

# AGREEMENT AND ACTIVITIES REPORT

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

679107

1. File Number:

c 68125

## Person Filing

2. Name and mailing address (include ZIP Code):

Name FRANK A MUSCOLINA

Title

Organization

P.O. Box, Bldg., Room No., if any

Street 39W136 HERRINGTON BLVD

City GENEVA

State ILLINOIS

ZIP Code + 4 60134

3. Any other address where records necessary to verify this report are kept:

Name N/A

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

12/31/18

5. Type of person:

a. ☒ Individual b. Partnership c. Corporation d. Other (Specify):

## Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name RICHARD APPEL  
Organization CAESARS ENTERTAINMENT

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street ONE CAESARS PALACE DRIVE

City LAS VEGAS

State NEVADA

ZIP Code + 4 89109

7. Date entered into:

03/20/2018

8. Name of person(s) through whom made:

Name RICHARD APPEL

Name

Name

Name

Name

## Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

Title President

President  
(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see instructions)

Stamp

Delete

On

Date

Telephone Number

On

Date

Telephone Number

Clear Signatures

9. 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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

COMMUNICATION TO EMPLOYEES REGARDING  
NLRB ELECTION PROCESS AND FORMAT OF  
HOW COLLECTIVE BARGAINING WORKS. EXAMPLES  
OF EXISTING CBA'S OF THIS UNION.

Specific Activities to be Performed

Add Additional Activity (Item 11)

11. For each activity, separately list in detail the information required (See instructions):

TEST PG CNT

a. Nature of activity:

SMALL GROUP INFORMATION MEETINGS.

11.b. Period during which performed:

MAY 16<sup>TH</sup>, 2018, MAY 9<sup>TH</sup>

11.c. Extent performed:

(2) MEETINGS ENDING 5/16<sup>TH</sup>

11.d. Name and address through whom performed:

Name FRANK A MUSCOLINA

Organization

P.O. Box, Bldg., Room No., if any

Street 39W136 HERRINGTON BLVD

City GENEVA

State ILLINOIS

ZIP Code + 4 60134

Additional Name and address through whom performed, if any:

Name N/A

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

Add More Names (Item 11.d.)

12.a. Identify subject groups of employees:

SECURITY OFFICERS AT  
PARIS, LAS VEGAS, CASINO

12.b. Identify subject labor organizations:

S.P.F.P.A. (SPFPA)  
SECURITY, POLICE AND  
FIRE PROFESSIONALS OF  
AMERICA