Agreement and Activities Report



U.S. Department of Labor

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nis report is mandatory under P.L. 86-257 as ame	nded Halfure	to comply may

214-0001

OMB No. 1 02/29/93 result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 44 File No. Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Menagement Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 1. Name and mailing address (include ZIP code): 2. Any other address where records necessary to verify this report are kept other Lisullivan Sullivan & Associates, Inc NIA 2601 Madison St 3. Date fiscal year ends: c. 🗓 Corporation d. 🗆 Other (Spedify): a. | Individual b. 🗆 Partnership B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: 2/17/2003 Clarion Hotel + Convention Center 10821 Blackhorse Pike 7. Names of persons through whom made: Egg Hawbor Township, NJ 08234-0462 Muchael Diffra 3. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: Michael Ditrancesco 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 8-9 of instructions); 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): Circulate with employees for questions & answers b. Peroid during which performed: c. Extent performed: a Nam, es and addresses of persons through whom performed: 113 Devon Lane Wilmer, Tx 75172 ice A. Bell 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: 1) Clarien employees IEE # TEIT (C 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: President Treasure (if other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) 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 N625, 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.

Form LM-2

U.S. Department of Labor

Office of Labor-Management Standards

SAME No. 1214-0001

This report is mandatory under P.L. 36-257 as amended. Fallers to comply may result in grissinal procepution, times 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 1989, as amended (LMRDA).

FBo No. C. 0530 F

A December 2007D) or the Cast was against supering	
A. Person Filling I. Name and maling address (include ZIP code):	2. Any other address where records necessary to verify this report are key
John L. Sullivan	27. Sail result granded manuscriptures industrial to settle fine (object me see
Sullivan + Associates, Inc	N/
Clarksville, in 37043	1 N/A
3. Date flecal year ends: 4. Type of person:	
	a 177 Marshammatian of 177 Matrice Marsham
12 31 2003 12 Individual	b. C Partnership c. C Corporation d. C Other (Spedity):
S. Nature of Agreement or Arrangement	· · · · · · · · · · · · · · · · · · ·
5. Full name and address of employer with whom made ((include ZIP code): 6. Date entered into:
St. Albans Windows	5/22/03
2141 MacCorkle Ave	7. Names of partions through whom made:
8. Check the appropriate box to indicate whether an obje	Rob Withrow
	inct or this incurrence insolutations, is called by or inclined by: intercise, or persuade employees as to the mariner or exercising, the right to organiza
collectively through representatives of their ow	wn choosing.
	perning the activities of employees or a labor organization in connection with a labor
criminal or civil judicial proceeding.	metion for use solely in conjunction with an administrative or arbitral proceeding or a
9. Terms and conditions (Explain in detail; see Part 8-9 or	of instructions):
Dos 2 5 15 15	
	working days and one additional
Consultant for I work	ng day @ \$ 20,000,00
	1, 3, 6, 00,000, 2
A Beautiful to be Budowed	
C. Specific Activities to be Performed 10. For each activity, separately list in detail the informet	tion required (See Part C-10 of instructions):
• • •	ar ar s an allegarian ar an ar
a. Nature of activity:	
Dovand capture andre	ence meetings, show video provided swer questions
by employer and ans	swer questions
2) Cyculate with emple	wes for questions and answers
5. Paroid during which partormed:	Expect Description:
5/20/03-6/16/03	
d blam as and addresses of necessary through whose	n certificated:
Lee A. Bell Ch	naries K. Smith
113 DENON LA	07 Gaylane Dr.
113 DENON LN 30 Willing TX 75172 C. 11. Identify (a) Subject employees, groups of employees.	Sorpe Mr. 24mila
11. Identify (a) Subject employees, groups of employees	i, and (b) labor orgánizations:
1) St. Allbans employees	Rect P
7 - 3 (100)(00)	({ *JH232003 })
_2) Teamsters	Que Engl
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that all information in this report, including all attachment	above and each of his undersigned authorized officers declares, under penalty of law to 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	d complete.
Signage	Signed:
	President Treasure
(If other jims, cross our and write in correct title above.)	(If other tide, cross out and write in correct title above.)
the state of annia	Date City State Dece
st: Clarksville To 37043.	an 50/011/01 an
containing existing data sources, gethering and maintaining the	dimented to sverage 20 minutes per majornes, including the time for reviewing instructions of the needed, and completing and reviewing the collection of information. Sand comments action of information, including suggestions for reducing this burden, to the Office of Labor 9 Constitution Avenue, N.V., Wash., D.C. 20210; and to the Office of Managarrant and Budget,
Management Standards, Department of Labor, Room H6825, 200 Pagement Reference (1214-page)	Constitution Avenue, H.W., Week, D.C. 2021G; and to the Office of Management and Budget,
The state of the s	•