



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. 543

**A. Person Filing**

1. Name and mailing address (include ZIP code): Bill Armstrong & Associates, Inc. P.O. Box 2998 Capistrano Beach, CA. 92624-0998	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): J.B. Hunt 3820 North Second Street Philadelphia, PA. 19140	6. Date entered into: November 2000
7. Names of persons through whom made: Rose Becraft	
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):**

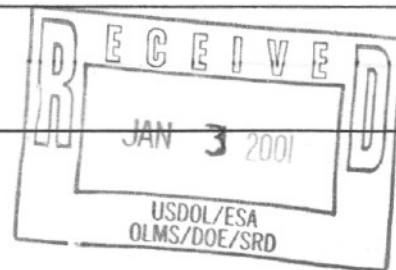
Employed on a per diem basis during the fiscal year by the employer listed in No. 5 above.  
There are no written formal agreements so none are included.

**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: Determine and address the issues; advise client on their legal rights and obligations so they don't violate the Act; research publications for information regarding the union; draft campaign literature for client's approval; meet with employees to provide information when management was unable to do so.		
b. Period during which performed: November 2000	c. Extent performed: on-going	
d. Names and addresses of persons through whom performed: Bill Armstrong address same as #1 above		

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

drivers IBT Local 560



**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>Bill Armstrong</i> (If other title, cross out and write in correct title above.) City State Date at: Capistrano Beach, CA on: 12/12/00	Signed: _____ (If other title, cross out and write in correct title above.) City State Date on:
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.



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File No.

C.

543

**A. Person Filing**

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

Bill Armstrong & Associates  
PO Box 2998  
Capistrano Beach, CA 92624-0998

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):

J.B. Hunt  
3820 North Second Street  
Philadelphia, PA 19140

6. Date entered into:

March 2000

7. Names of persons through whom made:

Greg Ginger

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):

Employed on a per diem basis during the fiscal year by the Employer listed in No. 5 above.

There are no written formal agreements so none are included.

**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: Determine & address the issues; advise client on their legal rights and obligations so they don't violate the Act; research publications for information regarding the union; draft campaign literature for client's approval; met with employees to provide information only when management was unable to do so.

b. Period during which performed:

March 2000

c. Extent performed:

on-going

d. Names and addresses of persons through whom performed:

Bill Armstrong, address same as #1 above.

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

drivers

Teamsters, Local 107



**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

(If other title, cross out and write in correct title above.)

City

State

Date

at: Capistrano Beach

CA.

on: 3/31/00

Signed:

Treasurer

(If other title, cross out and write in correct title above.)

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.