(If other title, cross out and write in correct title above.)

U.S. Department of Labor

Office of Labor-M

ement 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 a	and Disclosure Act of 1959, as amended (LMRDA).
A. Person Filling	
Name and maling address (include ZIP code):	Any other address where records necessary to verify this report are kept:
Agri-Labor Relations P.O. Box 498	3186 Brougham Court
San Luis Rey, CA 92068	Oceanside, CA 92056
3. Date fiscal year ends: 4. Type of person:	
12/31/01 a. XX Individual	b. Partnership c. Corporation d. Other (Spedify):
8. AA III 12/ 31/01	b. □ Partnership c. □ Corporation d. □ Other (Spedify):
B. Nature of Agreement or Arrangement	
5. Full name and address of employer with whom made (in	nclude ZIP code): 6. Date entered into:
Waste Management, Inc.	JW423 01
1001 Fannin Street	Names of persons through whom made:
Houston, TX	Mark Schwartz, VP and General Counse
8. Check the appropriate box to indicate whether an object	et of the activities undertaken, is directly or indirectly: ercise, or persuade employees as to the manner or exercising, the right to organize
dispute involving such employer, except informa criminal or civil judicial proceeding.	rning the activities of employees or a labor organization in connection with a labor ation for use solely in conjunction with an administrative or arbitral proceeding or a
9. Terms and conditions (Explain in detail; see Part B-9 of i	nstructions):
Rate: \$140.00 /hour, plus all expense	es.
C. Specific Activities to be Performed	
10. For each activity, separately list in detail the informatio	n required (See Part C-10 of instructions):
a. Nature of activity:	
Providing education regarding rights employees, exclusive of state contract	and remedies under the NLRA to bargaining unit
b. Peroid during which performed: c. E	Extent performed:
July 23-01 to Aug, 17,01	100 %
d. Nam, es and addresses of persons through whom p	performed:
Sal Duarte P.o. Box 498	
San Luis Rey, CA 92068 11. Identify (a) Subject employees, groups of employees, a	
11. Identify (a) Subject employees, groups of employees, a	ind (b) labor organizations:
a. Bargaining Unit Employeesb. IUOE, Local 3	SEP 122001
D. Verfication and Signature. The person in item 1 about that all information in this report, including all attachments it to the best of his knowledge and belief, true, correct, and contact the best of his knowledge and belief.	ove and each of his undersigned authorized officers declares, under penalty of law, incorporated therein or referred to in this report, has been examined by him and is, complete.
Signed:	ndividual signed:
Charling Indian	President

Date State City Date State on:8-16-01 xoanside 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.

(If other title, cross out and write in correct title above.)

Agreement and Activities Port

U.S. Departrent of Labor

Office of Labor-Man Jement Standards

ORIGIN

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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 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 maling address (included)	de ZIP code):				ssary to verify this re	port are kept:
Agri-Labor Kelat	((ons		186 Brond			
P. B. Box 498	00.10	(1)	ceanside,	(a 920	556	
	92068		29113100	Sc. Tas		
3. Date fiscal year ends:	4. Type of person:					
12-31-01	a. 💢 Individu	al b. 🗆 Partne	ership c. 🗆 Cor	rporation d. [☐ Other (Spedify):	
B. Nature of Agreement or Arra	angement	de Carledo 710 con	e): 6. Date en	tered into:		
5. Full name and address of emplo	oyer with whom mad	de (include ZIP cod	(a):	2001		
195 Wilos Angeli	os Ave.		7. Names		ugh whom made:	
	93065		Mik	& Smith	3	
8. Check the appropriate box to in	dicate whether and	bject of the activiti	es undertaken, is dir	ectly or indirecti	iy:	
a. 🗹 To persuade employees			uade employees as t	to the manner or	exercising, the right	to organize
collectively through rep b. 🛣 To supply and employe			ties of employees or	a labor organiza	ation in connection v	vith a labor
dispute involving such	employer, except in	ormation for use so	alely in conjunction v	vith an administr	rative or arbitral proc	eeding or a
criminal or civil judicial						
9. Terms and conditions (Explain	in detail; see Part B-	9 of instructions):	11 1	1 ^	0.0000 N NO.00	
Hourly Rate of	130:9 h	our, plu	5 all rela	ted ex	penses	
·	1	' '		I) B	GEOVE	
				(0)		71111
				l(n(l	1441/ 0 1	
C. Specific Activities to be Pe	rformed			1001	MAY 3 2001	TUI
10. For each activity, separately li	st in detail the inforr	nation required (Se	e Part C-10 of instruc	ctions):		
a. Nature of activity:			. 0		USDOL/ESA	
a. Nature of activity: Employee pers	was ion o	and provi	Ision of	intort	1/1)/III	
Imployee pers	suasion, c	ma prov	131010 01	(11/01/	Lociorc	
, , ,						
b. Peroid during which perfo	rmed:	c. Extent perform	ed:		2020	D Free
May 2001		1000).	0	E G E I V	[]
			0	13		
d. Nam, es and addresses of	persons through wi	nom performed:		[[]]]	MAY 3 1 2001	()011
Sal Duarte ProiBox 498 San Luis Rey				1-1	. 2001	1
PIOI BOX HAR	12 012 NIC	Q .		1 -	USDOL/ESA]
11. Identify (a) Subject employees	s, groups of employe	es, and (b) labor o	rganizations:		OLMS/DOE/SRD	
		employers			Λ	· A
, , ,		1 (0 1	(6V	ina, Ca
B) Teamster	Local 39	6 880	OakPark	. Rd. Sui	rte 200.	91724
0) 12			0 10, 10, 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
D. Verfication and Signature.						
that all information in this report, in to the best of his knowledge and t			herein or referred to	in this report, ha	as been examined by	him and is,
11111			Signad:			
Signed:	Ind	Lividuol —President	Signed:			Treasurer
(If other title, cross out and write in	n correct title above		(If other title, cross	out and write in	correct title above.)	Heasurer
City	State	Date	City			Date
at Simi Valley.	Ca.	on: 5-20-01	at:		on:	
Public reporting burden for this collections searching existing data sources, gather	ering and maintaining	the data needed, and	completing and review	wing the collection	ne time for reviewing in	comments
regarding this burden estimate or any Management Standards, Department of	other aspect of this c	ollection of informati	on, including suggestic	ons for reducing th	his burden, to the Offic	e of Labor
Paperwork Reduction Project (1214-00	01), Wash., D.C. 20503).		und to the	oo or management i	and budget,

Agreement and Activitie eport

U.S. Depr nent 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 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 428

Olidar addition design and a					,	
A. Person Filing	d- 710 d-):	10.4				
 Name and maling address (include ZIP code): 		2. A			necessary to verify this r	eport are kept:
Agri-Labor Relations				ougham Ct.	_	
P.O. Box 498			Oceansi	de, CA 9205	6	
San Luis Rey, CA 920	168					
3. Date fiscal year ends:	4. Type of person:					
J. Date Hotel year officer	- W toodledge	al b 🗆 Bart	nambin o	Compration	d C Other (Spedify	
12-31-01	a. 🔀 individu	al D Part	nersup C. (Corporation	d. Other (Spedify).
B. Nature of Agreement or Arra	angement					
5. Full name and address of emple		de (include ZIP c	ode): 6. [Date entered into:		
Waste Management Inc.				April 2001		
1580 E. Elwood St.,					through whom made:	
Phoenix, AZ 85040			F	rank Barber	a .	
8. Check the appropriate box to in	ndicate whether an	object of the activ	ities undertaker	n, is directly or ind	irectly:	
a.X To persuade employees	s to exercise or not	to exercise, or pe	suade employe	es as to the mann	er or exercising, the righ	nt to organize
collectively through rep	presentatives of their	r own choosing.	with a of ample			
b. XX To supply and employe	er with information c	formation for use	solely in conjur	yees or a labor org	inistrative or arbitral pro	with a labor
criminal or civil judicial		TOTTI ALION TOT 430	sololy in conju	TOUGHT WILLT GET GETT	mistative of arcital pro	cooding or a
9. Terms and conditions (Explain		9 of instructions)				
Hourly rate of \$130/h	nour, plus al	l expenses.				
C. Specific Activities to be Pe	erformed					
10. For each activity, separately li		mation required (ee Part C-10 of	instructions):		
				•		
 a. Nature of activity: 						
Employee persuasion,	and provisio	n of inform	ation			
Emproyee persuasion,	and provisio	01 /11/01/11	a c ron.			
b. Peroid during which perfo	rmed:	c. Extent perfor	ned:		F @ F D DD	
	,	100 %		IIn	B 19 19 18 11	i Inll
April 2001		100 /		1100		
d. Nam, es and addresses of	persons through w	nom performed:		1/1	MAY 1 6 2001	11111
Sal Duarte				100	MAI 1 0 2001	
P.O. Bux 498				1		
San Luis Rev. CA 920					USDOL/ESA	
11. Identify (a) Subject employees	s, groups of employ	es, and (b) labor	organizations:		OLMS/DOE/SRD	
A) All eliaible &	avagining	unit ems	loyees	-	•	
5	2, 2	1.1000	- ath	10 01		
B) reamster h	ocal 104	1450	Se. 27th	HUR, THO	Denik HZ	
3)				,	8:	3009
D. Verfication and Signature.	The person in item	1 above and eac	of his undersid	ned authorized of	ficers declares under n	enalty of law
that all information in this report, in	ncluding all attachm	ents incorporated	therein or refer	rred to in this repor	t, has been examined b	y him and is.
to the best of his knowledge and b	cellef, true, correct,	and complete.			•	,
Signed:	т.	adduddua 1	Signed:			
May Williams		ndividual Ør≱sider	4			Treasurer
(If other title, cross out and write in	n correct title above			cross out and writ	e in correct title above.	
	State	Date		City	State	Date
at Dhooniv	12	on:4-24-0	at:	***		
Public reporting burden for this collect	tion of information is	estimated to aver	ige 20 minutes p	er response, includir	on: ng the time for reviewing	instructions
searching existing data sources, gathe regarding this burden estimate or any	ring and maintaining	the data needed, as	d completing an	d reviewing the colle	ection of information. Sen	d comments
Management Standards, Department of	Labor, Room N5625,	200 Constitution Av	enue, N.W., Wash	, D.C. 20210; and to	the Office of Management	and Budget,
Paperwork Reduction Project (1214-000	01/1. WASH., D.C. 2050.	J.				