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Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Fallure to comply may result in criminal prosecution, lines and civil penalties as provided by 29 U.S.C. 439, 440.

Committee of the second companies

OMB No. 1214-0001 12/31/86

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Hequired of Persons, including Labor Helations Consult Under Section 203(b) of the Labor-Management Repor				Flie No. C.	547		
A. Person Filing							
1. Name and mailing address (include ZIP code): Employee Relations Service 1181 N. Kraemer Blvd Anaheim, CA 92806	vices	2. Any oth	er address where rec	ords necessary to ver	ify this report are kept:		
Date fiscal year ends: 4. Type of pers	ion:				<u> </u>		
12~31 a. □ Indiv	ridual 5. 🗆 Pa	urtnership	:. 🖳 Corporation	d. 🖸 Other (Spe	icity):		
8. Nature of Agreement or Arrangement	*						
5. Full name and address of employer with whom me	ade (Include ZIP cod	ie):	6. Date entered in	to:	<u></u>		
Covenant Care			7-02				
Emerald Gardens			7. Names of perso	ons through whom ma	de:		
27071 Aliso Creek #100			Jackie Harlow				
8. Check the appropriate box to indicate whether an	i						
To persuade employees to exercise or not collectively through representatives of the		suade employee	s as to the manner o	f exercising, the right	to organize and bargain		
 To supply an employer with information co- ling such employer, except information for ceeding. 	onceming the activit	ties of employee action with an ac	s or a labor organiza Iministfätive or arbitr	tion in connection wit al proceeding or a crin	h a labor dispute involv- ninal or civil judicial pro-		
Held employee meetings and to answer question	to informus pertain:	m them o ing to u	n their se	ction / rio	ints		
C. Specific Activities to be Performed							
10. For each activity, separately fist in detail the info	ormation required (S	iee Part C-10 of	nstructions):				
s. Nature of activity:							
Held meetings with empon on union. Used union	loyees, s documenta	howed vi tion for	deos and i	informed the	em		
b. Period during which performed:	c. Extent pe	rformed:					
8-02							
d. Names and addresses of persons through wi	hom performed:						
Gus Flores Address same as #1							
In Identify (a) Subject employees, groups of employees, groups of employees. D. Verification and Signature. The person in Item iomation in this report, including all attachments in	1 1 above and each	of his undersig	ned authorized office this report, has be	ers declares, under po en examined by him a	M.21 200 enaity of law, that all in- und is, to the best of his		
knowledge and belief, true, correct, and complete.	V.	Signed:					
Jun UMM	Vel Presid		oppose and send upda	a la name - 1 101 1	Treasure		
(If other title, grass out and write in correct title abov	/e.) Dafe	fu dasea nu	City	In correct title above State	···		
at: Analysis	on: 5 1	2 at:	uniy	- iau	ou: A Date		
	1				Form LM-20 (Feb. 1986		

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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, 446.

Committee of the committee of the west of the committee o

OMB No. 1214-0001 12/31/86

Under Section 203(b) of the Labor-Mi				File No. C.	<u>542</u>		
A. Person Filing		· · · · · · · · · · · · · · · · · · ·					
1. Name and mailing address (include ZIP code): Employee Relations Services 1181 N. Kraemer Blvd Anaheim, CA 92806		2. Any other	Any other address where records necessary to verify this report are kept:				
3. Date fiscal year ends:	4. Type of person:						
12-31		☐ Partnership	:. 🖳 Corporation	d. 🛘 Other (Specify)	c		
B. Nature of Agreement or Arrai	rgement .	·· <u>·</u> ··					
5. Full name and address of employ	er with whom made (include Z	IP code):	8. Date entered into);			
Harrison Industri	es		5-02				
P O Box 4009			7. Names of persons through whom made:				
Ventura, CA 93007	7		Jim Har	rison			
8. Check the appropriate box to inc		activities undertaken			<u> </u>		
a. 🖾 To persuade employees t	o exercise or not to exercise, o	or persuade employee	s as to the manner of	exercising, the right to or	ganize and bargain		
	sentatives of their own choosis				•		
 b. To supply an employer will ing such employer, excepting. 	th information concerning the at information for use solely in o						
	meetings to inf questions perta	form them o		ction 7 right	5		
C. Specific Activities to be Perio	ermed			,			
10. For each activity, separately is	t in detail the information regul	rad (See Part C-10 of	instructions):				
a. Nature of activity:							
Held meetings on union. Use	with employees, ed union documen	, showed vi ntation for	deos and in Q & A ses	nformed them sion.			
b. Period during which periorm	ed: c. Exte	ent performed:		<u> </u>	<u>.</u>		
5-02		for an					
d. Names and addresses of pe	rsons through whom performer	d:					
All Fist Same	ack#Bermudez						
11. Identify (a) Subject employees,	groups of employees, and (b)	labor organizations:		·····			
		•			S FOOL SANGER STATE OF THE PROPERTY OF THE PRO		
D. Verification and Signature. Ti tornation in this report, including a knowledge and belief, true, correct.	Il attachments incorporated if	each of his undersigners or referred to in	ned authorized officer n this report, has been	s declares, under penalty n examined by him and is	of law, that all in- to the best of his		
Signey Main	Via ,	Signed:		,	Treasurer		
(If other title, cress out and write in	correct title above.)		e, cross out and write	in correct title above.)			
V cut	State Date	1/2	City	State	Date		
or: Maklin	Orrigis	0 at:		. E	on: Form LM-20 (Feb. 1986		
	ւ			ŗ	Countries to fight 1900		

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Office of Labor-Management Standards



This report is mandatory under P.L. 88-257 as amended. Fallure 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 Under Section 203(b) of the Labor-Ma				File No. C.	<u> 547 </u>
A. Person Filing	<u></u>				<u></u>
1. Name and mailing address (Inclu Employee Relat 1181 N. Kraeme Anaheim, CA 92	ions Services r Blvd	2. /	uny other address where re	ecords necessary to ver	ify this report are kept;
3. Date fiscal year ends:	4. Type of person:				
12-31	a. 🗆 Individual	b. C Partnersh	lp c. G _C Corporation	d. 🗆 Other (Spe	raify):
B. Nature of Agreement or Arran	gement .			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
5. Full name and address of employ	er with whom made (inclu	de ZIP code):	8. Date entered	In to :	
La Costa Resort			5-02		
Costa De Mar Rd			7. Names of per	sons through whom ma	de:
Carlsbad, CA 9200)9		Ted A	xe	
8. Check the appropriate box to ind	icate whether an object of	the activities unde	rtaken, is directly or indire	city:	···
To persuade employees to collectively through representations.	o exercise or not to exerci	se, or persuade en	nployees as to the manner	of exercising, the right	to organize and bargain
 b. To supply an employer wi ing such employer, excep ceeding. 	th information concerning it information for use soleh	the activities of en y in conjunction wil			
9. Terms and conditions (Explain M Held employee and to answer	meetings to i	inform the	em on their s to unions.	ection 7 ri	ghts .
C. Specific Activities to be Perfo			2 72 1		
 For each activity, separately lis Neture of activity: 	t in detail the information f	equired (See Mart (>10 of instructions):		
·		_			
Held meetings on union. Use	with employed d union docu	es, showed mentation	d videos and for Q & A se	informed thesion.	em
b. Period during which perform	ed: C.	Extent performed:			
5/02 to 6/0	2	to ano			
d. Names and addresses of pe	<u></u>	med:			
Jose Agraz Address same a	*				
D. Verification and Signature. Triormation in this report, including a knowledge and belief, true, correct,	se person in item 1 above l'attachments incorporate	and each of his u	dersigned sutherized offi	cers declares, under po een examined by him a	ML21288 analty of law, that all in-
Signed:	17.1		ned:		
(If other title, crosslout and write in	Orrect title above.)	President	ther title, cross out and wr	Ite is correct title show	Treasurei
A CIN		Date	City	State	
at: Atrache in	A i	(000 02 at:	-		on:
			<u> </u>	<u> </u>	Form LM-20 (Feb. 1986

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Office of Labor-Management Standards



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OMB No. 1214-0001

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

- 1 1 m

Under Section 203(b) of the Labor-Management Re		Act of 1959, as		File No. C.	<u> 577 </u>		
A. Person Filling							
1. Name and mailing address (include ZIP code): Employee Relations Se 1181 N. Kraemer Blvd Anaheim, CA 92806		2. Any ath	er address where recor	ds necessary to verify the	sis report are kept:		
Date fiscal year ends: 4. Type of p	erson:				·		
12-31 a. □ in	idividual b. 🗆 Pi	ertnerablp (:. 🕞 Corporation	d. Other (Specify):		
B. Nature of Agreement or Arrangement					······································		
5. Full name and address of employer with whom	made (include ZIP co	de):	6. Date entered into	:	 -		
Metric Roofing			2-02				
4008 East Presidio St			7. Names of persons through whom made:				
Mesa, AZ 65215			Dennis Curtis				
8. Check the appropriate box to indicate whether	r an object of the activi	iles undertaken	is directly or Indirectly				
 a. To persuade employees to exercise or collectively through representatives of 		suade employee	s as to the manner of e	xercising, the right to o	rganize and bargain		
D To supply an employer with information ing such employer, except information ceeding.	n concerning the activi						
Held employee meeting and to answer question				tion / righ	E S		
C. Specific Activities to be Performed							
10. For each activity, separately list in detail the	information required (S	See Part C-10 of	nstructions):				
a. Nature of activity:							
Held meetings with en on union. Used union	mployees, s n documenta	howed vi tion for	deos and in Q & A sess	formed them sion.			
b. Period during which performed:	c. Extent pe	rformed:					
2/02 to 3/02							
d. Names and addresses of persons through	whom performed		<u> </u>				
Alexadress lasme Gus Flor	•						
11. Identify (a) Subject employees, groups of em	olovens and this labor.	ozosniza Hone ·					
	proyects, orre to too			(Heory JL 21 200		
		-4.44		· · · · · · · · · · · · · · · · · · ·			
 Verification and Signature. The person in it formation in this report, including all attachment knowledge and belief, true, correct, and complete 	s incorporated therein						
Signed:	Viu Presid	Signed:			Treasure		
(if other fitte, crass out and write in correct title at			, cross out and write in	correct title above.)	136930161		
State	Da te		City	State	Date		
at: Anahem Ch	on: U 30 1	거 _{al:}		: 	on:		
1	'				Form LM-20 (Feb. 1986		

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 88-257 as amended. Fallure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 449.

OMB No. 1214-0001 12/31/86

Required of Persons, including Labor Relations Consulta Under Section 203(b) of the Labor-Management Reports			File No. C.	547
A. Person Filing				
1. Name and mailing address (include ZIP code): Employee Relations Serv 1181 N. Kraemer Blvd Anaheim, CA 92806	ices	2. Any other address where records r	necessary to verify ti	sis report are kept:
3. Date fiscal year ends: 4. Type of perso				<u> </u>
12-31 a. □ Indivi	_	nership c. 🔾 Corporation d.	Other (Specify) :
S. Nature of Agreement or Arrangement				
5. Full name and address of employer with whom mad	de (include ZIP code):	6. Date entered into:		
Scaletta Moloney Armorin 6755 S Belt &mx Circle I Bedford Park, IL 60638	ng Or	2-02 7. Names of persons the Daniel Tra:	_	
8. Check the appropriate box to indicate whether an	object of the activities		11101	
a. To persuade employees to exercise or not to collectively through representatives of their b. To supply an employer with information coning such employer, except information for u ceeding.	rown choosing. sceming the activities	of employees or a labor organization in	connection with a k	abor dispute involv-
C. Specific Activities to be Performed 10. For each activity, separately list in detail the infor	mation rangeratifica	Part C-10 of instructions)		
a. Nature of activity:	man i adminar i maa	rantoriouraniumoray.		
Held meetings with emplor on union. Used union	loyees, sho locumentati	owed videos and info ion for Q & A session	ormed them	
b. Period during which performed:	c. Extent perfo	med:		
2/02 to 3/02				
d. Names and addresses of persons through who	om performed:			
Hector Flores Address same as #1		and the second s		
11. Identify (a) Subject employees, groups of employe	ees, and (b) labor org	enizations:		Marian Ma Ma Marian Marian Marian Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma
D. Verification and Signature. The person in Item formation in this report, including all attachments including all attachments including all attachments including and complete.	t above and each of corporated therein or	his undersigned authorized officers de referred to in this report, has been exc	clares, under penali amined by him and i	y of lew, that all in- s, to the best of his
Signed)	1.	Signed:		-
Jun Omn	President			Treasurer
(If other title, frqss out and write in correct title above	Dale ((If other title, cross out and write in co	State	Date
Arahemi On	on:5 512	at:		on;