



# 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. 436, 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 L. Sullivan  
Sullivan & Associates  
2601 Madison Street  
Clarksville TN 37043

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

N/A

3. Date fiscal year ends:

12/31/2003

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):

Fonar Corporation  
110 Marcus Dr.  
Melville, NY 11747

6. Date entered into:

7/10/2003

7. Names of persons through whom made:

Dr. Raymond Damadian

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 (18) working days  
One additional consultant for (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:

- 1) conduct captive audience meetings  
2) Circulate with employees for questions & answers.

b. Period during which performed:

7/10 -

c. Extent performed:

Ongoing

d. Names and addresses of persons through whom performed:

Amed Santana - same as #1

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

a) Fonar Corporation

b) Iron Workers Local #455



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: Clarksville TN 8/8/03

City State Date  
at:

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 H-1203, 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-

# 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. 96-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 435, 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 L. Sullivan Sullivan + Associates 2601 Madison Street Clarksville, TN 37043	2. Any other address where records necessary to verify this report are kept: N/A
3. Date fiscal year ends: 12/31/2003	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): Columbia Ready Mix 2600 N. Stadium Blvd. Columbia, MO. 65202	6. Date entered into: 7-07-03
7. Names of persons through whom made: Alan Barnes	

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):

Two consultants for twenty-one (21) working days  
One additional consultant for (1) one day at \$15833.33

## 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) Conduct captive audience
- 2) Circulate with employees for question + answers.

#### b. Period during which performed:

7/07/2003 - 8/04/2003

#### c. Extent performed:

#### d. Name and address of persons through whom performed:

Bill Price  
1015 Hillshire Dr.  
Clarksville, TN

Lee Bell  
10223 Sunridge Tr.  
Dallas, TX

John Sullivan  
2701 Trelawny.  
Clarksville, TN.

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

- A) Columbia Ready Mix
- B) IBT 833



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: 08/04/2003	Signed: [Signature] (If other title, cross out and write in correct title above.) City: State: Date:
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-

# 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. 88-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 436, 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 L. Sullivan Sullivan & Associates, Inc. 2601 Madison St. Clarksville, TN 37043	2. Any other address where records necessary to verify this report are kept: N/A
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3. Date fiscal year ends: 12/31/2003	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):
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## B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): St. Clair Die Casting 225 St. Clair Industrial Park Dr. St. Clair, MO 63077	6. Date entered into: 9-15-03
7. Names of persons through whom made: David Fleming	

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):

Two consultants for seventeen working days.  
One additional consultant for 1 day at \$ 11,581.52

## 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) Conduct captive audience meetings
- 2) Circulate with employees for questions and answers.

#### b. Period during which performed:

9-15-03 / 10-07-03

#### c. Extent performed:

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

Khanh Tran  
2601 Madison  
Clarksville, TN 37043

Charles K. Smith  
2601 Madison  
Clarksville, TN 37043

William E. Scott, SR  
2601 Madison St.  
Clarksville, TN 37043

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

- a) St. Clair Die Casting
- b) UAW.



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: 10/15/03	Signed: _____ (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: _____
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 N8325, 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-1



## Agreement and Activities Report

## U.S. Department of Labor

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  
Sullivan & Associates  
2401 Madison Street  
Clarksville, TN 37043

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

N/A

3. Date fiscal year ends:

12/31/2003

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):

Consolidated Containers Company  
15 Mineral Street  
Oil City, PA 16301

6. Date entered into:

7-07-2003

7. Names of persons through whom made:

David Kirkland

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 ten (10) working days at \$4166.<sup>00</sup>

## 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) Conduct captive audience meetings
- 2) Circulate with employees for questions & answers.

b. Period during which performed:

7/07/2003 - 7/25/2003

c. Extent performed:

d. Names and addresses of persons through whom performed:

Charles K Smith  
207 Gayland Dr.  
Columbus, MS 39702

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

- a) Consolidated Containers Company, employees.
- 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:

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: 7/30/03City State Date  
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

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

- a) Duramax Distribution Center employees
- b) Teamsters.



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: Clarksville TN on:City State Date  
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



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-530

## A. Person Filing

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

John L. Sullivan  
Sullivan & Associates, Inc.  
2601 Madison Street  
Clarksville, TN 37043



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

N/A

3. Date fiscal year ends:

12/31/2003

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):

Duramax Distribution Center  
16099 Industrial Parkway  
Middlefield, OH 44062

6. Date entered into:

8-6-03

7. Names of persons through whom made:

Ron Kautzman

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 twenty-three working days  
One consultant for eighteen (18) working days.  
One consultant for two (2) days. at \$18,623.40

## 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) conduct captive audience meetings  
2) circulate with employees for questions & answers.

b. Period during which performed:

8-6-03/9-5-03

c. Extent performed:

d. Names and addresses of persons through whom performed:

Lee Bell  
2601 Madison St.  
Clarksville, TN 37043

Khanh Tran  
2601 Madison St.  
Clarksville, TN 37043

Charles K. Smith  
2601 Madison St.  
Clarksville, TN 37043

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

- a) Duramax Distribution Center employees  
b) Teamsters.



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: Clarksville TN on:

City State Date  
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.