

Agreement and Activities Report

U.S. Department of Labor

Employment Standards Administration
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. 1215-0168
Expires 07-31-2004

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. 570

A. Person Filing

1. Name and mailing address (include ZIP code): J.W.H. Aviation d/b/a J.W. Hickey & Associates, Inc. 6100 Channingway Blvd., Suite 205 Columbus, OH 43232		2. Any other address where records necessary to verify this report are kept: N/A
3. Date fiscal year ends: 12/31/03	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): Autumn Court 1925 East 4th Street Ottawa, OH 45875		6. Date entered into: 3/26/03
		7. Names of persons through whom made: Trev Ciervo

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 of exercising, the right to organize and bargain collectively through representatives of their own choosing.

b. ☒ To supply an 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):

- Be available to meet with employees to answer questions and educate them regarding being members of a union and collective bargaining.
- Provide employees with material regarding being members of a union.
- Represent Employer in Unfair Labor Practice proceedings.

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:

See "9" above.

b. Period during which performed: 3/26/03 through present	c. Extent performed: Information to employees completed, Unfair Labor Practice Proceedings continue.
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d. Names and addresses of persons through whom performed:

Employees of J.W. Hickey & Associates



11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:
STNA's, Housekeepers, Dietary Aides, Cooks, Laundry Employees, Activity Aides, Restorative Aides and Maintenance Helpers/Transporters

Service Employees International Union/District 1199

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>[Signature]</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	City	State
at: Columbus OH	Date: 6/16/03		Date:

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Expires 07-31-2004

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. 570

A. Person Filing

1. Name and mailing address (include ZIP code): J.W.H. Aviation d/b/a J.W. Hickey & Associates, Inc. 6100 Channingway Blvd., Suite 205 Columbus, OH 43232		2. Any other address where records necessary to verify this report are kept: N/A
3. Date fiscal year ends: 12/31/03	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): The Gardens at Wapakoneta 505 Walnut Street Wapakoneta, OH 45895	6. Date entered into: 4/2/03
7. Names of persons through whom made: Trev Ciervo	

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 of exercising, the right to organize and bargain collectively through representatives of their own choosing.

b. ☒ To supply an 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):

1. Conduct meetings with the employer's employees in an effort to educate them regarding being members of a labor organization and collective bargaining.
2. Provide employees with material regarding being members of a labor organization.
3. Represent Employer in Unfair Labor Practice proceedings.

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:

See "9" above.

b. Period during which performed:

4/2/03 to present

c. Extent performed:

Meetings and providing employees information completed, Unfair Labor Practice Proceedings continue.

d. Names and addresses of persons through whom performed:

Employees of J.W. Hickey & Associates

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

Resident Care Providers, Dietary and Housekeeping Employees

Service Employees International Union/District 1199



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: Columbus State: OH Date: 6/16/03 at: on:	Signed: _____ (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: _____ on:
President	Treasurer

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File No. C. 570

A. Person Filing

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3. Date fiscal year ends: 12/31/03	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. Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Cridersville Healthcare Center 603 East Main Street Cridersville, OH 45806	6. Date entered into: 4/3/03
7. Names of persons through whom made: Trev Ciervo	
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 and bargain collectively through representatives of their own choosing. b. <input checked="" type="checkbox"/> To supply an 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): 1. Conduct meetings with the employer's employees in an effort to educate them regarding being members of a labor organization and collective bargaining. 2. Provide employees with material regarding being members of a labor organization.	

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:

See "9" above.

b. Period during which performed:

4/3/03 to 5/14/03

c. Extent performed:

Completed

d. Names and addresses of persons through whom performed:

Employees of J.W. Hickey & Associates



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

Nurse Aides, Dietary Employees, Laundry Employees, Activities and Housekeeping Employees

Service Employees International Union/District 1199

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 State Date at: Columbus OH on: 6/16/03	Signed: _____ (If other title, cross out and write in correct title above.) City State Date at: _____ on: _____
President	Treasurer