



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. 534

### A. Person Filing

1. Name and mailing address (include ZIP code): William E. Scott, Sr. - Scott Consulting 1032 Meda Street Memphis, TN 38104		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-00	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): Tripp Lite Power Protection 1111 W. 35th Street Chicago, IL 60609		6. Date entered into: 5-24-00
		7. Names of persons through whom made: Rob Laub
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.

4 Days

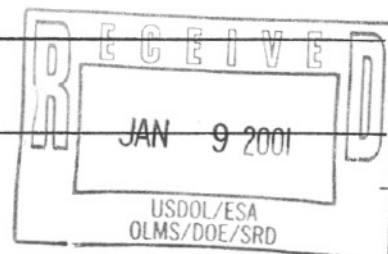
### C. Specific Activities to be Performed

#### 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: 5-24-00, 5-25-00 6-19-00, 6-20-00	c. Extent performed: Fully performed
d. Names and addresses of persons through whom performed: William E. Scott, Sr. - Scott Consulting 1032 Meda Street Memphis, TN 38104	



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

Teamsters

Warehouse

**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: <i>William E. Scott, Sr.</i> (If other title, cross out and write in correct title above.) City State Date at: Broken Arrow OK on: 1/30/00	Signed: <i>Rob Laub</i> (If other title, cross out and write in correct title above.) City State Date at: Broken Arrow OK on: 1/30/00
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.

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.

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: 12-31-00	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): Contract Freighters, Inc. 4701 East 32nd Street Joplin, MO 64804	6. Date entered into: 12/1/00
7. Names of persons through whom made: Mr. Kris Ikejiri	
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 4 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:

12/1/00, 12/2/00, 12/4/00, 12/5/00

## c. Extent performed:

Fully performed

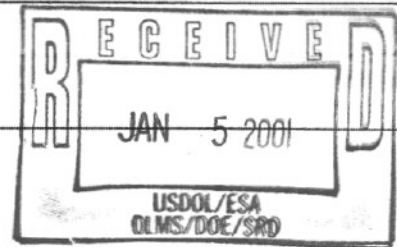
## d. Names and addresses of persons through whom performed:

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

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

Maintenance

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: (If other title, cross out and write in correct title above.)	Signed: (If other title, cross out and write in correct title above.)
City State Date at: Broken Arrow OK on: 12-27-00	City State Date at: Broken Arrow OK on: 12-27-00

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. 534

**A. Person Filing**

1. Name and mailing address (Include ZIP code):  
William E. Scott, Sr. - Scott Consulting  
1032 Meda Street  
Memphis, TN 38104
2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends:  
12-31-00
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):  
Tripp Lite Power Protection  
1111 W. 35th Street  
Chicago, IL 60609
6. Date entered into:  
5-24-00
7. Names of persons through whom made:  
Rob Laub
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.

4 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:**

5-24-00, 5-25-00  
6-19-00, 6-20-00

**c. Extent performed:**

Fully performed

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

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

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

Teamsters

Warehouse

**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: 6/30/00City State Date  
at Broken Arrow OK on: 6/30/00

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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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:**

12-31-00

**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):**

Coating Services, Inc.  
14350 Highway 73  
Prairieville, LA 70769

**6. Date entered into:**

7-11-00

**7. Names of persons through whom made:**

Norman Neal

**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.

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:**

7-11-00, 7-12-00

**c. Extent performed:**

Fully performed

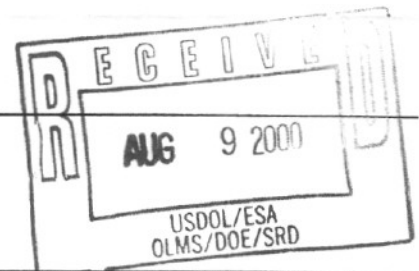
**d. Names and addresses of persons through whom performed:**

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

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

Painters &amp; Allied Trades

Plant



**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  
at: Broken Arrow

State  
OK

Date  
on: 7/31/00

City  
at: Broken Arrow

State  
OK

Date  
on: 7/31/00

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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. 534

**A. Person Filing**

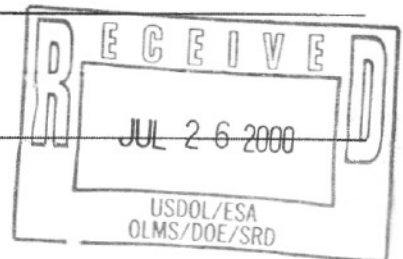
1. Name and mailing address (include ZIP code): William E. Scott, Sr. - Scott Consulting 1032 Meda Street Memphis, TN 38104		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-00	4. Type of person: a. <input type="checkbox"/> Individual b. <input 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): Tripp Lite Power Protection 1111 W. 35th Street Chicago, IL 60609		6. Date entered into: 5-24-00
		7. Names of persons through whom made: Rob Laub
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.  4 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: 5-24-00, 5-25-00 6-19-00, 6-20-00	c. Extent performed: Fully performed	
d. Names and addresses of persons through whom performed: William E. Scott, Sr. - Scott Consulting 1032 Meda Street Memphis, TN 38104		
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Teamsters  Warehouse		



**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: <i>William E. Scott, Sr.</i> (If other title, cross out and write in correct title above.)		Signed: <i>Rob Laub</i> (If other title, cross out and write in correct title above.)	
President		Treasurer	
City at: Broken Arrow	State OK	City at: Broken Arrow	State OK
Date on: 6/30/00		Date on: 6/30/00	

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

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 MEDA 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. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): COATING SERVICES INC 14350 HWY 73 PRATTVILLE, LA. 70769	6. Date entered into: 7/1/00
7. Names of persons through whom made: NORMAN NEAL	
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):

4 DAYS MEET WITH EMPLOYEES  
PAID THRU LRI MGT SERVICES BOKEN ARROW, OK

## 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 VIDEO AND TALK TO EMPLOYEES

b. Period during which performed:

7/1 thru 7/2/00

c. Extent performed:

TOTAL

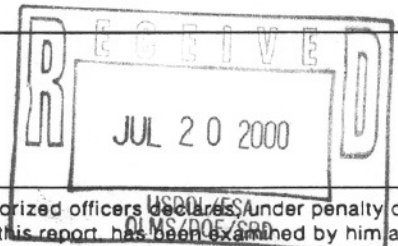
d. Names and addresses of persons through whom performed:

NORMAN NEAL ADD. SEE 5 ABOVE

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

20 PAINTERS

P.A.T.



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: <i>William E. Scott</i> 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: _____	City: _____ State: _____ Date: _____
at: Memphis, TN. on: 7/14/00	at: _____ on: _____

# Agreement and Activities Report

JUN 16 '00

P-16  
OLMS/DOE/SRD

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 MEDA ST.  
MEMPHIS, TN. 38104

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

SCOTT CONSULTING  
SAME ADDR. AS #1

3. Date fiscal year ends:

9-1-00

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):

FOR EDWARDS MFG. BRANDON, FL.  
LRI MGT. SERVICES  
ELM ST. BROKEN ARROW, OK.

6. Date entered into:

5-8-9-00 AND 5-21-22-00

7. Name of persons through whom made:

PHILLIP WILSON

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):

\$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:

PERSUADE EMPLOYEES TO VOTE NO UNION

b. Period during which performed:

MAY

c. Extent performed:

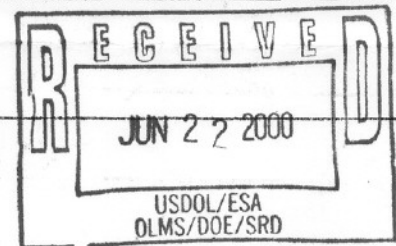
FULLY

d. Names and addresses of persons through whom performed:

SEE 5 AND 7 ABOVE

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

EDWARDS MFG. METAL & WOOD PLANT(S)



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: Memphis, State: TN, Date: 6/1/00

City: \_\_\_\_\_, State: \_\_\_\_\_, Date: \_\_\_\_\_



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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): <b>WILLIAM E. SCOTT, SR</b> <b>1032 MEDA ST.</b> <b>MEMPHIS, TN. 38104</b>	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: <b>7-1</b>	4. Type of person: a. <input checked="" type="checkbox"/> Individual    b. <input type="checkbox"/> Partnership    c. <input 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): <b>J. HUNGERFORD-SMITH (CON-AGRA)</b> <b>HUMBOLDT, TN.</b>	6. Date entered into: <b>4 4 00</b>
	7. Names of persons through whom made: <b>BOB GOODALL</b>

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):

**TO HOLD MEETINGS AND EXPLAIN DOWN SIDE OF UNIONS**  
**\$500<sup>00</sup> PER DAY + EXP.**

**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**  
**HOLD ANTI-UNION MEETINGS**

b. Period during which performed:

**4-4-245-00**

c. Extent performed:

**9 1 HR MEETINGS**

d. Names and addresses of persons through whom performed:



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

**BARGAINING UNIT - FOOD & CONFECTIONARY UNION**

**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: <b>William E. Scott, Sr.</b> (If other title, cross out and write in correct title above.)	<b>OWNER President</b>	Signed: _____ (If other title, cross out and write in correct title above.)	Treasurer
City: <b>MEMPHIS</b> State: <b>TN</b> Date: <b>5/00</b>	at: _____	City: _____ State: _____ Date: _____	at: _____





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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 MEADOW ST.  
MEMPHIS, TN. 38104

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

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):

BEKAERT

6. Date entered into:

4-6-00

7. Names of persons through whom made:

DYERSBURG, TN

SHAWN LILLY, ATTY

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):

\$500.00 PER DAY + EXP.

## 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:

HOLD MTGS TO PERSUADE WORKERS TO VOTE NO

b. Period during which performed:

4-6 &amp; 4-7-425 &amp; 4-26-00

c. Extent performed:

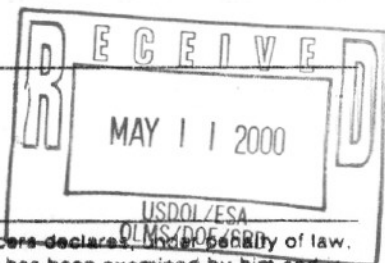
7-30 MIN. MTGS.

d. Names and addresses of persons through whom performed:

SHAWN LILLY - ATTY. MEMPHIS, TN

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

BARGAINING UNIT - STEELWORKERS



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.

OWNER  
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

at: MEMPHIS, TN.

Date

on: 5-1-00

City

State

Date

at:

on: