U.S. Dep ment of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188

result in criminal prosecution, fine	s and civil penalties as	provided by 2	9 U.S.C. 439, 440.	pires 11-30-2002	
Required of Persons, including Labor R Under Section 203(b) of the Labor-Man	elations Consultants and O agement Reporting and Dis	ther Individuals sclosure Act of 1	and Organizations, 959, as amended (LMRDA).	File No. C.	272
A. Person Filing					
Name and maling address (include ZIP code):		2. Any other	2. Any other address where records necessary to verify this report are ke		
CBC Consulting, Ltd.					
5900 Lorac Dr., Suite 101					
Clarkston, MI 48346					
	Type of person:		- Company d	Cther (Specif	(v):
12-31- 02	a. Individual b.	_ Parmersnip	c. M Corporation d.		,,,
B. Nature of Agreement or Arrang					
Full name and address of employe			6. Date entered into:		
American Highway T		ic.	05-02		
1401 Meadowcraft R			7. Names of persons thro	ugh whom made:	
Birmingham, AL 35			Nancy Ostby		
8. Check the appropriate box to indic					the right
a. To persuade employees	to exercise or not to exe lectively through represer	rcise, or persu	ade employees as to the m	nanner of exercising	ng, the right
 To supply an employer will 	th information concerning	the activities of		ization in connecti ninistrative or arbit	ion with a laboral proceedir
9. Terms and conditions (Explain in d	etail; see Part 8-9 of instruc	ctions):			1 4
For services rende	red during the	union ca	mpaign. To ans	wer questi	ons
of management, and	employees cond	cerning t	he law so as n	ot to viola	ate
rue emproyees: rio	nts or the riot	its of th	e union 'Inclu	bluors bab	ha
group meetings wit	h employees.	3,500.	00 to be rec	eived by cl	heck.
C. Specific Activities to be Perfo	rmed				
10. For each activity, separately list in		uired (See Part (C-10 of instructions):		
a. Nature of activity; 8 01	die – Freezigaa				
Group meetings	with employees	3.			
h D :					
 b. Period during which perform 	ned: c. Extent	performed:			
04-02 thru 05-0)2	Com	plete		
d. Names and addresses of p	ersons through whom perf	formed:			
Address - Same as				20 5 30	4
Philip Craft, Jan		nis Chai	vre	27.000 27.000 P	9
11. Identify (a) Subject employees, g	oups of employees, and (b) labor organiza	ations:		/
Employees of A				N. W. Copellina	
		5.00			
se that service of failth, separate or hat h	hidate Little ictomnación reigi	SUN, 1999 PAR	Property and the property of t		
S product womalies to pe sittle	Lating.				
D. Verification and Signature. The that all information in this report, include to the heat of his knowledge and help	ding all attachments income	orated therein o	ndersigned authorized officer	s declares, under p	penalty of law
to the south of this knowledge and ball	of, true, correct, and comple	eta.	15 /SA 80 JE D		1 25
Signed:	The state of the s	Signed	woldh Cu	11	Treasu
(If other title, cross out and write in co	rrect title above.)		er title, cross out and write in	correct title above	
at: Clarkston M	e Date/	ייי ייד וכן :		ate	Date 7/

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U.S. Depa nent of Labor

Employment Standards Administration Office of Labor-Management 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.

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

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

Exp	ires 11-30-2	002	
	File No.	c.	272

Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 2. Any other address where records necessary to verify this report are kept: 1. Name and maling address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346 3. Date fiscal year ends: 4. Type of person: c. I Corporation d. - Other (Specify): b. Partnership a. Individual 12 - 31 - 02B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): Griffin Beverage 04 - 027. Names of persons through whom made: 1901 Dam Road Robert Griffin, Sr. West Branch, MI 48601 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 persuade 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 8-9 of instructions): For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be group meetings with employees. \$ 7,000.00 to be received by che to be received by check. 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: Group meetings with employees. b. Period during which performed: c. Extent performed: 04 - 02thru 05-02 Complete d. Names and addresses of persons through whom performed: Address - Same as #1 Charles LaMarre 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of Griffin Beverage D. Verfication 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: Treasure President (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) State Date Date City State Clarkston MI at: Clarkston MI

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Required of Persons, including Labor Relations Consulta Under Section 203(b) of the Labor-Management Reporti			File No. C. 272		
A. Person Filing					
Name and maling address (include ZIP code):	2. Any	other address where records neces	sary to verify this report are kept		
CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346		,			
3. Date fiscal year ends: 4. Type of person:					
12-31- 02 a. □ Individu	al b. 🗆 Partner	ship c. Corporation d. C	☐ Other (Specify):		
B. Nature of Agreement or Arrangement					
5. Full name and address of employer with whom ma					
Pilkington, N. America, Inc		04-02			
300 N. Ridge Drive		7. Names of persons through	7. Names of persons through whom made:		
Shelbyville, IN 46176		John Barnes	John Barnes		
8. Check the appropriate box to indicate whether and	object of the activities	undertaken, is directly or indirectly	y:		
 a. To persuade employees to exercise or organize and bargain collectively through b. To supply an employer with information or dispute involving such employer, except or a criminal or civil judicial proceeding. 	n representatives of	their own choosing.			
Terms and conditions (Explain in detail; see Part B-	9 of instructions):				
	-191				
For services rendered durin of management, and employee the employees' rights or th group meetings with employe	s concernin	g the law so as no	ot to violate		
C. Specific Activities to be Performed					
10. For each activity, separately list in detail the inform	nation required (See	Part C-10 of instructions):			
a. Nature of activity:					
and the second s					
Group meetings with emp	TOVERS		6 = 6		
with emp	Toyees.		Em 2 En		
b. Period during which performed:	c. Extent performed	1:	8		
04-02 thru 05-02		~			
04-02 thru 05-02	(Complete			
 d. Names and addresses of persons through v 	whom performed:				
Address - Same as #1 Harold Craft, Philip Craft James Belter	t, Lizabeth	Casale, David Roge	rs, Greg Eerbeek,		
11. Identify (a) Subject employees, groups of employe	on and (b) labor are	:			
Emm 1	n N. America				
CHICK COST A	and Limited	. IIIC.			
if for sechlacity, lapare in the fig. of					
D. Verfication and Signature. The person in items that all information in this report, including all attachme to the best of his knowledge and belief, true, correct, a			declares, under penalty of law been examined by him and is,		
Signed: Transcription of the signed during	is the ret si	gnéd://	11		
(If other title, cross out and write in correct title above.	President (Heroug W- Jan	Treasure		
at: Clarkston MT	Date 7/41	Other title, cross out and write in C			

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Clarkston

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