# Agreement and Activities . port

# U.S. Depart ant 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

A. Person Filing							
<ol> <li>Name and maling address (inc</li> </ol>	lude ZIP code):	2. Any other address where records necessary to verify this report are kep					
CBC Consulting, L	td.						
5900 Lorac Dr., S	uite 101						
Clarkston, MI 48	346						
3. Date fiscal year ends:	4. Type of person:						
12-31-02	a. Individual b.	Partnership c. ■ Corporation d. □ Other (Specify):					
B. Nature of Agreement or A	rrangement						
5. Full name and address of em	ployer with whom made (include						
Bayside Beverage	Corporation	01-02					
1008 Franklin St	PO Box 454	<ol><li>Names of persons through whom made:</li></ol>					
Petosky MI 49		Steven Arbaugh					
8. Check the appropriate box to	indicate whether an object of the	activities undertaken, is directly or indirectly:					
organize and barga	in collectively through represent						
b.   To supply an emplo dispute involving su	yer with information concerning t	he activities of employees or a labor organization in connection with a labo I for use solely in conjunction with an administrative or arbitral proceeding					

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. \$ 24,000.00 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.



<ul> <li>b. Period during which performed:</li> </ul>	c. Extent performed:	
01-02 thru 04-02	Complete	
d. Names and addresses of persons through	whom performed:	
Address - Same as #1		

Charles LaMarre

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of Bayside Beverage Corporation

that all to the	information in this rep best of his knowledge	ort, including all a	ttachments incorporated t	of his undersigned authorize herein or referred to in this	ed officers declares, report, has been exa	under penalty of law, unined by him and is,	
Signed	En T	2 11		Signed: Hawlet	D. Per	Treasurer	
(If other title, cross out and write in correct title above.)			(If other title, cross out and write in correct title above.)				
at:	Clarkston	State MI	on: 4/5/62	City at: Clarkston	State MI	Date on: 4/5/02	

D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law.

# Agreement and Activitie Report

MI

at:

#### U.S. Depa nent of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188 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. 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: 1. Name and maling address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346 3. Date fiscal year ends: 4. Type of person: c. E Corporation d. - Other (Specify): a. Individual b. Partnership 12 - 31 - 02B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): Griffin Beverage 04 - 027. Names of persons through whom made: 1901 Dam Road West Branch, MI Robert Griffin, Sr. 48601 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 group meetings with employees. \$ 7,000.00 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: c. Extent performed: 04 - 02thru 05-02 Complete d. Names and addresses of persons through whom performed: Address - Same as #1 Charles LaMarre 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of Griffin Beverage 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. Sighed Signed: President Treasure (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 City State Date Clarkston

Clarkston

MI

#### Agreement and Activiti Report

U.S. Dep. ...nent of Labor Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under result in criminal prosecution, f	P.L. 86-257 as an ines and civil pe	nended. Failure t	o com	oly may 29 U.S.C. 439, 440.		approved es 11-30-2		0. 1215-016
Required of Persons, including Labo Under Section 203(b) of the Labor-N	or Relations Consult	tants and Other Ind	lividual	s and Organizations,		File No.	c. 2	172
A. Person Filing								
<ol> <li>Name and maling address (included)</li> </ol>	ie ZIP code):	2. At	ny othe	r address where records	s necessa	ry to verif	y this re	port are ke
CBC Consulting, Ltd	d.							
5900 Lorac Dr., Su								
Clarkston, MI 483								
3. Date fiscal year ends:	4. Type of person:	:						
12-31-02	a. 🗆 Individu		nership	c. M Corporation	n d. 🗆	Other (S	pecify)	:
B. Nature of Agreement or Arra	angement							
5. Full name and address of emplo		ade (include ZIP co	ode):	6. Date entered into	):			
Security Systems			- 50	6-02				
3015 Garrard aue	Dag	org-		7. Names of person	ns through	h whom m	ade:	
Cincinnate OH 45				James Bi	ushm	an		
<ol><li>Check the appropriate box to in</li></ol>	dicate whether an							
a. To persuade employe	es to exercise or	not to exercise,	or pers	uade employees as to	the man	ner of ex-	ercising,	, the right
organize and bargain					!	tion in ac	annotion	with a lah
<ul> <li>b.</li></ul>	employer, except	t information for u	se sole	of employees or a labor ely in conjunction with a	in admini	strative o	r arbitra	l proceedir
9. Terms and conditions (Explain i	in detail; see Part B	3-9 of instructions):						
For services rend	lered durin	ng the unio	on c	ampaign. To	answe	er que	stion	ns
of management, an	id employee	es concern	ing	the law so a	s not	to v	iola	te
cue embrokees, Ll	ights or th	ne rights	of t	he union In	ıclude	ed wou	1d be	e
group meetings wi	th employe	ees. \$ /3	250.	00 to be	recei	ved b	y che	eck.
C. Specific Activities to be Pe								
10. For each activity, separately li	st in detail the infor	rmation required (S	ee Part	C-10 of instructions):			-	
a. Nature of activity:				The state of the s				
Group meeting	s with emp	oloyees.						
b. Period during which perf	ormed:	c. Extent perform	ned.					
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6-02 thru 6.	-02		Con	nplete				
d. Names and addresses o	f persons through	whom performed						
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11. Identify (a) Subject employees	, groups of employ	rees, and (b) labor	organiz	ations:			100	1
Employees of			•				S Rec	10 P
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XII	curity X	yslems	Cqu	upment Con	B		QUE	-OT
	1 6		0.				148	N. C.
D. Verfication and Signature. that all information in this report, in to the best of his knowledge and h			of his therein	undersigned authorized or referred to in this rep	officers d	eclares, u	nder per ined by	nalty of law him and is
to the best of his knowledge and b	oner, true, correct,	and complete.		1				
- Thank I ber	esi	President	Signe	de Heweld W.	( Cu	11		Treasure
(If other title, cross out and write in	correct title above	0.)		her title, cross out and w	rite in cor	rect title a	bove.)	
	State	Date		City	State			ate /
at: CIAIRSLON	MI	on: /26/02	at:	Clarkston	MI		on:	6/26/0