**Employment Standards Administration** Office of Labor-Management Standards



REVISED

to the best of his knowledge and belief, true, correct, and complete.

cross out and write in correct title above.)

state

CA

Signed

at:

(if other title

city

Malibu

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	
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 keeping and the second seco						
3. Date fiscal year ends:	4. Type of person:								
12/31/01	a. 🗌 Individual	b. 🗆	Partnership	C. 🔀	Corporat	ion d. [	Other (S	specify	():
B. Nature of Agreement or Arra	angement				, , , , , , , , ,				
5. Full name and address of emplo	oyer with whom made (i	nclude	ZIP code):	6. Dat	te entered int	0:			
Orange County Register 625 North Grand Avenue		7. Names of persons through whom made: Lorna Larson-Paugh							
Santa Ana, CA 92701  8. Check the appropriate box to in	dicate whether an object	et of the	activities under						
organize and bargain b.   To supply an employe		present erning t rmatior	tatives of their of the activities of on the for use solely	own cho	oosing. ees or a labo	or organiz	zation in co	nnectio	on with a labor
C. Specific Activities to be		n requi	red (See Part C-	-10 of in	nstructions):				
a. Nature of activity:			,		,				
To inform employees in the voting up bargaining.	nit to exercise their right to	choose	whether or not the	ney wish	n to be represe	ented for t	he purposes	of colle	ective
b. Period during which perf	b. Period during which performed:  c. Extent performed:  On-going meetings, up to 24 hours before the election will be performed. These will be gindividual meetings to discuss NLRA basic guidelines, review ACT and answer questions								
d. Names and addresses of	of persons through who	m perfo	ormed:			DE	MAY 3 I	5001	
11. Identify (a) Subject employees, s All voting employees in bargaining u		(b) labo	or organization:				USDOL OLMS/DO		
D. Verification and Signature. The that all information in this report,									

Signed:

at:

city

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

state

President

5/23/01

Date

on:

Date

Treasurer

city

Malibu

state

CA

## U.S. Department 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 Disclosure Act of 1959, as amended (LMRDA).

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C.

File No.

A. Person Filing		
I. 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:	I. Type of person:	
12/31/01	a. 🗌 Individual	b. Partnership C. X Corporation d. Other (Specify):
B. Nature of Agreement or Arran	gement	
<ol><li>Full name and address of employ</li></ol>	er with whom made	(include ZIP code): 6. Date entered into: 4/1/01
Peak Oil		7. Names of persons through whom made:
2525 C Street, #201		Mike O'Connor
Anchorage, AK 99503	icate whether an obje	ect of the activities undertaken, is directly or Indirectly:
		t to exercise, or employees as to the manner of exercising, the right to
organize and bargain o	ollectively through re	epresentatives of their own choosing.
b.   To supply an employer	with information conc employer, except info	cerning the activities of employees or a labor organization in connection with a labor formation for use solely in conjunction with an administrative or arbitral proceeding
9. Terms and conditions (Explain in	detail; see Part B-9 o	f instructions):
authorization cards and voting in the up monthly. There is no written agreemer	ocoming election. A ma nt as to a maximum billa	enducting meetings with employees from the voting unit to discuss the realities of signing aximum of 250 hours will be allocated to this work. Billing of time and expenses will be done able amount.
C. Specific Activities to be		
10. For each activity, separately list	in detail the informati	ion required (See Part C-10 of instructions):
a. Nature of activity:		
To inform employees in the voting unit bargaining.	to exercise their right t	to choose whether or not they wish to be represented for the purposes of collective
b David duving which parks		Extent performed:
b. Period during which perfo	1-	a-going meetings, up to 24 hours before the election will be performed. These will be group o
4/2/01 through election		lividual meetings, up to 24 hours before the election will be performed. These will be group of lividual meetings to discuss NLRA basic guidelines, review ACT and answer questions.
d. Names and addresses of	persons through wh	om performed:
a. Hames and addresses of	percente anough with	T B C
Chuck Ahern - Tim Croley - Brad Moss Labor Information Services, Inc PO I		90264 DE BER BER BER BER BER BER BER BER BER BE
<ol> <li>Identify (a) Subject employees, gr</li> <li>All voting employees in bargaining uni</li> </ol>		d (b) labor organization:  MAY 3   200   USDOL/ESA OLMS/D0E/SRD
	cluding all attachmen	ove and each of his undersigned authorized officers declares, under penalty of law its incorporated therein or referred to in this report, has been examined by him and is,
Signed:		Signed:
town the		President Treasure
(if other title cross out and write in	correct title above	(if all a ship a little and a ship is a small little in the ship i

Date

on: 5/5/01

city

Date

state

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

Malibu

state

CA

city

at:

Office of Labor-Management Standards



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

Required of Persons, including t Under Section 203(b) of the Lab							File	No. C	-	464
A. Person Filing										
. Name and mailing address (include ZIP code):			2. Any other a	ddress	where rec	ords nece	ssary to	verity th	nis rep	port are kept
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264			None							
3. Date fiscal year ends:	4. Type of perso	n:					7			
12/31/01	a. 🗌 Indivi	dual b. 🗆	Partnership	C. 🔀	Corpor	ation d.	Othe	er (Spe	cify)	:
B. Nature of Agreement or A	Arrangement									
5. Full name and address of er	nployer with whom r	nade (include Z	(IP code):	6. Dat	e entered	into:	4/15/01			
Taylor Foundry				7. Names of persons through whom made:						
PO Box 244 Wichita Falls, TX 76307				Charle	es Mead	or				
8. Check the appropriate box t	o indicate whether a	n object of the	activities unde	rtaken,	is directly	or Indired	tly:			
<ul> <li>b.  To supply an employing s</li> </ul>	ain collectively thro	ugh representa n concerning the pt information	atives of their ne activities of	own cho	oosing. ees or a la	bor orga	nization i	in conne	ection	with a labor
C. Specific Activities to	be Performed									
10. For each activity, separatel	y list in detail the infe	ormation require	ed (See Part C	-10 of in	structions	):				
a. Nature of activity:										
To inform employees in the votin bargaining.	g unit to exercise their	right to choose	whether or not	they wish	to be repr	esented fo	r the purp	oses of	collec	tive
b. Period during which p	performed:	c. Extent p	erformed:							
4/16/01 through el		meetings, up to 24 hours before the election will be performed. These will be group of meetings to discuss NLRA basic guidelines, review ACT and answer questions.								
d. Names and addresse	es of persons throug	gh whom perfo	rmed:							_
					D	\ E @	<b>E O</b>	W E	7	
11. Identify (a) Subject employee All voting employees in bargaining	organization:				Y 3   ; USDOL/ES WS/DOE/S	SA.				
D. Verification and Signature that all information in this report to the best of his knowledge a	ort, including all attac	hments incorpo	orated therein							
Signed:	>.		Signed	4-						

President

at:

5/17/01

Date

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

state

city

Date

Treasurer