



OMB No. 1214-0001  
02/29/93

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.

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. 428

**A. Person Filing**

1. Name and mailing address (include ZIP code): Agri-Labor Relations P.O. Box 498 San Luis Rey, CA 92068	2. Any other address where records necessary to verify this report are kept: 3186 Brougham Court Oceanside, CA 92056
3. Date fiscal year ends: 12/31/01	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): Waste Management, Inc. 1001 Fannin Street Houston, TX	6. Date entered into: July 23, 01
7. Names of persons through whom made: Mark Schwartz, VP and General Counsel	

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):

Rate: \$140.00 /hour, plus all expenses.

**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:

Providing education regarding rights and remedies under the NLRA to bargaining unit employees, exclusive of state contract workers

b. Period during which performed:

July 23 - 01 to Aug. 17, 01

c. Extent performed:

100 %

d. Names and addresses of persons through whom performed:

Sal Duarte  
P.O. Box 498  
San Luis Rey, CA 92068

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

a. Bargaining Unit Employees

b. IUOE, Local 3



**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>Sal Duarte</i>	Individual XXXXXXX 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: Oceanside State: Ca. Date on: 8-16-01		City: 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.

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. 428

**A. Person Filing**

1. Name and mailing address (include ZIP code): Agri-Labor Relations P.O. Box 498 San Luis Rey, Ca. 92068	2. Any other address where records necessary to verify this report are kept: 3186 Brougham Ct. Oceanside, Ca. 92056
3. Date fiscal year ends: 12-31-01	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

**B. Nature of Agreement or Arrangement**

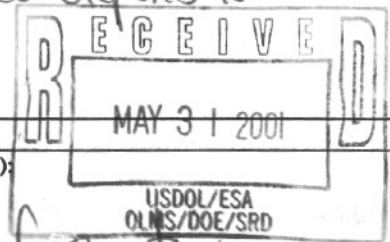
5. Full name and address of employer with whom made (include ZIP code): G.I. Rubbish Co. 195 W. Los Angeles Ave. Simi Valley, Ca. 93065	6. Date entered into: May 2001
7. Names of persons through whom made: Mike Smith	

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):**

Hourly Rate of \$130.00/hour, plus all related expenses



**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:**

Employee persuasion, and provision of information

**b. Period during which performed:**

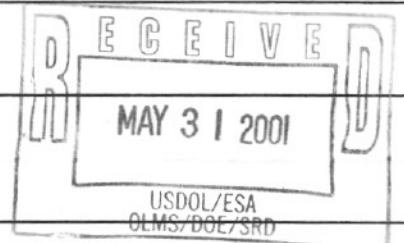
May 2001

**c. Extent performed:**

100%

**d. Names and addresses of persons through whom performed:**

Sal Duarte  
P.O. Box 498  
San Luis Rey, Ca. 92068



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

a) All bargaining unit employees  
b) Teamster Local 396 880 Oak Park Rd. Suite 200, Covina, Ca. 91724

**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.)	Individual President	Signed: _____ (If other title, cross out and write in correct title above.)	Treasurer
City: Simi Valley State: Ca. Date: 5-20-01	at:	City: _____ State: _____ Date: _____	at:

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.

# Agreement and Activity Report

U.S. Department of Labor

Office of Labor-Management Standards



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OMB No. 1214-0001

02/29/93

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 2(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 428

## A. Person Filing

1. Name and mailing address (include ZIP code): Agri-Labor Relations P.O. Box 498 San Luis Rey, CA 92068	2. Any other address where records necessary to verify this report are kept: 3186 Brougham Ct. Oceanside, CA 92056
3. Date fiscal year ends: 12-31-01	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): Waste Management Inc. 1580 E. Elwood St., Phoenix, AZ 85040	6. Date entered into: April 2001
7. Names of persons through whom made: Frank Barbera	
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 or exercising, the right to organize collectively through representatives of their own choosing. b. <input checked="" 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):

Hourly rate of \$130/hour, plus all expenses.

## 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:

Employee persuasion, and provision of information.

b. Period during which performed:

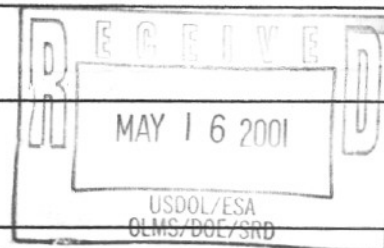
April 2001

c. Extent performed:

100%

d. Names and addresses of persons through whom performed:

Sal Duarte  
P.O. Box 498  
San Luis Rey, CA 92068



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

A) All eligible bargaining unit employees  
B) Teamster Local 104 1450 So. 27th Ave, Phoenix, AZ 85009

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>Sal Duarte</i> (If other title, cross out and write in correct title above.) City: Phoenix State: AZ Date: 4-24-01	Individual President Signed: _____ (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: _____
	Treasurer Signed: _____ (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: _____

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Form LM-20  
(Feb. 1990)