U.S. Department of Labor of malignation

Office of Lab

nagement 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. 464

A. Person Filing									
. Name and maling address (incl	ude ZIP code):	2. Any	other add	ress v	where records	necessary to verify	this report are kept		
Labor Information Services, Inc.									
P 0 Box 6063					NONE				
Malibu, CA 90264									
3. Date fiscal year ends:	4. Type of person:						- 84		
12/31/01	a. 🗆 individual	o. 🗆 Partne	rship c	. 🖾	Corporation	d. Other (Sp	edify):		
B. Nature of Agreement or Ar							-		
Full name and address of emp Excalibur Hotel	loyer with whom made (inc	clude ZIP code	9):		e entered into: 1/30/01				
PO Box 96778				7. Names of persons through whom made:					
las Vegas Ny 89193-6778					Don Givens				
 Check the appropriate box to To persuade employe 	indicate whether an object of es to exercise or not to exercise	cise, or persu					ne right to organize		
b. collectively through re b. To supply and employ	presentatives of their own o	choosing.	of		labor		action with a labor		
	er with information concerns a employer, except informati								
criminal or civil judicia				,,			ar processing or a		
9. Terms and conditions (Explain	n in detail; see Part B-9 of in:	structions):							
			be condu	ctin	g meetings w	ith employees f	rom the voting		
unit to discuss the reali									
	located to this work.				-				
no written agreement as t					•				
C. Specific Activities to be									
10. For each activity, separately	list in detail the information	required (See	Part C-10	of in:	structions):				
a. Nature of activity: To it	nform employees in the	voting un	it to ex	erci	se their ria	ht to choose wh	ether or not		
they wish to be represent									
they wish to be represent	ed for the purposes of	COLLECTIV	c bargar	9	•				
b. Peroid during which per	formed: c. Ex	tent performe	d: On go	ing	mootings up	to 24 hours ho	fore the election		
1/31/01						p or individual			
through	CICCUIUII GUCC				_	act and answer			
d. Nam,es and addresses	of persons through whom pe						Quest IVIIs.		
L. Wong				mation Servi	es, INC.				
P O Box 6063 Malibu, CA 90264									
			Mailbu,	CA	90204				
11. Identify (a) Subject employee	as, groups of employees, an	nd (b) labor or	ganization	ns:			0 7 7		
All voting omployed					E B E I V	BINI			
All voting employee				[[U]					
					lin	14D 0 0 00	1011		
					1(11)	MAR 3 0 20	101		
D. Verfication and Signature	. The person in item 1 abov	e and each o	f his unde	rsigne	ed authorized o	fficers declares, ur	nder penalty of law,		
that all information in this report, to the best of his knowledge and	-		erein or re	eferre	d to in this repo	ort, has been exam OLMS/DOE/SF			
Signed:			Signed:						
ale Du	0	President	- 10				Treasurer		
(If other title, cross out and write	in correct title above.)		(If other ti	tle, cr	ross out and wr	ite in correct title a	bove.)		
City	State Da	ate	10.0	City	у	State	Date		
at: Malibu	CA on:	2/27/01	at:				on:		
Public reporting burden for this coll- searching existing data sources, gatl	ection of information is estima hering and maintaining the data	ated to average a needed, and	20 minute completing	and n	response, includ	ing the time for revi	ewing instructions n. Send comments		
regarding this burden estimate or an Management Standards, Department	y other aspect of this collection	on of information	n, including	a suga	pestions for reduce	cing this burden, to t	he Office of Labor		
Paperwork Reduction Project (1214-0	001), Wash., D.C. 20503.	TOTAL COLOR			on avery and t	o the Office of Maria;	Jernent and bodget,		

Agreement and Activities Report

city

at:

Malibu

state

CA

REVISED

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



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Form approved - OMB No. 1215-0188 Expires 11-30-2002

result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. 464 Under Section 203(b) of the Labor-Management 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 verity this report are kept: None Labor Information Service. Inc. PO Box 6063 Malibu, CA 90264 4. Type of person: 3. Date fiscal year ends: 12/31/01 a. Individual b. Partnership C. X Corporation d. Other (Specify): B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): Date entered into: Excalibur Hotel 7. Names of persons through whom made: PO Box 96778 Las Vegas, NV 89193-6778 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or Indirectly: To persuade employees to exercise or not to exercise, or employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. 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): Increase maximum hours to 450 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: To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining. b. Period during which performed: c. Extent performed: On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review ACT and answer questions. d. Names and addresses of persons through whom performed: Please add the following: R. Cheney and A. Tovar - Both with Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264 11. Identify (a) Subject employees, groups of employees, and (b) labor organization: All voting employees in bargaining unit. D. Verification and Signature. The person in item I 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: Presiden Treasurer (if other title, cross out and write in correct title above.) (if other title, cross out and write in correct title above.)

Date

4/9/01

at

city

state

Date

Agreement and Activities Report

REVISED

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



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result in criminal prosecution, fines ar	nd civil penalties as	s provided by 29 U.S.C.	. 439, 440.	Expires 11 c	7002
Required of Persons, including Lab Under Section 203(b) of the Labor-I					O. C. 464
A. Person Filing					
1. Name and mailing address (include	de ZIP code):	2. Any	other address where re	ecords necessary to v	erity this report are kept:
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264				None	
Date fiscal year ends:	4. Type of perso	n:			
12/31/01	a. 🗌 Indivi	dual b. 🗌 Partno	ership C. 🛛 Corpo	oration d. 🗌 Other	(Specify):
B. Nature of Agreement or Arra			C Data antara	d inter	
5. Full name and address of empl	oyer with whom r	made (include ZIP cod	de): 6. Date entere	ed into:	
Mandalay Bay Resorts 3950 Las Vegas Blvd South			7. Names of p	persons through whor	n made:
Las Vegas, NV 89119 8. Check the appropriate box to in	dicate whether a	in object of the activiti		ly or Indirectly:	
 b. To supply an employe 	collectively thro r with information n employer, exce dicial proceedin	ugh representatives n concerning the active ept information for us g.	of their own choosing. vities of emplovees or a	labor organization in	
C. Specific Activities to be 10. For each activity, separately list a. Nature of activity: To inform employees in the voting unbargaining.	t in detail the inf				ses of collective
b. Period during which perf	ormed.	c. Extent perform	ed:		
b. I chod during which pen	ornica.	On-going meetings,			ed. These will be group or d answer questions.
d. Names and addresses of	f persons throug	gh whom performed:		*	
Please add the following: Q. Ahern -	Worked with Labo	or Information Services,	Inc PO Box 6063 - Malil	bu, CA 90264	BELVED
11. Identify (a) Subject employees, g All voting employees in bargaining un		es, and (b) labor organi	zation:		USDOL/ESA
D. Verification and Signature. The that all information in this report, it to the best of his knowledge and it	ncluding all attac	chments incorporated		rized officers declare	s, under penalty of law,
Signed:		President			Treasurer
(if other title, cross out and write i	n correct title abo		(if other title, cross out	t and write in correct t	itle above.)
at: city Malibu	state CA	Date on: 4/9/01	city at:	state	Date on: