## Agreement and Activition 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

File No.

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 verify this report are kept: Name and maling address (include ZIP code): CBC Consulting, Ltd. 365 Mill St., P.O. Box 287 Ortonville, MI 48462 4. Type of person: 3. Date fiscal year ends: c. Corporation d. Other (Specify): b. Partnership a. Individual 12-31-00 B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 01 - 00Cintas (Unitog #690) 7. Names of persons through whom made: 1735 Cherry Street Robert Buck Kansas City, MO 64108 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 persuade 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 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): For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be \$ 42,750.00 group meetings with employees. to be received by check. 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: Group meetings with employees. c. Extent performed: b. Period during which performed: thru 03-00 01 - 00Complete d. Names and addresses of persons through whom performed: Address - Same as #1 John Herrmann, III, Charles LaMarre, Carl Mitcham 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of Cintas (Unitog) #690

D. Verfication 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: Signed:

Treasurer President (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) State Date City State Date. Ortonville, Ortonville

OLMS/DOE/SRD

## Agreement and Activities Report

City

Ortonville,

State

Date

City

Ortonville,

State

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Date

# Agreement and Activities Report

## U.S. Departn. it of Labor

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272 File No.

Required of Persons, including Labo Under Section 203(b) of the Labor-	or Relations Consultants and Management Reporting and	Other Individuals a Disclosure Act of 19	and Organizations, 959, as amended (LMRDA	). File No. C. 2/2
A. Person Filing				
Name and maling address (include ZIP code):     2. Any ot			address where records ne	cessary to verify this report are kept
CBC Consulting, Lt	d.	1	ti	
5900 Lorac Dr., Su				
Clarkston, MI 483				
3. Date fiscal year ends:	4. Type of person:			
12-31-00	a. Individual b.	☐ Partnership	c. Corporation	d.  Other (Specify):
B. Nature of Agreement or Am	angement		6. Date entered into:	
5. Full name and address of employer with whom made (include ZIP code):			10-00	
Morgan Ohare			7. Names of persons through whom made:	
701 Factory Road				
Addison, IL 60101  8. Check the appropriate box to indicate whether an object of the activities under			Patrick McCluskey	
8. Check the appropriate box to	indicate whether an object of	of the activities under	maken, is directly of filding	a manner of exercising, the right t
<ul> <li>To persuade employ organize and bargain</li> <li>To supply an employ dispute involving such</li> </ul>	rees to exercise or not to a collectively through repre er with information concern the employer, except information to the except information to the except information to the except information.	exercise, or persusentatives of their ing the activities of ation for use solely	ade employees as to the own choosing. f employees or a labor or y in conjunction with an a	e manner of exercising, the right t ganization in connection with a labo administrative or arbitral proceedin
9. Terms and conditions (Explain	in detail; see Part B-9 of Ins	tructions):		
of management, a the employees' regroup meetings was compared by the second of the sec	ights or the ri ith employees.	ghts of the \$30,703.	e union. Inc. 50 to be re	
<ul> <li>b. Period during which pe</li> </ul>	rformed: c. Ex	tent performed:		
10-00 thru 1	2-00	Con	plete	DECEDWE!
d Names and addresses	of persons through whom	performed:		0) 6 0 6 10 1
Address - Same as #1 James Belter, Elizabeth Brueck				MAR 3 n 2001
11. Identify (a) Subject employe	es, groups of employees, an	d (b) labor organiz	ations:	USBOL/ESA
Employees of Morgan Ohare				OLMS/DOE/SRD
-mproyeep or	Horgan Onare			
D. Verfication and Signature that all information in this report, to the best of his knowledge and	including all attachments in	corporated therein	indersigned authorized of or referred to in this repor	ficers declares, under penalty of law t, has been examined by him and is
Signed: I	eresi	President //	Juldh)/	Treasure
(If other litle, cross out and write	in correct title above \		er title, cross out and writ	Self-ff-
City		ate Joi	City	State Date
at: Clarkston	MI		Clarkston	MT 20: 2/18/0

Clarkston

MI