

Agreement and Activities Report

U.S. Department 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.

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. 565

A. Person Filing

1. Name and mailing address (include ZIP code): Walter J. Stilphen 23 Pinelake Drive Williamsville, NY 14221	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12/31	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): County Ambulance, Inc. P.O. Box 724 Ellsworth, ME 04605	6. Date entered into: November 17, 2002
7. Names of persons through whom made: John Partridge	

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.

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

There are no terms or conditions. I will bill for all services and disbursements on a monthly basis.

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:

I spoke at an employee meeting.



b. Period during which performed:

November 17, 2002

c. Extent performed:

I spoke at an employee meeting.

d. Names and addresses of persons through whom performed:

Walter J. Stilphen
23 Pinelake Drive
Williamsville, NY 14221

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

- a) All full-time, regular part-time and per diem drivers, EMTs, EMT intermediates, and EMT paramedics.
- b) IAEP, NAGE, SEIU, AFL-CIO

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: Walter J. Stilphen (If other title, cross out and write in correct title above.) City: Williamsville State: NY Date: 12/13/02	Signed: (If other title, cross out and write in correct title above.) City: State: Date:
President	Treasurer