during which perform	in detail the inform	t ar and	tions.	instructions):	USDOL/FSA	2
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b. Peroid during which perform b. Peroid during which perform 3/13 - 4/6/2000 d. Nam, es and addresses of p Khanh Tran-P.O. B. Charles Smith - 20: John L. Sullivan - 11. Identify (a) Subject employees, s Cham pion BUS E Auto wor Kers United the best of his knowledge and be signed: (If other title, cross out and write in a city of the control of the contr	med: dersons through who so some as groups of employees the person in item 1 fluding all attachme lilef, true, correct, a scorrect title above.)	c. Extent perform Completo om performed: Lake Ford Drive Co # J es, and (b) labor above and each into incorporated ind complete. Date One Halamo	red: eted est CA fumbus organizations: of his undersigned: therein or reference (If other title, at:	92630 ms 3970 gned authorized red to in this rep	officers declares ort, has been exa	tunder penalty of la amined by him and Treasure above.)
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Agreement and Activities Report

U.S. Department of Labor



Office of Labo nagement Standards OMB No. 1214-0001 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. 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 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: John L. Sullivan DBA SullivanYAssiciate FEB 2 9 2000 105 Brook Hollow Road Clarksville TN 4. Type of person: LISDOL /FSA 3. Date fiscal year ends: Other (Spedify): a. Individual c. Corporation b.

Partnership 12-31-2000 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: Western Power & EquiDment 7. Names of persons through whom made: Portland 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. Terms and conditions (Explain in detail; see Part B-9 of instructions): Days at 1500.00 Per Day Day at 3000.00 Per Day * Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): show videos and answer guestions. b. Peroid during which performed: Completed d. Nam, es and addresses of persons through whom performed: Khanh Tran - P.O. Box 1501, Lake Forest CA 92630 Charles K. Smith - 201 Gaylane Drive, Columbus M5 39702

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Western Power + Equipment employers Operating Engineer 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,

Signed: Signed: Sale Proprietor 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 Date State on: d at:

to the best-of-his knowledge and belief, true, correct, and complete.

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.

Agreement and Activitie Teport

U.S. Department of Labor

Office of Labor ... _nagement Standards



OMB No. 1214-0001 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. 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): John L. Sullivan DBA Sullivany Associates FEB 2 9 2000 105 Brook Hollow Road Clarksville TN 37040 4. Type of person: 3. Date fiscal year ends: OLMS/DOE/SRD a. A Individual c.
Corporation d.
Other (Spedify): b. Partnership 12-31-2000 B. Nature of Agreement or Arrangement Date entered into: 5. Full name and address of employer with whom made (include ZIP code): Western Power + Equipment-Springfield OR 1/17/2000 7. Names of persons through whom made: 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): 1 Consultant for (5) Days at 1500 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. Peroid during which performed: c. Extent performed: d. Nam, es and addresses of persons through whom performed:

Khanh Tran - P.O. Box 1501 Lake Forest CH 92630

John h. Sullivan-Same as #1. 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Western Power & Equipment employers Operating Engineers. 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: Sole Propries 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.) State Date State on: 2/11 at: