at: Scottsdale

U.S. Department of Labor

Office of Labor-Managem.



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 12/31/86

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

Under Section 203(b) of the Labor-M	anagement Reporting a	and Disclosure Act	of 1959, as ame	inded (LMRDA).	File No.	- 0)322
A. Person Filing							
Name and mailing address (include ZIP code): 2.				ddress where record	ds necessary to ve	erify this rep	ort are kept:
Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Suite F-110							
Scottsdale, Arizo	na 85255						
Date fiscal year ends:	Type of person:		,	a			
12-01	a. 🗆 Individua	b. 🗆 Partr	nership c. Ø	5. Corporation	d. 🗆 Other (Sp	ecify):	
B. Nature of Agreement or Arra							
5. Full name and address of employer with whom made (include ZIP code):			: 6.	Date entered into: 2 - 2	6-01		
Catelli Brothers 776 Broad Street			7. Names of persons through whom made:				
Shrewsbury, NJ 07	7702			Anthony Catelli, Jr.			
8. Check the appropriate box to inc		ct of the activities	undertaken, is d				
To persuade employees collectively through repre-	to exercise or not to ex	xercise, or persua		120.0		t to organize	e and bargain
 To supply an employer w ing such employer, excepting. 							
9. Terms and conditions (Explain in	detail; see Part B-9 of	finstructions):					
¥ 11 100 100 100 100 100 100 100 100 100							
Company was employed relative to durate on a per hour rate	ion or amou	er hour	basis wi urs to be	th no for	mal write	ten ag schedu	reements le based
L							
C. Specific Activities to be Perfe	ormed						
10. For each activity, separately lis		ion required (See	Part C-10 of instr	uctions):			
a. Nature of activity:							
Presented informa of unionization,	tional meet the role of	ings to of f the NLR	company e RB, and c	mployees : collective	relative bargain:	to the	process
b. Period during which perform	ned:	c. Extent perfor	med:				
2-01/4-	01			2-0	1 [e a R	n w B L
d Names and addresses of no	ereone through whom r	erformed:			11111	10 15	1 0 9
d. Names and addresses of persons through whom performed: P. A. List (Address as in #1 above) MAR 3 0 2					0 2001		
11. Identify (a) Subject employees,	groups of employees,	and (b) labor orga	anizations:			USDO)L/ESA
a) FT & regular P	T butchers	, meat ha	indlers,	shipping	& receiv	OLMS/	DOE/SRD
b) UFCW, Local 30	OS, Product	tion Serv	rice and	Sales Dis	trict Cou	uncil	
D. Verification and Signature. The formation in this report, including a knowledge and belief, true, correct.	Il attachments incorpo						
Signed:	Chai	irman/CEO		me h.	Herbert	Se	cretary/ Treasurer
(If other title, cross out and write in	correct title above.)		(If other title, cro	oss out and write in	correct title above	e.)	
City	State	Date	Cit	y	Stat	e	Date

Arizona

U.S. Department of Labor

Office of Labor-Managem.

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OMB No. 1214-0001 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. 12/31/86 Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. C. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). -0322 A. Person Filing 1. Name and mailing address (include ZIP code): Any other address where records necessary to verify this report are kept; Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 MAR 3 n 2001 Suite F-110 . Scottsdale, Arizona 85255 3. Date fiscal year ends: 4. Type of person: c. A Corporation a.

Individual b.

Partnership d. Other (Specify): 12-01 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): Date entered into: 2-6-01 Dixon-Shane Drug Company 7. Names of persons through whom made: 256 Geiger Road Philadelphia, PA 19115 Dave Twersky, President, CEO 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 B-9 of instructions): Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate. 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: Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining. b. Period during which performed: c. Extent performed: 2-01/3-01 2-01 d. Names and addresses of persons through whom performed: P. A. List, M. G. Gibbons & B. A. Housel (Address as in #1 above) 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: a) FT & regular PT quality control, pickerpackers, stock, shipper receivers, business developers, office clerical, office sales, & delivery drivers b) Teamsters, Local 470 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: Chairman/CEC (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) City State Date State City on: 2-21 at: Scottsdale Arizona Scottsdale Arizona on:

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

City

Scottsdale

State

Arizona

Date

on: 12-20-01 at:

U.S. Department of Labor

Office of Labor-Managemen

dards



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OMB No. 1214-0001 12/31/86

Required of Persons	including Labor Relations	s Consultants and Other Individuals and Organizations	š.
		ent Reporting and Disclosure Act of 1959, as amende	

File No. C. -0322

Under Section 203(b) of the Labor-Management Reporting and Disclosure Ad-	ct of 1959, as amended (LMHDA).					
A. Person Filing						
Name and mailing address (include ZIP code):	2. Any other address where records necessary to verify this report are kept:					
Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Suite F-110 . Scottsdale, Arizona 85255						
Date fiscal year ends:						
a. Individual b. Part	nership c. X Corporation d. Other (Specify):					
B. Nature of Agreement or Arrangement						
5. Full name and address of employer with whom made (include ZIP code)	6. Date entered into: 12-13-01					
Freehold Cartage Inc. 825 Highway 33 East, P.O.Box 5010	Names of persons through whom made:					
Freehold, NJ 07728	Timothy Blanchet , President					
Check the appropriate box to indicate whether an object of the activities.						
Y	ade employees as to the manner of exercising, the right to organize and bargain					
 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):						
	The Committee of the Co					
Company was employed on a per hour relative to duration or amount of ho on a per hour rate.	basis with no formal written agreements urs to be performed. Fee schedule based					
C. Specific Activities to be Performed	- 7					
10. For each activity, separately list in detail the information required (See	Part C-10 of instructions):					
a. Nature of activity:						
Presented informational meetings to of unionization, the role of the NLF	company employees relative to the process RB, and collective bargaining.					
b. Period during which performed: c. Extent perfo	ormed:					
12-01/1-02	12-01					
d. Names and addresses of persons through whom performed:						
M.G. Gibbons & P.A. List (Addresses	as in #1 above)					
11. Identify (a) Subject employees, groups of employees, and (b) labor org	anizations:					
a) Drivers, lifters, helpers, mechan	nics					
b) Teamsters, Local 945						
	his undersigned authorized officers declares, under penalty of law, that all in- referred to in this report, has been examined by him and is, to the best of his					
Signed: Chairman/CEC	Signed: Secretary/ Treasurer					

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

Arizona

City

Scottsdale

Date