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. 464

A. Person Filing									
. Name and mailing address (include	de ZIP code):	2.	Any other address	where records ne	cessary to verity th	nis report are kept			
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264				None	ì				
3. Date fiscal year ends:	4. Type of perso	on:							
12/31/01	a. 🗆 Indivi		rtnership C. 🛛	Corporation	d. 🗌 Other (Spe	cify):			
B. Nature of Agreement or Arra	angement								
5. Full name and address of empl	oyer with whom i	made (include ZIP	code): 6. Da	te entered into:	11/4/01				
Flagstone Hospitality Management 850 Ridge Lake Blvd			1	7. Names of persons through whom made:					
Memphis, TN 38120				el Sennett					
8. Check the appropriate box to in				,	,				
A. A. To persuade employed organize and bargain b. To supply an employed dispute involving such or a criminal or civil ju	collectively thro er with informatio h employer, exce	ugh representation on concerning the ppt information for	es of their own ch activities of employ	oosing. ees or a labor org	ganization in conne	ection with a labor			
	<u> </u>		- >-						
Terms and conditions (Explain i	n detail; see Part	B-9 of instruction	s):						
Starting 11/5/01 through 11/30/01, o cards and voting in the upcoming ele There is no written agreement as to a	ction. A maximum	of 100 hours will b	th employees from the allocated to this wo	e voting unit to disco ork. Billing of time a	uss the realities of s nd expenses will be	igning authorization done monthly.			
0.0									
C. Specific Activities to be			(C D-+ C 40 -6)	-4					
 For each activity, separately lis a. Nature of activity: 	st in detail the inf	ormation required	(See Part C-10 of II	istructions):					
To inform employees in the voting urbargaining.	nit to exercise their	r right to choose wh	ether or not they wish	n to be represented	for the purposes of	collective			
b. Period during which perf	formed:	c. Extent per	ormed:						
11/5/01 through 11/3	ngs, up to 24 hours beings to discuss NLRA								
d. Names and addresses of	of persons through	ah whom nerform	ed.						
A. Tovar - Labor Information Service:									
11. Identify (a) Subject employees, g All voting employees in bargaining ur		es, and (b) labor or	ganization:		(A Pec'd SWIP E A Pec'			
D. Verification and Signature. The that all information in this report, it to the best of his knowledge and the second sec	including all attac	chments incorpora	h of his undersigne ted therein or referr	ed authorized officed to in this report	ers declares, und , has been examin	er penalty of law, ned by him and is,			
Signed:			Signed:						
() darchten	0	Presid	lent			Treasurer			
(if other title, cross out and write i	n correct title abo			cross out and write	in correct title abo				
city	state	Date	cit		state	Date			
at: Malibu	CA	on: 1/31/02			010	on: 1/31/02			
			4			VII.			

U.S. Depart

ent of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188

C.

Expires 11-30-2002

File No.

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to the best of his knowledge and belief, true, correct, and complete.

state

CA

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

Malibu

Signed

at

city

ns,

464

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).

A. Person Filing 2. Any other address where records necessary to verity this report are kept: 1. Name and mailing address (include ZIP code): None Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264 4. Type of person: 3. Date fiscal year ends: b. Dartnership C. Corporation d. Other (Specify): 12/31/01 a. Individual B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 10/25/01 Performance Food Group 4041 North East 54th Avenue 7. Names of persons through whom made: Gainesville, FL 32609 John Wilson 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 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 b. 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 10/25/01 through 11/4/01, 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 20 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. 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 c. Extent performed: b. Period during which performed: On-going meetings, up to 24 hours before the election will be performed. These will be group or 10/25/01 through 11/4/01 individual meetings to discuss NLRA basic guidelines, review ACT and answer questions d. Names and addresses of persons through whom performed: J. Mortensen 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,

Signed:

city

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

state

President

12/31/01

Date

Date

Treasurer

12/31/01

U.S. Depar ent of Labor Employment Standards Administration Office of Labor-Management Standards



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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).

C. File No. 464

A. Person Filing							
. Name and mailing address (include 7ID code):	12 Ani	other address	where records n	ecessary to verity	this repor	rt are kept
. Name and mailing address (include ZIP code).	[2. All)	other address	Wilele lecolds ii	ecessary to verity	una repor	t are kept.
				No	ne		
Labor Information Service, Inc.				140			
PO Box 6063 Malibu, CA 90264)					
	4. Type of perso	in.					
Date fiscal year ends:							
12/31/01	a. 🗌 Indivi	dual b. 🗌 Partn	ership C. 🔀	Corporation	d. Other (S)	pecify):	
B. Nature of Agreement or	Arrangement		10.0				
5. Full name and address of	employer with whom r	nade (include ZIP cod	de): 6. Da	te entered into:	10/16/01		
Hunter Fan Company 2500 Frisco Avenue		7 No		through whom m	ada:		
Memphis, TN 38114		7. Na	imes of persons	through whom ma	ade.		
Wempins, 114 corra			Dan	Grandy			
8. Check the appropriate box	to indicate whether a	n object of the activit	ies undertaken,	is directly or Ind	irectly:		
	ployees to exercise					sing, the	right to
organize and bar	gain collectively thro	ugh representatives	of their own ch	oosing.		0,	0
b. To supply an emi	plover with informatio	n concerning the acti	vities of employ	ees or a labor o	rganization in cor	nection w	ith a labor
	such employer, exce ivil judicial proceedin		se solely in con	unction with an	administrative or	arbitral p	roceeding
9. Terms and conditions (Exp	lain in detail; see Part	B-9 of instructions):					
			amplayees from	the voting unit to	dienuee the realities	of cianina	
Starting 10/16/01 through 11/15 authorization cards and voting in							he done
monthly. There is no written ag			ars will be allocati	ed to this work. D	illing of time and ex	perises will	be done
monthly. There is no what ag	recilient as to a maxim	in biliable amount.					
C. Specific Activities t	o be Performed		7.1.1.100-1.100-1.100-1.1100-1.1100				
10. For each activity, separat	ely list in detail the inf	ormation required (Se	e Part C-10 of i	nstructions):			
a. Nature of activity:							
To inform employees in the vot	ing unit to exercise their	r right to choose whether	er or not they wisl	n to be represente	d for the purposes	of collective	Э
bargaining.							
b. Devied device which	a confirma a di	c. Extent perform	and:				
 b. Period during which 							
10/16/01 throug	h 11/15/01	On-going meetings, individual meetings					
				Duoie guittemioe,	/ 40	790 M	
d. Names and address	ses of persons throug	an wnom performed:			(0 m/2	2 200 2	
A. Brown and M. Roan					1208	- NE]	
Labor Information Services, Inc					O. DE	ADA	
PO Box 6063 - Malibu, CA 902	64						
11. Identify (a) Subject employ	ees aroune of employe	es and (h) labor organ	ization:				
All voting employees in bargain		es, and (b) labor organ	1201011.				
All voting employees in bargain	ing unit.						
D. Verification and Signatur	e. The person in item	I above and each o	f his undersiane	ed authorized of	ficers declares, u	nder pena	ltv of law.
that all information in this rej							
to the best of his knowledge					,		,
Signed:			Signed:				
The state of	0	D					Transcor
(if other title, cross out and	write in correct title ah	President	-	ornee out and w	rite in correct title	abovo \	Treasurer
city	state	Date	ci		state	Date	
Malibu	CA	12/21/01	1	.1	State		
at:		on: 12/31/01	at:			on:	12/31/01
						For	rm LM-20