Agreement and Activities Rep

U.S. Department of Labor

Office of Labor-Manage....nt 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.

A. Person Filing								12001
. Name and maling address (inclu		2.	Any other ad	dress v	where records r	necessary to ve	rify this report are k	kept:
William Scott- LRI Consulting S	ervices, Inc							
7850-E South Elm Place								
Broken Arrow, Oklahoma 74011								
3. Date fiscal year ends:	4. Type of person:							
12-31-01	a. 🗆 Individual	b. 🗆 Par	rtnership	. 💢	Corporation	d. 🗆 Other (Spedify):	
B. Nature of Agreement or Arr	angement							
5. Full name and address of empl		(include ZIP	code):	6. Date	e entered into:			
Matsushita Home Appliance Company				5/18/01				
Lebanon Road, PO Box 7			Γ	Names of persons through whom made:				
Danville, KY 40423	Danville, KY 40423				. Lewis			
a. To persuade employee collectively through rep To supply and employee dispute involving such criminal or civil judicial	oresentatives of their of their of with information con employer, except infor proceeding.	wn choosing. cerning the ad mation for us	ctivities of em	ployee	es or a labor org	ganization in co	nnection with a lab	oor
9. Terms and conditions (Explain	in detail; see Part B-9	of instructions	s):					
Oral agreement to provide or	onsultant to give spee	ches to emp	loyees to per	suade	them to not joi	in a union.		
C. Specific Activities to be Portion of 1 day C. Specific Activities to be Portion 10. For each activity, separately in a. Nature of activity: Employed to give speech	ist in detail the informa	•						
b. Peroid during which perfo	ormed: c	. Extent perfo	ormed:					
5/18/01		Fully po			d			
			, day por	1011110				
d. Nam,es and addresses of	f persons through who	m performed:						
William Scott, Sr Scot	t Consulting					同图	BEIWE	Inn. A
1032 Meda Street						10 15	D G I V G	. 10
Memphis TN 38104						1131		Ш
11. Identify (a) Subject employee		s, and (b) lab	or organization	ns:		1/11/1 1	JN 2 2001	[[]]
International Brotherho	od of Teamsters					1001	2 . 2001	
							USDOL/ESA	
Warehouse employees						0	LMS/DOE/SRD	
D. Verfication and Signature. that all information in this report, it to the best of his knowledge and Signed:	ncluding all attachmen	its incorporate						
Hald IMph	1	Presid	ent St	ma	ld /1	in	Treas	urer
(If other title, cross out and write i		-	(If other		ross out and wri			
City	State	Date	1	City	v .	State	Date	

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.

at:

City

Broken Arrow

State

Broken Arrow

OK

Date

State

Agreement and Activities Rep

Service Department

Auto Workers

U.S. Department of Labor

Office of Labor-Manage....nt Standards



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C

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): William Scott- LRI Consulting Services, Inc. 7850-E South Elm Place Broken Arrow, Oklahoma 74011 3. Date fiscal year ends: 4. Type of person: a. 🗆 Individual 12-31-2001 b. Partnership c. \(\subseteq \text{Corporation} \text{ d. } \subseteq \text{Other (Spedify):} \) B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 4-11-2001 Floor Brite Guard 407 South 27th Avenue 7. Names of persons through whom made: Omaha, NE 68131 Roger DeBeclar 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. It is 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. 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): Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union. 6 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. c. Extent performed: b. Peroid during which performed: 3 200 4/11/01, 4/12/01, 4/18/01, 4/19/01, 4/25/01, Fully performed 4/26/01 USDOL/ESA d. Nam, es and addresses of persons through whom performed: OLMS/DOE/SRD William Scott, Sr. - Scott Consulting 1032 Meda Street Memphis TN 38104 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

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: amale 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 City State Date

Broken Arrow 122/01 Broken Arrow OK 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.

OK

Agreement and Activities Report

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

U.S. Department of Labor

Office of Labor-Management Standards



Form approved - OMB No. 1215-0188 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. Expires 11-30-99 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 WILLIAM E. SCOTT, SR 1032 MEDA ST. MEMPHAS, TN. 38/04 3. Date fiscal year ends: 14. Type of p a Dindividual b. Partnership c. Corporation d. Other (Spedify): 3. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZiP code): F. B. G. - 1339 W. 75 57. 7. Names of persons through whom made: DAVENPORT, IA. 52802 DEBACHER 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: s.

To parsuade 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): L.R.I. MGT, SERVICES - WROTE CONTRACT & EXECUTED SAME ONE LRI PLAZA 7850 S. ELM BL. BROKEN APROWICK 74011 C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): PERSUADE EMPLOYEES TO VOTE USDOL/ESA OLMS/DOF/SRD b. Peroid during which performed: 4-10 THRW- 4-27-01 COMPLETELY TO BEST OF MY ABOUTLETELY TO BE ABOU SEF # 9 ABOVE FOR ADDRESS by (a) Subject employees, groups of employees, and (b) labor organizations: FBG DUBUQUE, IA. AT JOHN DEERE 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: President Treasure

Date

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

State

CITY

on: 4300

Agreement and Activities Roort

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).

A. Person Filing				
. Name and maling address (include ZIP code):	2. Any other	address where records r	necessary to verify this	report are kent:
William Scott- LRI Consulting Services, Inc	2. 211, 001101	22.000 HING 10001001		. opon and noph
7850-E South Elm Place				
Broken Arrow, Oklahoma 74011				
Date fiscal year ends:				
12-31-01 a. Individu	ual b. Deartnership	c. 🛭 Corporation	d. Other (Spedify	/):
B. Nature of Agreement or Arrangement		6. Date entered into:		
Full name and address of employer with whom ma Desert Aggregates	ade (include ZIP code):	2/12/01		
PO Box 592 Hanford, CA 93732	7. Names of persons through whom made: Mr. Bruce Bunting			
 8. Check the appropriate box to indicate whether an a. To persuade employees to exercise or not collectively through representatives of their b. To supply and employer with information of dispute involving such employer, except in criminal or civil judicial proceeding. 	to exercise, or persuade en ir own choosing. concerning the activities of	employees as to the mann	er or exercising, the rig	with a labor
9. Terms and conditions (Explain in detail; see Part B	3-9 of instructions):			
Oral agreement to provide consultant to give sp	neeches to employees to	persuade them to not in	in a union	
Oral agreement to provide consultant to give sp	peeches to employees to p	bersuade them to not joi	iii a dilloii.	
Duration of 3 days				
C. Specific Activities to be Performed				
10. For each activity, separately list in detail the infor	rmation required (See Part	2-10 of instructions):		
a. Nature of activity:		9		
109 (880) (100) (1				
Employed to give speeches to employees to	o persuade them to not jo	n a union.		
b. Peroid during which performed:	c. Extent performed:			
2/12/01, 2/13/01, 2/14/01				
	Fully	performed		
d. Nam,es and addresses of persons through w	vhom performed:	n	1 8 10 15 11 NO	P
William Scott, Sr Scott Consulting		1, 4	BULL	13_In]
1032 Meda Street		[/n]	1	7/////
Memphis TN 38104		144	APR 30 2001	11011
11. Identify (a) Subject employees, groups of employ	yees, and (b) labor organiz	ations:		1
Production Workers			USDOL/ESA	
Operating Engineers			OLMS/DOE/SRD	
Operating Engineers				
D. Verfication and Signature. The person in item that all information in this report, including all attachm to the best of his knowledge and belief, true, correct,	ments incorporated therein			
Signed:	President Signer	in his		Treasurer
(If other title, cross out and write in correct title above		er title, cross out and wr	ite in correct title above	
City State	Date /	City	State	Date /
at: Broken Arrow OK	on: 3/14/01 at:	Broken Arrow	OK	n: 3/14/01
Public reporting burden for this collection of information searching existing data sources, gathering and maintaining regarding this burden estimate or any other aspect of this Management Standards, Department of Labor, Room N5625, Paperwork Reduction Project (1214-0001), Wash., D.C. 2050	collection of information, incl. 200 Constitution Avenue. N.W.	iting and reviewing the coll	lection of information. Se	nd comments

Agreement and Activities ...port

U.S. Depart...ent of Labor

Office of Labor-Management Standards



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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

i. Person rilling					
Name and maling address (incl		2: An	y other address where r	records necessary to veri	fy this report are kept:
SCOTT CONSULT			1'		
WILLIAM E. Scot	USR		1/0		
1032 MEDAST.		-	100		
MEMPHIS,TM. 381				ar alle sa ann ann an ann an ann an an ann an an	
. Date fiscal year ends:	4. Type of person:				
7-1	a. Dindividu	ual b. C Partn	ership c. 🗆 Corpo	oration d. 🗆 Other (8	pedify):
I. Nature of Agreement or Ar		The such because of the State o			
5. Full name and address of emp	loyer with whom ma	sde (include ZIP cod	6. Date enter	,	
DESERT AGER.	EGNIE		-01-	11-01	
HANFORD, CA.	93232-0		7. Names of LRI	persons through whom m	MADO BROW, OF
	es to exercise or not epresentatives of their ver with information of employer, except in	to exercise, or pers ir own choosing. concerning the activ	ies undertaken, is direct uade employees as to ti ities of employees or a t	ily or indirectly: he manner or exercising,	the right to organize
criminal or civil judicia	AND DESCRIPTION OF THE PERSON				
9. Terms and conditions (Explain				*	
75000 PEI	2 DAY PL	US EXPE	NSES		
()					
					The state of the s
C. Specific Activities to be I	NAME OF TAXABLE PARTY OF TAXABLE PARTY.				-
10. For each activity, separately	list in detail the infor	mation required (Se	e Part C-10 of Instruction	ne):	
a. Nature of activity:					
PERSUADER.	- SHOWED	VIDEO	* TALK		
b. Peroid during which per	formari-	c. Extent perform	#d*		AND PROPERTY OF STREET, STREET
b. Feroid doing writer par	ormeg.				
Q 2-11-01 THRU	12-15-01	F UZa	_		
d. Nam,us and addresses	of persons through w	hom performed:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W 5 13
LRIMET. S	FRVICES	7		10	U U 15
7858 S. FLM	PL.			1001	11111
BROKENIARR	on, OK.			ILLI MAR 3 n	ווייייי וויייייי א
BROKEN ARR	es, groups of employ	rees, and (b) labor of	organizations:		2001
OPERATINO	C FALCTA	17FRS		LICOOL 2	FOA
0 , , , , , ,		LIN		USDOL/I OLMS/DOE	LSA /Spn
DESERT AG	GREGATE			State of the control	/ SND
D. Vardination and Clarate	The name is its	. A shows and such	of his various day about	national afficient devices	and an annual land
D. Verfication and Signature that all information in this report, to the best of his knowledge and	including all attachn	ments incorporated			
Signed:	0		Signed:	7 7	Manager spread that are determined by subject to the ballions of the property of
mullian E.	a cora	President	1	1 4	Treasurer
(If other title, cross out and write	in correct title above	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	(If other title, cross out	and write in correct title	THE RESIDENCE OF THE PARTY OF T
City	State	Date	/City /	State	Date
MEMPHIS, 7	N. 38104	on: 02/60	at.		on: