

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. 530A

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
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): Clarion Hotel + Convention Center 6821 Blackhorse Pike Egg Harbor Township, NJ 08234-0462	6. Date entered into: 2/17/2003
7. Names of persons through whom made: Michael DiFrancesco	

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 14 days for \$25,000.00

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 of activity:

Circulate with employees for questions & answers

b. Period during which performed:

2/17/03 - 3/14/03

c. Extent performed:

on-going

d. Names and addresses of persons through whom performed:

Lee A. Bell 113 Devon Lane Wilmer, TX 75172



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

- 1) Clarion employees
- 2) IBT # 331

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: 3/10/03 at: on:	Signed: _____ (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: _____ at: 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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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. 0530A

DATE: JUN 23 2003

FILED: OLS DATA

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
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): St. Albans Windows 2141 MacCorkle Ave St. Albans, W. VA 25177	6. Date entered into: 5/22/03
7. Names of persons through whom made: Rob Withrow	
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 of 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):

One consultant for 15 working days and one additional consultant for 1 working day @ \$30,000.00

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 of activity: 1) Conduct captive audience meetings, show video provided by employer and answer questions 2) Circulate with employees for questions and answers		
b. Period during which performed: 5/22/03 - 6/16/03	c. Extent performed:	
d. Names and addresses of persons through whom performed: Lee A. Bell 113 Devon Ln Wilmer, TX 75172 Charles K. Smith 207 Gaylane Dr. Columbus, MS 39702		

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

1) St. Albans employees
2) 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.) City: Clarksville State: TN Date: 6/16/03	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 H8225, 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.