## Agreement and Activities R

Signed:

at:

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

Malibu

state

CA

U.S. Departr

nt of Labor

Employment Standa 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

Under Section 203(b) of the Labor-r	Management Reporting and Disc	closure Act of 1959, as amended (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:					
12/31/02	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	ZIP code): 6. Date entered into: 9/3/02				
Faurecia 543 Matzinger Road PO Box 54010 Toledo, OH 43612		7. Names of persons through whom made:				
organize and bargain b.   To supply an employe	collectively through represent r with information concerning to n employer, except information	rcise, or employees as to the manner of exercising, the right to statives of their own choosing.  the activities of employees or a labor organization in connection with a labor n for use solely in conjunction with an administrative or arbitral proceeding				
9. Terms and conditions (Explain i	n detail; see Part B-9 of instruct	etions):				
cards and voting in the upcoming ele	ction. A maximum of 300 hours v g of time and expenses will be dor amount.	with employees from the voting unit to discuss the realities of signing authorization will be allocated to this work. All hours worked will be billed at our hourly rates that one monthly. All invoices are due and payable upon receipt. There is no written				
		ired (See Part C-10 of instructions):				
a. Nature of activity:						
200 00 00 00 000 000 00 000 000	nit to exercise their right to choose	e whether or not they wish to be represented for the purposes of collective				
b. Period during which perf	formed: c Extent t	performed:				
9/3-9/26	On-going me	neetings, up to 24 hours before the election will be performed. These will be group or neetings to discuss NLRA basic guidelines, review ACT and answer questions.				
d. Names and addresses of	of persons through whom perfo	formed:				
J. Anderson, H. Desch, G. Yarbrough Labor Information Services, Inc. PO Box 6063 - Malibu, CA 90264						
11. Identify (a) Subject employees, s All voting employees in bargaining u		or organization:				
	including all attachments incorp	each of his undersigned authorized officers declares, under penalty of law, porated therein or referred to in this report, has been examined by him and is,				

Signed:

at:

city

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

state

President

10/10/02

Date

Date
on:
Form LM-20

(Feb. 1990)

Treasurer

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

Malibu

state

CA

Date

10/10/02

city

at:

U.S. Departr

nt of Labor

Employment Stand \_ as Administration Office of Labor-Management Standards



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

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

Required of Persons, including Labo Under Section 203(b) of the Labor-N	or Relations Consultants : Management Reporting ar	and Other Indi nd Disclosure	viduals and O Act of 1959, a	rganizations, s amended (LMR)	DA).	File No.	C.	464
A. Person Filing				,				
Name and mailing address (include 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				Ne	lone			
3. Date fiscal year ends:	4. Type of person:							
12/31/02	a. 🗌 Individual	b. 🗌 Partne	orship C. 🛚	☑ Corporatio	<b>n</b> d. $\square$	Other (S	pecify)	):
B. Nature of Agreement or Arra								
5. Full name and address of emplo	oyer with whom made (in	clude ZIP cod	e): 6. E	Date entered into:	9/3	3/02		
Amveco 10401 Westoffice Drive Houston, TX 77042			Dav	Names of persons re Snelling			ade:	
8. Check the appropriate box to in	dicate whether an object	of the activiti	es undertaker	n, is directly or In	directly:	:		
<ul> <li>b.  To supply an employer</li> </ul>	collectively through rep r with information concel l employer, except infor	resentatives rning the activ	of their own o	choosing. ovees or a labor o	organiza	ation in con	nection	n with a labor
9. Terms and conditions (Explain in	n detail; see Part B-9 of in	nstructions):						
cards and voting in the upcoming electronge from \$180-200 per hour. Billing agreement as to a maximum billable and C. Specific Activities to be	g of time and expenses will amount.	burs will be allo	cated to this w	ork. All hours work es are due and pay	∢able upo	e billed at o	ur hourl	y rates that no written
10. For each activity, separately lis		required (Co.	Dort C 10 of	in admiration as				
a. Nature of activity:	t in detail the information	required (See	Part C-10 of	instructions):				
To inform employees in the voting unbargaining.	it to exercise their right to o	choose whethe	r or not they wi	sh to be represente	ed for the	e purposes o	of collec	tive
b. Period during which perfo	ormed: c. E:	xtent perform	ed:					
9/3/02 -9/10/02 On-going med			eetings, up to 24 hours before the election will be performed. These will be group or eetings to discuss NLRA basic guidelines, review ACT and answer questions.					
d. Names and addresses of A. Tovar Labor Information Services, Inc. PO Box 6063 - Malibu, CA 90264	f persons through whom	performed:						
11. Identify (a) Subject employees, g All voting employees in bargaining un		b) labor organiz	ation:					
D. Verification and Signature. The that all information in this report, ir to the best of his knowledge and b	ncluding all attachments i	incorporated t	his undersigr herein or refe	ned authorized of	fficers de ort, has	eclares, ur been exan	nder pe	nalty of law, y him and is,
Signed:	10		Signed:					
I and the	NU	President	_					Treasurer

Date

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

state

city

city

at:

Malibu

state

CA

Date

10/10/02

at:

city

nt of Labor

Employment Stano. as Administration Office of Labor-Management Standards



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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

011401 0004011 = 00(0) 01 410 = 4400						
A. Person Filing						
Name and mailing address (include 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:		1			
12/31/02	a. 🗌 Individual b.	☐ Partne	ership C. X Corporation d. Other (Specify):			
B. Nature of Agreement or Ar	rangement					
5. Full name and address of emp	ployer with whom made (inclu	ude ZIP cod	6. Date entered into: 9/3/02			
Alzheimer Resource			7. Names of persons through whom made:			
1261 South Main Street Plantsville, CT 06479			Michael J. Smith			
	indicate whether an object of	f the activiti	es undertaken, is directly or Indirectly:			
			employees as to the manner of exercising, the right to			
b.   To supply an employ	ch employer, except informa	ng the activ	of their own choosing.  vities of employees or a labor organization in connection with a labor e solely in conjunction with an administrative or arbitral proceeding			
9. Terms and conditions (Explain	in detail; see Part B-9 of inst	tructions):				
cards and voting in the upcoming erange from \$180-200 per hour. Bill agreement as to a maximum billable	lection. A maximum of 600 hou ing of time and expenses will be e amount.	urs will be all	byees from the voting unit to discuss the realities of signing authorization located to this work. All hours worked will be billed at our hourly rates that hly. All invoices are due and payable upon receipt. There is no written			
C. Specific Activities to b						
10. For each activity, separately	list in detail the information re	equired (See	e Part C-10 of instructions):			
a. Nature of activity:						
To inform employees in the voting bargaining.	unit to exercise their right to cho	oose whethe	r or not they wish to be represented for the purposes of collective			
b. Period during which pe	rformed: C Extr	ent perform	eq.			
9/3/02 - 10/2/0	On-going	g meetings,	up to 24 hours before the election will be performed. These will be group or to discuss NLRA basic guidelines, review ACT and answer questions.			
d. Names and addresses	of persons through whom p	performed:				
M. Rizzo, R. Melita, R. Perez Labor Information Services, Inc. PO Box 6063 - Malibu, CA 90264						
11. Identify (a) Subject employees All voting employees in bargaining		labor organi:	zation:			
D Verification and Signature	The person in item I show a	and each of	his undersigned authorized officers declares, under penalty of law,			
	, including all attachments inc	corporated	therein or referred to in this report, has been examined by him and is,			
Signed:		•	Signed:			
Lavius	serr(C)	President				
(if other title, cross out and write	e in correct title above.)		(if other title, cross out and write in correct title above.)			

Date

on:

state

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

CA

Malibu

city

at:

U.S. Departr nt of Labor Employment Stana ... us Administration Office of Labor-Management Standards

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464

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

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, C.

File No.

Officer Section 203(b) of the Labor-	ivianagement Reportin	ig and Disclosure Act	of 1959, as amended (LMRDA).			
A. Person Filing						
Name and mailing address (include ZIP code):  Labor Information Service, Inc.  PO Box 6063  Malibu, CA 90264			Any other address where records necessary to verity this report are kept  None			
12/31/02	a. 🗆 Individua	b. Partners	hip C. 🗵 Corporation d. 🗌 Oth	er (Specify):		
B. Nature of Agreement or Arra	angement					
5. Full name and address of emp	loyer with whom made	e (include ZIP code):	6. Date entered into: 7/24/02			
Antelope Valley Hospital 1600 West Avenue J			7. Names of persons through who Mathew Abraham	om made:		
R Check the appropriate boy to it	ndicate whether an ob	viect of the activities	undertaken, is directly or Indirectly:			
A. X To persuade employ organize and bargain b. To supply an employe	ees to exercise or no collectively through er with information co h employer, except in	ot to exercise, or e representatives of t ncerning the activitie	mployees as to the manner of e	in connection with a labor		
9. Terms and conditions (Explain	in detail: see Part B-9	of instructions):				
written agreement as to a maximum	billable amount.	iii be allocated to this v	vork. Billing of time and expenses will be do	ne monthly. There is no		
C. Specific Activities to be						
<ol> <li>For each activity, separately life.</li> <li>Nature of activity:</li> </ol>	st in detail the informa	ation required (See P	art C-10 of instructions):			
	nit to exercise their righ	t to choose whether or	not they wish to be represented for the purp	oses of collective		
b. Period during which per	formed:	c. Extent performed:				
7/24/02	lo	n-going meetings, up to	oing meetings, up to 24 hours before the election will be performed. These will be group or dual meetings to discuss NLRA basic guidelines, review ACT and answer questions.			
d. Names and addresses of	of persons through w	hom performed:				
B. Moss Labor Information Services, Inc. PO Box 6063 - Malibu, CA 90264						
11. Identify (a) Subject employees, All voting employees in bargaining u		nd (b) labor organizati	on:			
D. Verification and Signature. The that all information in this report, to the best of his knowledge and	including all attachme	nts incorporated ther	undersigned authorized officers declar ein or referred to in this report, has been	es, under penalty of law, examined by him and is,		
Signed:	> 1	Si	gned:			
( ) Miles		President		Treasurer		

Date

8/14/02

at:

Date

on:

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

state

city