U.S. Dep. . nt of Labor

Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Fallure 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

FII. No. C. 27

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).

Section Name and mailing address (include ZIP code):	A. Person Filing		>		
Ortonville, MI 48462 A. Type of person: 12-31-00 4. Type of person: 1. Type of person: 1. Type of		de ZIP code):	2. Any other a	ddress where records ne	cessary to verify this report are kept
Ortonville, MI 48462 A. Type of person: 12-31-00 4. Type of person: 1. Type of person: 1. Type of	CBC Consulting, Lt	d.			
Ortonville, MI 48462 3. Date fiscal year ends: 12-31-00 4. Type of person: a. □ Individual b. □ Partnership c. ■ Corporation d. □ Other (Specify): 5. Full name and address of employer with whom made (include ZIP code): Cintas #754 (Eagan) & #748 (Minneapolis) 3375 Mike Collins Drive Eagan, MN 55121 6. Date entered into: 4-00 7. Names of persons through whom made: Robert Buck 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 are higher 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 sofely in conjunction with an administrative or arbitral 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 group meetings with employees. \$56,550.00 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. b. Period during which performed: 4-00 thru 5-00 c. Extent performed: Address - Same as #1 Dennis Chaivre, John Herrmann, III 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:	365 Mill St., P.O.	Box 287			
8. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): Cintas #754 (Eagan) & #748 (Minneapolis) 3375 Mike Collins Drive Eagan, MN 55121 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 8-9 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 group meetings with employees. \$56,550.00 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. b. Period during which performed: 4-00 thru 5-00 complete Address - Same as #1 Dennis Chaivre, John Herrmann, III					
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			mann, III	-	OLMS/DOE/SRD
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D. Verfication and Signature. The person is item 1 shows and each of his vertical and an incident of the person in item 1 shows and each of his vertical and an incident of the person in item 1 shows and each of his vertical and an incident of the person in item 1 shows and each of his vertical and an incident of the person in item 1 shows and each of his vertical and an incident of the person in item 1 shows and each of his vertical and an incident of the person in item 1 shows and each of his vertical and an incident of his vertical an	D. Vertication and Signature	The person in item	1 above and each of his wa	dereland with the dead of	lanca declares under socialis et la
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.	trial all information in this report, i	including all attachme	ents incorporated therein of	r referred to in this report	cers declares, under penalty of law, , has been examined by him and is,
Signed: Signed: Signed:				1/ 111	

President

Date

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

State

City

Ortonville,

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

Ortonville, MI

at:

Treasurer

Clty

Ortonville,

U.S. Deprent of Labor Employment Sunday Administration

Office of Labor-Management Standards



This report is mandatory under P.L. 88-257 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

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File No.

A. Person Filing							
1. Name and maling address (inclu		12	2. Any other a	ddress wher	e records	necessary to verify this report	are kept
CBC Consulting, Lt	d.						
365 Mill St., P.O.	Box 287						
Ortonville, MI 48	1462						
3. Date fiscal year ends:	4. Type of person:						
12-31-00	a. 🗆 Individua	al b. \square P	artnership	c. 🜇 Cor	poration	d. □ Other (Specify):	
B. Nature of Agreement or Arra	3						
5. Full name and address of emplo	oyer with whom mad	de (include Zi	IP code):	6. Date ent			
TAC Manufacturing	g, Inc.				4-00		
4111 County Farm	Road					s through whom made:	
Jackson, MI 4920)1				g Eerb		
8. Check the appropriate box to in							
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a. Nature of activity:							
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b. Period during which per	formed:	c. Extent pe	rformed:		110	JUN 3 0 2000	
4-00 thru 4	-00			Comple	te	30N 3 0 2000	/
d. Names and addresses of	of persons through	whom perfori	med:			USDOL/ESA	
Address - Same						OLMS/DOE/SRD	
Philip Craft	2 45 111						
THETEP OF GET							
11. Identify (a) Subject employees	s, groups of employe	es, and (b) la	abor organizat	tions:			
Employees of T.	AC Manufact	uring.	Inc.				
		,					
D. Verfication and Signature.	The person in item	1 above and	each of his up	dersigned au	thorized o	officers declares under possible	of law
that all information in this report, in to the best of his knowledge and it	ncluding all attachm	ents incorpor	ated therein o				
Signed: Cuml T. Ba	nei	Pres	Signed:	Han	old	D. haff	reasurer
(If other title, cross out and write i	n correct title above			r title, cross	out and wi	ite in correct title above.)	

on: 6/16

City

Ortonville,

on: 6/16/2000

Date

U.S. Depront of Labor

Employment S. ds Administration Office of Labor-Management Standards



This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

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FII. No. C. 212

A. Person Filing						
1. Name and maling address (include ZIP code):		2. Any other a	ddress where records necessary to verify this report are kept:			
CBC Consulting, Ltd.						
365 Mill St., P.O. Box 28	7					
Ortonville, MI 48462						
Date fiscal year ends: 4. Type of per	erson:					
12-31-00 a. □ Inc	ilvidual b. 🗆	Partnership	c. Corporation d. Other (Specify):			
B. Nature of Agreement or Arrangement						
5. Full name and address of employer with who	om made (include	ZIP code):	6. Date entered into:			
Saginaw Engineering & Co	ntrols		04-00			
95 Midland Road			7. Names of persons through whom made:			
Saginaw, MI 48603			Fred May			
8. Check the appropriate box to indicate wheth						
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Group meetings with e	uproyees.					
b. Period during which performed:	c. Extent	performed:				
04-00 thru 06-00			Completed E G E V E			
d. Names and addresses of persons the	ough whom perfe	ormed:	101			
Address - Same as #1			[]]]] JUN 3 0 2000			
William Little, Jame	s Belter		1111			
,			USDOL/ESA			
11. Identify (a) Subject employees, groups of e	mployees, and (b)	labor organizati	ons: OLMS/DUE/SRD			
Employees of Saginaw	Engineerin	ng & Cont	rols			
5 5						
			dersigned authorized officers declares, under penalty of law,			
that all information in this report, including all at to the best of his knowledge and belief, true, co			referred to in this report, has been examined by him and is,			