Agreement and Activities Report

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

State

Arizona

Date

on: 5-15-00 at:

City

Scottsdale

Received 4

U.S. Department of Labor

Office of Labor-Managen. 3tandards



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 12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations.

| Under Section 203(b) of the Labor-Ma | nagement Reporting and | d Disclosure Act | of 1959, as | amended (LMRDA | A). | File No. | C. | -0322 |
|--|-----------------------------|--------------------------------|-----------------|--------------------|-------------------------------|-------------------|--------------|-------------------------|
| A. Person Filing | | | | | | | | |
| 1. Name and mailing address (include | de ZIP code): | | 2. Any other | er address where | records ne | cessary to | verify this | report are kept: |
| Sunbelt Organizat | | | | | | | | |
| 8711 East Pinnacl | e Peak Road | , #287 | 95 | | | | | |
| Suite F-110 · | | | | | | | | |
| Scottsdale, Arizo | na 85255 | | | | | | | |
| Date fiscal year ends: | Type of person: | | | v | | | | |
| 12-00 | a. 🗆 Individual | b. Partn | ership o | Corporation | on d. C | ☐ Other (S | Specify): | |
| B. Nature of Agreement or Arran | gement | | | | | | | |
| 5. Full name and address of employ | | clude ZIP code): | | 6. Date entered | d into : 4 - 25 - (| 00 | | |
| Waste Management 2124 N.W. 10 th Cou | | | | 7. Names of pe | ersons throu | uch whom i | mada: | |
| Miami, FL 33127 | irc | | | | | | mado. | |
| | | of the continuities | dodalas | Maury | | 211 | | |
| 8. Check the appropriate box to indi a. To persuade employees to | | | | | | oloo 451- | abt to | aniso and bassair |
| a. In persuage employees to collectively through representations. | sentatives of their own | rcise, or persuad choosing. | de employee: | s as to the manne | er of exercis | sing, the rig | ant to orga | anize and bargain |
| To supply an employer with ing such employer, exception. | th information concernir | ng the activities | | | | | | |
| | dataile and Book B. O of in | | | | | | | |
| 9. Terms and conditions (Explain in | Jetan, See Part B-9 Or III | structions). | | | | | | |
| Company was emplo | wed on a ne | r hour h | hagig t | with no f | formal | writ | ten | agreements |
| relative to durat | | | | | | | | |
| on a per hour rat | | | 410 00 | DC PCIIC | Inica. | 100 | DCIIC | aure babea |
| - | | | | | | | | |
| C. Specific Activities to be Perfo | rmed | | | | | | | - |
| 10. For each activity, separately list | | n required (See F | Part C-10 of in | nstructions): | | | | |
| a. Nature of activity: | | | | | | | | |
| | tional mosti | ~~~ + ~ ~ | | | | | | 1 |
| Presented information | | | | | | | | ne process |
| of unionization, | the fore of | the NLR | B, and | correct | ive ba | argain | ling. | |
| b. Period during which performe | ed: (| . Extent perform | med: | | | | | |
| / - | | | | | 1 2 2 | | | |
| 4-00/5- | 00 | | | 4 | 4-00 | | | |
| d. Names and addresses of per | sons through whom per | formed: | -0.0 | | | | | |
| P. A. List (Addre | ss as in #1 | above) | | | Laurent L | | | |
| G. Fernandez | 11 11 | | | | In 8 | | 0 W | [] |
| 11. Identify (a) Subject employees, | groups of employees, ar | nd (b) labor orga | nizations: | | 13 | | | |
| | 121 | .a (5) .a56. 6.ga | | | | MAY 2 | 5 2000 | |
| a) All maintenanc | e mechanics | | | | 141 | MAI 4 | J 2000 | |
| b) Teamsters, Loc | al 769 | | | | - | USDOL, OLMS/DO | | |
| D. Verification and Signature. The | e person in item 1 abov | e and each of h | nis undersign | ed authorized off | icers decla | res, under | penalty o | flaw, that all in- |
| formation in this report, including all knowledge and belief, true correct, | attachments incorpora | ated therein or re | eferred to in | this report, has b | been exami | ined by him | n and is, to | o the best of his |
| Signed: | 1// Chair | rman/CEC | Signed: | Λ- | 10 | | _ (| Coarot amil |
| h. M. Van | Ha Chiair | Rresident | GH | mne n | 2. 14 | lecher | a : | Secretary/ Treasurer |

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

Scottsdale

City

Date

State

Arizona

Office of Labor-Manager



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

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 (LMRS) 2051

-0322

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|----|----|-------|------|-----|
| m. | 78 | 18011 | ГШ | шу |

1. Name and mailing address (include ZIP code):

Scottsdale, Arizona

Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Suite F-110 .

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

Date fiscal year ends:

4. Type of person:

a.

Individual

85255

b.

Partnership

c. $\Box_{\mathbf{Y}}$ Corporation

d.

Other (Specify):

12-00

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

Waste Management of Missouri, Inc. d/b/a Waste Management of Lebanon 33924 Olathe Dr., Lebanon, MO 65536 Date entered into:

3-23-00

7. Names of persons through whom made:

Claye Henson, Ops. Manager

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. \Box 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):

Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

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:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

b. Period during which performed:

c. Extent performed:

3-00/4-00

3-00

MAY

5 2000

d. Names and addresses of persons through whom performed:

M. G. Gibbons (Address as in #1 above)

USDOL/ESA

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

- a) FT & regular PT employees, including drivers, equipment operators, laborers & mechanics at facility located in Lebanon, MO
- b) Unification Organizing Committee, UAW, IAM, & USWA

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, gorrect, and complete.

Signed: Chairman/CEO (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.)

Secretary/ Treasurer

City State Date City State Date Scottsdale Arizona on: 4-4-0 bat: Scottsdale Arizona on:4-4-00

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Managerra

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This report is mandatory under P.L. 86-257 as amended. Fallure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001

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. -0322

A. Person Filing

1. Name and mailing address (include ZIP code):

Sunbelt Organization Services, Inc.

8711 East Pinnacle Peak Road, #287

Suite F-110

Scottsdale, Arizona 85255

3. Date fiscal year ends:

12-00

4. Type of person:

a. | Individual | D. | Partnership | C. | Corporation | d. | Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

Waste Management of Missouri, Inc.

3-10-00

Waste Management of Missouri, Inc. d/b/a Waste Management of Rolla P. O. Box 670, Rolla, MO 65402

Names of persons through whom made:
 Joseph Filippi, Ops. Supervisor

- 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
 - a. \square To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain X 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):

Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

b) Unification Organizing Committee, UAW, IAM, & USWA

a. Nature of activity:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

b. Period during which performed:

3-00/4-00

3-00

d. Names and addresses of persons through whom performed:

M. G. Gibbons (Address as in #1 above)

APR 2 4 2000

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

a) FT & regular PT employees, including drivers, equipment operators, laborers & mechanics at facility located in Newburg, MO

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 Signed: Chairman/CEC Secretary Jounne M 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 Date State at: Scottsdale Arizona on: 3-17-00 at: Scottsdale Arizona on:

Agreement and Activities Report

at:

U.S. Departmer of Laborwolms/DRD-N

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standards Office of Labor-Managema FEB 2 2 2000 OMB No. 1214-0001 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. 12/31/86 Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. C. -0322 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRBA) A. Person Filing 1. Name and mailing address (include ZIP code): Any other address where records necessary to verify this re Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 FEB 2 9 2000 Suite F-110 . Scottsdale, Arizona 85255 Date fiscal year ends: Type of person: USDOL/ESA d. Other (Specify):/DOE/SRD a.

Individual b.

Partnership c. 🖵 Corporation 12-00 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): Date entered into: Yuma Regional Medical Center 1-25-00 7. Names of persons through whom made: 2400 Avenue A Yuma, Arizona 85364 Edgar C. Joslin, Acting Mgr., HR 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. Terms and conditions (Explain in detail; see Part B-9 of instructions): Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate. 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: Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining. b. Period during which performed: c. Extent performed: 1-00/3-00 1-00 d. Names and addresses of persons through whom performed: M. G. Gibbons, P. A. List, & L. N. Umble (Addresses as in #1 above) 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: a) Pre-petition - non-supervisory personnel b) Pre-petition - United Steelworkers of America 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 Chairman/CEC Secretaisvier XXXXX (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) State Date State Scottsdale Arizona Scottsdale -9-00