U.S. Departruent of Labor Employment Standards Administration

Office of Labor-Management Standards



This report is mandatory under P.L. 8 result in criminal prosecution, fines at).		m approved oires 11-30-20		. 1215-0188
Required of Persons, including Lab Under Section 203(b) of the Labor-	sultants and Other	Individuals	and Organizations,	RDA).	File No.	C. 4	164	
A. Person Filing								
Name and mailing address (include	de ZIP code):	2.	Any other a	ddress where records	neces	sary to verity	this repo	ort are kept
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264					None			
Date fiscal year ends:	4. Type of perso	on:						
12/31/01	a. 🗌 Indivi	idual b. 🗌 Pa	rtnership	C. X Corporation	on d. [Other (S	pecify):	
B. Nature of Agreement or Arra								
5. Full name and address of empl	oyer with whom	made (include ZIP	code):	6. Date entered into:	5	5/1/01		
Pacific Gateway Rehabilitation Hospi	al			7. Names of person	is throu	igh whom m	ade:	
1345 Southeast Harvey St Portland, OR 97202				Michelle Egerer				
8. Check the appropriate box to in	dicate whether a	an object of the act	tivities unde	rtaken, is directly or Ir	ndirectl	y:		
A. To persuade employe organize and bargain b. To supply an employe dispute involving such or a criminal or civil ju	collectively thro r with information employer, exce	ough representativen concerning the a ept information for	es of their	own choosing. employees or a labor	organi	zation in cor	nection v	with a labor
9. Terms and conditions (Explain i	n detail; see Par	t B-9 of instructions	s):					
Starting 5/1/01 through 5/30/01, our cards and voting in the upcoming ele There is no written agreement as to a	ction. A maximum	n of 200 hours will b						
C. Specific Activities to be	Performed							
10. For each activity, separately lis	t in detail the inf	formation required ((See Part C	·10 of instructions):				
a. Nature of activity:								
To inform employees in the voting unbargaining.	nit to exercise their	r right to choose whe	ether or not t	ney wish to be represent	ted for t	he purposes	of collectiv	re
h Bariad during which part	ormod:	c. Extent perfo	ormed:					
b. Period during which perf 5/1/01 through election		On-going meetin	igs, up to 24	hours before the elections NLRA basic guidelines				
d. Names and addresses o	f persons throug	gh whom performe	ed:					
B. Moss				ſ		2 @ E	ח מח ה	
K. Wilson	. DO Day 6061	Malibu CA 00084			101-	15 15 15	U W E	1011
L. Shatey-Welty - All with Labor Information Servi					0)1			111111
 Identify (a) Subject employees,		es, and (b) labor org	ganization:			JU 27	2001	
					L	USDOL/ OLMS/DO	'ESA E/SRD	7
D. Verification and Signature. The that all information in this report, it to the best of his knowledge and be	ncluding all attac	chments incorporate	n of his und ed therein o	ersigned authorized o r referred to in this rep	officers port, ha	declares, ui	nder pena	alty of law, nim and is,
Signed: Done	>	Preside	Signed					Treasurer
(if other title, cross out and write i	n correct title ab			r title, cross out and w	vrite in	correct title :	above)	110000101
city	state	Date	(city		ate		ate
at: Malibu	CA	on: 7/13/01	at:	√5557 * . <u>1. p. 10. pp. 10. pp. 10. pp. 1</u> . 10. pp.			on:	

There is no written agreement as to a maximum billable amount.

U.S. Departn. Int of Labor **Employment Standards Administration** Office of Labor-Management Standards



464

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, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

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

C

File No.

A. Person Filing						
 Name and mailing address (included) 	de ZIP code):	2. Any other address where records necessary to verity this report are kept:				
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264		None .				
Date fiscal year ends:	4. Type of person:					
12/31/01	a. 🗆 Individual b. 🗆	Partnership C. X Corporation d. Other (Specify):				
B. Nature of Agreement or Arra	angement					
5. Full name and address of emplo	oyer with whom made (include 2	ZIP code): 6. Date entered into: 5/14/01				
Champion Bus		7. Names of persons through whom made:				
331 Graham Road						
Imlay City, MI		Diane Behrick				
	dicate whether an object of the	activities undertaken, is directly or Indirectly:				
organize and bargain	collectively through represent	grand and grand				
 b.	n employer, except information	ne activities of employees or a labor organization in connection with a labor for use solely in conjunction with an administrative or arbitral proceeding				
9. Terms and conditions (Explain is	n detail; see Part B-9 of instruct	ions):				
Starting 5/14/01 through 5/23/01, our	firm will be conducting meetings w	vith employees from the voting unit to discuss the realities of signing authorization				

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.

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.

b. Period during which performed:

5/14/01 through 5/23/01

c. Extent performed:

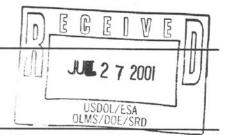
On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review ACT and answer questions.

d. Names and addresses of persons through whom performed:

H. Desch - 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:				Signed:		
	James N	SRI	President			Treasurer
(if other title, cross out and write in correct title above.)			(if other title, cross out a	nd write in correct title	above.)	
	city Malibu	state	Date	city	state	Date
at:	IVIAIIDU	CA	on: 7/13/01	at:		on:

Revised

U.S. Departr∟∍nt of Labor **Employment Standards Administration** Office of Labor-Management Standards



464

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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 Disclos

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

Under Section 203(b) of the Labor-	Management Reporting and Disc	losure Act of 1959, as amo	ended (LMRDA).			
A. Person Filing						
 Name and mailing address (included) 	de ZIP code):	2. Any other address where records necessary to verity this report are kept:				
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264		None .				
3. Date fiscal year ends:	4. Type of person:					
12/31/01	a. Individual b.	Partnership C. 🗵 C	corporation d. Other (Specify):			
B. Nature of Agreement or Arra	angement					
5. Full name and address of empl	oyer with whom made (include 2	ZIP code): 6. Date e	entered into: 11/12/00			
Chinese Daily News		7. Name	es of persons through whom made:			
1588 Corporate Center Drive		David C.Liu				
Monterey Park, CA 91754 8. Check the appropriate box to in	diasta whather an abject of the					
- To persuade employe	collectively through representa	atives of their own choos	s to the manner of exercising, the right to			
b. To supply an employe	r with information concerning the employer, except information	e activities of employees	s or a labor organization in connection with a labor ction with an administrative or arbitral proceeding			
9. Terms and conditions (Explain i	n detail; see Part B-9 of instructi	ons):				
Increase maximum hours to 1000.						

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:

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:

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:	1	1-2-		Signed:		·
	1 aheth W	11	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 Malibu	state	Date	city	state	Date
at:	Ivialibu	CA	on: 7/13/01	at:		on:

Agreement and Activities R., ort

Revised

U.S. Departr. Int of Labor Employment Standards Administration Office of Labor-Management Standards



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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, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRD

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

C.

File No.

Under Section 203(b) of the Labor-I	Management Reporting a	nd Disclosure Act of 195	59, as amended (Li	ARDA).				
A. Person Filing								
1. Name and mailing address (include	de ZIP code):	2. Any other ad	2. Any other address where records necessary to verity this report are kept:					
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264 3. Date fiscal year ends: 12/31/01	4. Type of person: a. Individual	b. ☐ Partnership	C. X Corpora	None tion d. □ Other (Specify):	:			
B. Nature of Agreement or Arra		-1-1-7151-1	6. Date entered in	to:				
5. Full name and address of emplo	oyer with whom made (in	iclude ZIP code):	o. Date entered in	11/19/01				
Churchill & Banks 167 Point Street Providence, RI 02903			7. Names of pers Bill Herendeen	ons through whom made:				
8. Check the appropriate box to in				•				
organize and bargain b. To supply an employe dispute involving such or a criminal or civil ju	collectively through rep er with information conce n employer, except infor idicial proceeding.	resentatives of their o rning the activities of e rmation for use solely i	wn choosing. mplovees or a lab	manner of exercising, to or organization in connection an administrative or arbitral	with a labor			
9. Terms and conditions (Explain i	n detail; see Part B-9 of i	nstructions):						
Extend ending date until 1/2/0. Increa	ise hours to 90.							
		~	z .					
C. Specific Activities to be		- remissed (Can Dart C	10 - 5 i 1 1 1					
10. For each activity, separately list	at in detail the information	required (See Part C-	10 of instructions):					
a. Nature of activity:								
To inform employees in the voting ur bargaining.	nit to exercise their right to	choose whether or not th	ey wish to be repres	ented for the purposes of collect	tive			
b. Period during which perf	ormed: c. E	xtent performed:						
	On-go			tion will be performed. These whee, review ACT and answer que				
d. Names and addresses o	f persons through whom	n performed:						
					[2]			
11. Identify (a) Subject employees, g All voting employees in bargaining ur		(b) labor organization:		USDOL/ESA				
			01 MS/D0E/SDD	1				

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:	(A)			Signed:		
	1000	JUNE -	President			Treasurer
(if othe	r title, cross out and w	vrite in correct title above	.)	(if other title, cross out a	nd write in correct title	above.)
	city	state	Date	city	state	Date
at:	Malibu	CA	on: 7/13/01	at:		on: