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U.S. Department of Labor Agreement and Activities Report Office of Labr negement Standards 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. 02/29/93 Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. C. 464 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): Labor Information Services, Inc. None 27407 Pacific Coast Highway Malibu, CA 90265 4. Type of person: 3. Date fiscal year ends: a. Individual b. Partnership c. C Corporation d. C Other (Spedify): 12/31/00 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: 3/10/00 Matheson Fast Freight 7. Names of persons through whom made: 100 Glen Carran Circle Dennis Cooper Sparks, NV 89431 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. It is 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): Starting 3/11/00 through election date, our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. A hours will be allocated to this work. Billing of time and expenses to be done monthly. maximum of 200 There is no written agreement as to a maximum billable amount. 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: To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining. b. Peroid during which performed: c. Extent performed: On-going meetings up to 24 hours before the electi will be performed. These will be group or individual meetings to 3/11/00through election date discuss NLRA basic guidelines, review act and answer questions. d. Nam, es and addresses of persons through whom performed: Ray Perez = 5846 Bolivia Drive - Buena Park, CA 90620

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

All voting employees in bargaining unit.

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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.

Signe	d:				Signed:		
	1)and	Druck '		President			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	D	ate	City	State	Date
at:	Malibu	CA	on:	4/11/00	at:		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.

Agreement and Activities

U.S. Department of Labor and another

Office of Labor-Magement Standards



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OMB No. 1214-0001 02/29/93

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

port

File No. C. 464

A. Person Filing						
. Name and maling address (incli	ude ZIP code):	2. Any	other addres	s where records	necessary to verify	this report are kept
Labor Information Service						
P 0 Box 6063				NONE		
Malibu, CA 90264					* 15	
B. Date fiscal year ends:	4. Type of person:					
12/31/00	a. 🗆 Individu	al b. 🗆 Partne	ership c. 5	Corporation	d. 🗆 Other (Spe	edity):
B. Nature of Agreement or An				ate entered into:		
5. Full name and address of emp	ployer with whom ma	de (include ZIP cod	ie):			
Somers Manor Nursing Hor	me		1	4/20/00	s through whom ma	da
Route 1			/.			ue.
Somers. NY 10589 8. Check the appropriate box to	'- d'	hines of the anti-cit	as undertaken	Janice Depr		
b. To supply and employ dispute involving such criminal or civil judicia 9. Terms and conditions (Explain	rer with information or n employer, except in al proceeding.	oncerning the activ formation for use so	ities of employ plely in conjun	rees or a labor or action with an adn	ganization in conne ninistrative or arbitr	action with a labor al proceeding or a
	rough 5/11/00		he conduct	ina meetinas w	with employees f	rom the voting
unit to discuss the reali						
325 hours will be all no written agreement as t			i time and	expenses with	be done monomy	A
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C. Specific Activities to be f 10. For each activity, separately						
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4/20/00 through	election date	will be perfo	rmed. Thes	e will be grou	up or individual act and answer	meetings to
d. Nam,es and addresses	of persons through w	hom performed:				
Brad Moss		All are with:	Labor Inf	formation Serv	ices, Inc.	
Michael Roa	n			(above addr	ess)	
Olga Tapia				-		C pros
11. Identify (a) Subject employed All voting employed			organizations:		NOV 2 8 200	
				100	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
D. Verfication and Signature that all information in this report, to the best of his knowledge and	including all attachm	nents incorporated	of his undersi	gned authorized or red to in this rep	officers/declares/ un ort, has/been/exam	nder penalty of law ined by him and is,
Signed:	>		Signed:			
- Cause	w	President				Treasure
(If other title, cross out and write			-		rite in correct title a	
City	State	Date		City	State	Date
at: Malibu	CA	on: 5/20/00	at:		diam sha sima fara a	on:
Public reporting burden for this coll searching existing data sources, gat regarding this burden estimate or ar Management Standards, Department Paperwork Reduction Project (1214-0	haring and maintaining	the date needed and	completing an	on antinuing the co	llaction of informatio	n Sand commante

Agreement and Activitie

U.S. Dep

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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. 464

A. Person Filing					
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Labor Information Services	, Inc.				,
PO Box 6063			None		
Malibu, CA 90264					
3. Date fiscal year ends:	4. Type of person:				
12/31/00	a. Individual b.	Partnership	c. 🖎 Corporation	d. Other (Spe	edify):
B. Nature of Agreement or Arr					
Full name and address of empl	oyer with whom made (include	a ZIP code):	6. Date entered into:		
Francis Schervier Home and	Hospital		7. Names of persons		da
2975 Independence Avenue Bronx, NY 10463			***************************************	Caldari	ide:
b. To supply and employe	s to exercise or not to exercise presentatives of their own choon or with information concerning to employer, except information for	o, or persuade emp esing. the activities of en	taken, is directly or indicaten, in the indicatent in the indi	irectly: er or exercising, th anization in conne	ction with a labor
9. Terms and conditions (Explain	in detail; see Part B-9 of instruc	ctions):			
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b. Peroid during which perfo	rmed: c. Extent	performed:			
 d. Nam, es and addresses of 	persons through whom perform	med:			
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 Identify (a) Subject employees 	, groups of employees, and (b) labor organizatio	ons:	riun 5 8 300	00
				USDOL/ESA	
D. Verfication and Signature. that all information in this report, in to the best of his knowledge and b Signed:	cluding all attachments incorp	orated therein or a	ersigned authorized off referred to in this report	icers declares, und , has been examin	der penalty of law, ned by him and is,
Charles till		esident			Treasurer
If other title, cross out and write in		(If other t	title, cross out and write		
City s at: Malibu	State Date		City	State	Date
Public reporting burden for this collect learching existing data sources, gather egarding this burden estimate or any Management Standards, Department of Paperwork Reduction Project (1214-000	tion of information is estimated tring and maintaining the data nee other aspect of this collection of in the aspect of the constitution.		es per response, including g and reviewing the collec- ng suggestions for reducing /ash., D.C. 20210; and to	g the time for revier ction of information. Ig this burden, to the the Office of Manage	on: wing instructions Send comments s office of Labor ment and Budget,