At: Newport Beach

CA

U.S. Department of Labor

Office of Labor-Management



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.

OMB No. 1214-0001

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filling 2. Any other address where records necessary to verify this report are kept. 1. Name and mailing address (include Zip Code): Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 NONE Newport Beach, CA 92660 3. Date fiscal year ends: 4. Type of Person: c. X Corporation Individual b. Other (Specify): Partnership 12/31/03 B. Nature of Agreement of Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include Zip code): 05/05/03 PACIFIC SNAPPLE DISTRIBUTORS 7. Name of persons through whom made: 15201 WOODLAWN MR. MITCH BRANTLEY TUSTIN, CA 92780 PRESIDENT 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly a. X 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): All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$225.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost. 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: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election. b. Period during which performed: c. Extent performed: Pendency of NLRB None as of this date d. Names and addresses of persons through whom performed: DOUGLAS MUIR (SAME ADDRESS AS ITEM # 1 A) 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) All full-time and regular part-time employees. (b) Western Conference of Teamsters D. Verification 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: President Treasurer yout and write in correct title above) cross out and write in correct title above) (If other title, co (If other title, State Date State Date

At: Newport Beach

05/07/03

CA

Newport Beach

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U.S. Department of Labor

Office of Labor-Management



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OMB No. 1214-0001 12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, 52 Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filling Any other address where records necessary to verify this report are kept. 1. Name and mailing address (include Zip Code): Labor Relations Services, Inc. NONE 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660 3. Date fiscal year ends: 4. Type of Person: c. X Corporation Individual b. Partnership d. Other (Specify): 12/31/03 B. Nature of Agreement of Arrangement 5. Full name and address of employer with whom made (include Zip code): 6. Date entered into: July 24, 2003 OLTMANS CONSTRUCTION COMPANY 7. Name of persons through whom made: 10005 MISSION MILL ROAD MR. JOHN M. GORMLY WHITTIER, CA 90608-0985 SENIOR VICE PRESIDENT 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly a. X 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): All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$275.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost. C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees a. Nature of activity: with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election b. Period during which performed: c. Extent performed: None as of this date Pendency of NLRB d. Names and addresses of persons through whom performed: MICHAEL PENN (SAME ADDRESS AS IN ITEM # 1A) RICARDO PASALAGUA (SAME ADDRESS AS IN ITEM # 1A) JOSE AGRAZ (SAME ADDRESS AS IN ITEM # 1A) 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) All full-time and regular part-time employees. (b) SOUTHERN CALIFORNIA DISTRICT COUNCIL OF LABOURS, LIUNA, AFL-CIO D. Verification 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 belieff true correct, and complete. Signed: Signed: President Treasurer (If other title, d but and write in correct title above) e, cross out and write in correct title above) (If other State Date City State Date

Newport Beach

CA

JULY 29,2003

U.S. Department of Labor

Office of Labor-Management



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OMB No. 1214-0001 12/31/86

Required of Persons, includer Sections 203(b) of	File No. C. 527						
A. Person Filling							
I. Name and mailing add	ress (include Zip Code):	2. Any other address where records	necessary to verify this report are kept.				
Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660		NONE					
3. Date fiscal year ends:	4. Type of Person:		 				
_	a. Individual b. Partnership	o c. X Corporation d.	Other (Specify):				
B. Nature of Agreement							
 Full name and address of employer with whom made (include Zip code) CONOCOPHILLIPS ALASKA, INC. ATO 2002, 700 G STREET 		August 21, 2003	August 21, 2003				
P. O. BOX 100360		7. Name of persons through whom made:					
ANCHORAGE, AK 99510-0360		DANIEL G. RODGERS					
		SENIOR COUNSEL	SENIOR COUNSEL				
8. Check the appropriate l	box to indicate whether an object of the activitie	es undertaken, is directly or indirectly	200000000000000000000000000000000000000				
collectively the	mployees to exercise or not to exercise, or person rough representatives of their own choosing. employer with information concerning the activity a employer, except information for use solely in	ities of employees or a labor organization	on in connection with a labor dispute				
junciai piocee	Aug.						
,	Explain in detail; see Part B-9 of instructions):	L	1				
connection with the pe Relations Services, Inc.	n Section C10 (a) below shall be performed on erformance of such services as travel, accommo at actual cost.	dations, copies, telephone long distance	etc., will be reimbursed to Labor				
C. Specific Activities to	be Performed		***************************************				
	ately list in detail the information required (Se	e Part C-10 of instructions):	A TOTAL CONTROL OF THE CONTROL OF TH				
a. Nature of activity:	Labor Relations Services, Inc. has been retain with regard to the manner in which they exerc meetings with employees and in communicati representation election.	ise their rights to organize and bargain o	collectively. We will assist in conducting				
 b. Period during which 	performed:	c. Extent performed:					
Pendency of NLR	R	None as of this date	None as of this date				
		Trong up of any date					
d. Names and addresse JOHN M. HERMAN DOUGLAS MUIR	s of persons through whom performed: IN (SAME ADDRESS AS IN ITEM # 1 A) (SAME ADDRESS AS IN ITEM # 1 A)		0.00				
	ployees, groups of employees, and (b) labor org egular part-time employees.	anizations:					
(b) PACE							
information in this report, knowledge and belief, true	ature. The person in item 1 above and each of lincluding all attachments incorporated therein correct, and complete.	or referred to in this report, has been ex	ares, under penalty of law, that all amined by him and is, to the best of his				
Signed:	Man Preside	Signed:	Treasurer				
(If other title cross out and	write in correct title above)		n correct title above)				
City	State Date	(in outer true aloss out mit wille i					
At: Newport Beach	CA	At: Newport Beach	State Date CA 8/21/03				

U.S. Department of Labor

Office of Labor-Management



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OMB No. 1214-0001 12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). File No. C. 527							
A. Person Filling							
Name and mailing address (include Zip Code):		2. Any other address where records necessary to verify this report are kept.					
Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660			NONE				
3. Date fiscal year ends:	4. Type of Person:						
12/31/03	a. Individual b. Partnership c. X Corporation d. Other (Specify):						
B. Nature of Agreement of Arrangement							
5. Full name and address of employer with whom made (include Zip code):):	6. Date entered into: JUNE 5, 2003				
SUNVIEW VINEYARI	OS OF CALIFORNIA	-	7. Name of persons through	whom made			
1998 ROAD 152			ANDREW ZANINOVICH				
DELANO, CA 93215			VICE PRESIDENT				
8. Check the appropriate b	ox to indicate whether an object of the activities	underta					
a. X To persuade en collectively thr	nployees to exercise or not to exercise, or persua ough representatives of their own choosing.	ade empl	oyees as to the manner of exer	reising, the right	to organize and bargain		
b. To supply an c involving such judicial procee	mployer with information concerning the activit employer, except information for use solely in c ding.	ies of en conjuncti	nployees or a labor organization on with an administrative or a	on in connection arbitral proceedi	with a labor dispute ag or a criminal or civil		
9. Terms and conditions (I	Explain in detail; see Part B-9 of instructions):						
All services described in	a Section C10 (a) below shall be performed on a rformance of such services as travel, accommod						
C. Specific Activities to b	e Performed		<u> </u>				
	stely list in detail the information required (See	Part C-1	0 of instructions):				
a. Nature of activity:	Labor Relations Services, Inc. has been retaine with regard to the manner in which they exercis meetings with employees and in communicating representation election.	se their r	ights to organize and bargain o	collectively. We	will assist in conducting		
		c. Exte	c. Extent performed:				
Pendency of NLR	3	l N	None as of this date				
		<u> </u>	1000 m) 01 min 0410		<u>.</u>		
d. Names and addresses JOHN HERMANN ED VILLANUEVA MICHAEL PENN JOSE AGRAZ	ED VILLANUEVA (SAME ADDRESS AS IN ITEM #1A) RICARDO GARCIA (SAME ADDRESS AS IN ITEM #1A) MICHAEL PENN (SAME ADDRESS AS IN ITEM #1A) RITA AGUILAR (SAME ADDRESS AS IN ITEM #1A)						
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) All full-time and regular part-time employees.							
(b) UFW					The Great		
information in this report, knowledge and belief, true	iture. The person in item 1 above and each of hi including all attachments incorporated therein o correct, and complete.						
Signed:	'	Sign	ed: (// // //				
(If other title, grass out and	President Write in correct title above)		ther tight cross out and write i	in correct title al	Treasurer		
Crey At: Newport Beach	State Date CA		City Newport Beach	State CA	7/27/03		

U.S. Department of Labor

Office of Labor-Management



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Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). File No. A. Person Filling 2. Any other address where records necessary to verify this report are kept. 1. Name and mailing address (include Zip Code): Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 NONE Newport Beach, CA 92660 4. Type of Person: 3. Date fiscal year ends: c. X Corporation Individual b. Partnership Other (Specify): 12/31/03 B. Nature of Agreement of Arrangement 5. Full name and address of employer with whom made (include Zip code): 6. Date entered into: PET FOOD EXPRESS MAY 16, 2003 2131 WILLIAMS STREET 7. Name of persons through whom made: SAN LEANDRO, CA 94577 MR. JOHN MOORE GENERAL COUNSEL 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly a. X 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): All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$245.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost. 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: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election. b. Period during which performed: c. Extent performed: Pendency of NLRB None as of this date d. Names and addresses of persons through whom performed: ED VILLANUEVA (SAME ADDRESS AS IN ITEM #1 A) 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) All full-time and regular part-time employees. (b) I.L.W.U. Local 6 D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of laws that 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: President Treasurer (If other title, cross out and write in correct title above) tile; cross out and write in correct title above) City Date City State State Date At: Newport Beach CA July 15, 2003

Newport Beach

CA

At: Newport Beach

CA

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OMB No. 1214-0001 12/31/86

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At: Newport Beach

CA