

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. File No. C. 529

Under Section 203(b) of the Labor-Management Reporting and Disc	closure Act of 1959, as amended (LMRDA).
A. Person Filing	
Name and maling address (include ZIP code): John Sulli van 2701 Trelawny Drive Clar Ksville TN 37043	2. Any other address where records necessary to verify this report are ke
Clarksville TN 37043	
Date fiscal year ends:	
12-31-2001	Partnership c. □ Corporation d. □ Other (Spedify):
B. Nature of Agreement or Arrangement	TIP d-). C Date entered into
5. Full name and address of employer with whom made (include Rumsey Electric Co.  15 Colwell Lane Conshohocken PA 19428	8-6-200/ 7. Names of persons through whom made: Gerald M. Lihota
a.	or persuade employees as to the manner or exercising, the right to organize sing.  ne activities of employees or a labor organization in connection with a labor or use solely in conjunction with an administrative or arbitral proceeding or a
9. Terms and conditions (Explain in detail; see Part B-9 of instruct One consultant and one campai	ions):
C. Specific Activities to be Deformed	
<ul> <li>C. Specific Activities to be Performed</li> <li>For each activity, separately list in detail the information requi</li> </ul>	ired (See Part C-10 of instructions):
	show videos provided by employer
b. Peroid during which performed: c. Extent p	performed:
8 16 - 9/5/2001 Com d. Nam,es and addresses of persons through whom perform	plet e
d. Nam,es and addresses of persons through whom perform	ned:
Khanh Tran - PO Box 1501 Lak	Le Forest CA 92630
) John Jullivan - Same as #1	
11. Identify (a) Subject employees, groups of employees, and (b)	labor organizations:
a) Rumsey Electric Employees b) Teamsters	SEP 172001  CAME DROST
D. Verfication and Signature. The person in item 1 above and that all information in this report, including all attachments incorporate the control of th	d each of his undersigned authorized officers declares, under penalty of law

to the best of his knowledge and belief, true, correct, and complete been examined by him and is

Sole Proprietor	Signed:		
			Treasure
City	(If other title, cross out an	d write in correct title	above.)
at: Claresville TX	City	State	Date
Public reporting burden for this collection of information is estimated to average searching existing data sources, gathering and maintaining the data needed, and regarding this burden estimate or any other aspect of this collection of information Management Standards, Department of Labor, Room N5625, 200 Constitution Average Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.	le 20 minutes per response, in completing and reviewing the on, including suggestions for roue, N.W., Wash., D.C. 20210; a	cluding the time for re e collection of informati reducing this burden, to and to the Office of Man	on: viewing instructions ion. Send comments the Office of Labor agement and Budget,

Form LM-2 (Feb. 1990

# 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. 439, 440.

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				
. Hallie all a thanks are the	any other address where records necessary to verify this report are kept:			
John Sullivan Daile				
2701 Trelawny Drive				
Clarksville TN 37043				
Date fiscal year ends:     4. Type of person:				
	tnership c.  Corporation d.  Other (Spedify):			
12-31-2001				
B. Nature of Agreement or Arrangement	code): 6. Date entered into:			
5. Full name and address of employer with whom made (include ZIP of Lawson Mandon Austria)	0.521.			
6700 midland Industrial Drive	7-12-200 / 7. Names of persons through whom made:			
Shelbyville KY 40065	Steve Baralt			
8. Check the appropriate box to indicate whether an object of the active				
	ersuade 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 ac-	tivities 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 20 Days 1 Consultant for 7 Days for	///// """			
1 Consultant for 1 Days to	0 r # 63,000.00 JUN 25 2002			
	USDOL/ÉSA OLMS/DOE/SRD			
C. Specific Activities to be Performed	DLMS/DOE/SRD			
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 employ en and answer questions				
b. Peroid during which performed:   c. Extent performed:	rmed:			
7/13-8/10/01 Compl	let e			
d. Nam, es and addresses of persons through whom performed:  Lee Bell-1023 Sunnidge Trail, De Elizabeth Hernandez-2546 Santa Ar William Price-1015 Hillshire Drivere  11. Identify (a) Subject employees, groups of employees, and (b) laborations.	Clarksville TN 37040			
a) Lawson Mardon Employees				
2 distribution of the state of				
b) Graphic Communication International Union, Local 64-M				
D. Verfication and Signature. The person in item 1 above and each that all information in this report, including all attachments incorporate to the best of his knowledge and belief, true, correct, and complete.	th of his undersigned authorized officers declares, under penalty of law, d therein or referred to in this report, has been examined by him and is,			
Signed: Sile Proprie	A-Signed:			
Preside				
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)			
at: Clarksville TN on: 8/10/0	City State Date			
Public reporting burden for this collection of information is estimated to aversearching existing data sources, gathering and maintaining the data needed, a regarding this burden estimate or any other aspect of this collection of inform Management Standards, Department of Labor, Room N5625, 200 Constitution At Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.	rage 20 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments ation, including suggestions for reducing this burden, to the Office of Labor venue, N.W., Wash., C.C. 20210; and to the Office of Management and Budget,			

## U.S. Department of Labor

Office of Labor-Ma. Jement Standards



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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. 530

officer Section 203(b) of the Labor-Management Reporting and Disci	osure Act of 1939, as amended (EMIDA).	
A. Person Filing		
	<ol><li>Any other address where records necessary to verify this report are kept:</li></ol>	
John Sullivan		
2701 Trelawny Drive		
Clarksville TN 37043		
3. Date fiscal year ends:  4. Type of person:		
12-31-2001	Partnership c. □ Corporation d. □ Other (Spedify):	
B. Nature of Agreement or Arrangement		
5. Full name and address of employer with whom made (include 2	ZIP code): 6. Date entered into: 7/9/2000	
Tuscarora Inc. 800 Fifth Avenue	7. Names of persons through whom made:	
New Brighton PA 15066	Tessie Kucherawy	
8. Check the appropriate box to indicate whether an object of the		
a. To persuade employees to exercise or not to exercise, of	or persuade employees as to the manner or exercising, the right to organize	
collectively through representatives of their own choosi		
dispute involving such employer, except information for	e activities of employees or a labor organization in connection with a labor 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 instruction)	ons):	
a consultants for 10	by S	
1 Campaign Manager to do	Days 25th hour presentations on	
3 days for \$80,000.00.	,	
C. Specific Activities to be Performed		
10. For each activity, separately list in detail the information requir	red (See Part C-10 of instructions):	
a Natura of activity:	1 1 1 1 2	
a. Nature of activity:  1) Hold captive audience meetings, show videos provided by employ and answer questions.		
and answer questions.	austines and	
b. Peroid during which performed:   c. Extent po	eformed:	
7/9-8/1/2001 Com	pleted	
d. Nam, es and addresses of persons through whom perform	ed:	
OKhanh Tran - POBOX 1501 Lake	Forest CA 42630	
Charles K. Smith - 201 Gaylane Drive, Columbus MS 39702  Tohn Skillivan - 201 Trelawny Drive, Clarksville TN 37043  11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:		
a) Employees at 1323 Main St. M	t. Pleasant TN: 1620 Old Belfast Rd	
a) Employees at 1323 Main St, Mt. Pleasant TN:, 1620 Old Belfast Rd and 520 Church St, Lewisburg TN, Tuscarora Inc.		
b) United Auto Workers		
D. Verfication and Signature. The person in item 1 above and that all information in this report, including all attachments incorpo to the best-of-his knowledge and belief, true, correct, and complete	rated therein or referred to in the port, has been examined by him and is,	
Signed: Sole Profine	//// ##1 0 5 0000	
All Pres	sident Treasurer	
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in collective above.)	
City State Date	City S@LMS/DOE/SRD Date	
Public reporting burden for this collection of information is estimated to	average 20 minutes per response, including the time for reviewing instructions	

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 Activities Report

## U.S. Department of Labor

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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 Sullivan 2701 Trelawny Drive Clarksville TN 37043 4. Type of person: a. Individual b. Partnership c. Corporation d. Other (Spedify): 12-31-2001 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: GEMACE 03-04-01 2925 North Highway 1 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): 2 Consultants for (20) days for \$45,000.00 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 or activity:

1) To hold Captive audience meetings, show videos provided by employer, and answer questions.

2) Circulate with employees for guestions and answers.

b. Peroid during which performed:

| c. Extent performed: 3/4/01-3/28/01 d. Nam, es 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: APR 3 0 2001 GEMACO Graphic Communications Uniday DI MS/DOF/SRI D. Verfloation 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. Sole Proprieto Signed: 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 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 N5825, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paparwork Reduction Project (1214-0001), Wash., D.C. 20503.

## Agreement and Activities Report

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3. Date fiscal year ends: 4. Type 4. Type of person: a. Individual b. Partnership c. Corporation d. Other (Spedify): 12-31-2001 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: Public Service Co. of New Mexico 3-5-2001 Alvarado Square 7. Names of persons through whom made: Albuguergue NM Robert Curtis

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: Robert Curtis a. Z 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): Five Consultants for (20) Days, Two Consultants and additional 2) Days, Pay = \$130,000.00 C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): D Travel to work sites and hold captive audience meetings, show videos provided by employer, and answer questions. b. Peroid during which performed: | c. Extent performed: Completed 3/5-4/2/2001 d. Nam, es and addresses of persons through whom performed: Charles K. Smith, 207 Gaylane Dry Columbus MS 39702 2) Herman C, Wiggins, 8017 McKee Blvd, OKlahoma City, OK 73132 3) Lee Rell, 10223 Sunvidge Tvail, Doubs TX 75243 17. Identify (a) Subject employees, groups of employees, and (b) labor organizations: See Attached a Public Service Co. of New Mexico International Brotherhood of Electrical Workers. 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: Signed: Sole Proprietor -President Treasurer (if other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) Date Date

10: Ci

4) William A. Price, Jr.
1015 Hillshire Drive
Clarksville TN 37040

C-530

5) Ricardo Pasalagua 6 Seaside Circle Newport Beach CA 92663

