



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.

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

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

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

Labor Information Service, Inc.
PO Box 6063
Malibu, CA 90264

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

None

3. Date fiscal year ends:
12/31/01

4. Type of person:

a. ☐ Individual b. ☐ 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):

Wilkes-Barre General Hospital
575 North River Street
Wilkes-Barre, PA 18764-0001

6. Date entered into:

6/26/01

7. Names of persons through whom made:

James Carmondy

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 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.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Starting 6/26/01 through the election, 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 maximum of 500 hours will be allocated to this work. Billing of time and expenses will be done monthly. 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. Period during which performed:
6/26/01 through election date

c. Extent performed:

On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review ACT and answer questions.

d. Names and addresses of persons through whom performed:

H. Desch - J. Rodriguez - J. Schmid
Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264

11. Identify (a) Subject employees, groups of employees, and (b) labor organization:
All voting employees in bargaining unit.



D. Verification and Signature. The person in item I 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: (if other title, cross out and write in correct title above.) city Malibu state CA Date on: 7/13/01	Signed: _____ Treasurer (if other title, cross out and write in correct title above.) city _____ state _____ Date on: _____
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Agreement and Activities Report

U.S. Department of Labor

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.

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

1. Name and mailing address (Include ZIP code): Labor Information Services, Inc. P O Box 6063 Malibu, CA 90264	2. Any other address where records necessary to verify this report are kept NONE
3. Date fiscal year ends: 12/31/01	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Sutter Delta Hospital 3901 Lone Tree Way Antioch, CA 94509-6200	6. Date entered into: 2/10/01
7. Names of persons through whom made: Paul Schechter	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> 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):

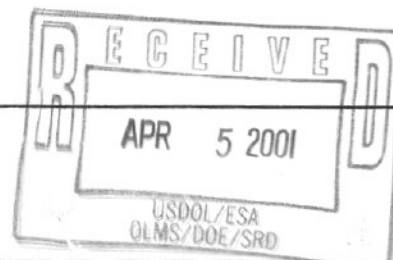
Starting 2/10/01 through election, our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 100 hours will be allocated to this work. Billing of time and expenses will be done monthly. 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. Period during which performed: 2/10/01 through election date	c. Extent performed: On-going meetings, up to 24 hours before the election, will be performed. These will be group or individual meetings to discuss NIRA basic guidelines, review act and answer questions.
d. Names and addresses of persons through whom performed:	
C. Ahern K. Wilson	L. Wong Labor Information Services, Inc. PO Box 6063 Malibu, CA 90264

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

All voting employees in bargaining unit.



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: (If other title, cross out and write in correct title above.) City State Date at: Malibu CA on: 3/13/01	Signed: _____ (If other title, cross out and write in correct title above.) City State Date at: _____ on: _____
President	Treasurer

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.

Form LM-20
(Feb. 1990)

Agreement and Activities Report

U.S. Department 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. 464

A. Person Filing

1. Name and mailing address (Include ZIP code): Labor Information Services, Inc. P O Box 6063 Malibu, CA 90264		2. Any other address where records necessary to verify this report are kept NONE	
3. Date fiscal year ends: 12/31/01	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Sutter Lakeside Community Hospital 5176 Hill Road East Lakeport, CA 95453		6. Date entered into: 1/11/01
		7. Names of persons through whom made: Clifford Coates
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To 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. <input type="checkbox"/> 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):

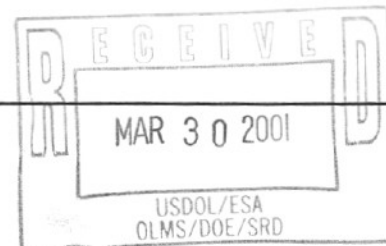
Starting 1/12/01 through 1/24/01, our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 155 hours will be allocated to this work. Billing of time and expenses will be done monthly. 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. Period during which performed: 1/12/01 through election date	c. Extent performed: On-going meetings, up to 24 hours before the election, will be performed. These will be group or individual meetings to discuss NLRB basic guidelines, review act and answer questions.
d. Names and addresses of persons through whom performed: C. Ahern and Kathy Wilson = Labor Information Services Inc. P O Box 6063 Malibu, CA 90264	

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

All voting employees in bargaining unit.



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: <i>[Signature]</i> President			Signed: _____ 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	City	State	Date
at: Malibu	CA	on: 2/12/01	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.

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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

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

Labor Information Services, Inc.

P O Box 6063

Malibu, CA 90264

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

NONE

3. Date fiscal year ends:

12/31/01

4. Type of person:

a. ☐ Individual b. ☐ 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):

Romeo Rim

74000 Van Dyke

Romeo, MI 48065

6. Date entered into:

12/6/00 Kevin Konzack

7. Names of persons through whom made:

Kevin Konzack

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 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 12/7/00 through 1/9/01, 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 maximum of 150 hours will be allocated to this work. Billing of time and expenses will be done monthly. 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. Period during which performed:

12/7/00 through election date

c. Extent performed:

On-going meetings, up to 24 hours before the election, will be performed. These will be group or individual meetings to discuss NLRB basic guidelines, review act and answer questions.

d. Names and addresses of persons through whom performed:

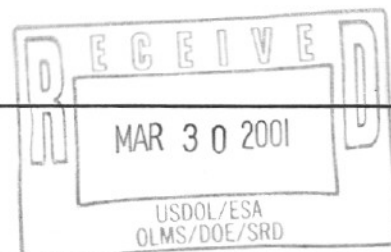
Ray Perez

Labor Information Services, Inc.

PO Box 6063 - Malibu, CA 90264

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

All voting employees in bargaining unit.



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: *David Banks* President Signed: _____ 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 at: Malibu CA on: 2/9/01 City State Date at: _____

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