

# Agreement and Activities Report

U.S. Department of Labor

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.

REVISED

OMB No. 1214-0001  
02/29/93

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

1. Name and mailing address (include ZIP code): Labor Information Services, Inc. PO Box 6063 Malibu, CA 90264		2. Any other address where records necessary to verify this report are kept:  None
3. Date fiscal year ends:  12/31/00	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

## B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Heckett MultiServ Plant 52, PO Box 70 Blue Grass, IO 52726		6. Date entered into:  1/17/00
		7. Names of persons through whom made:  Chris Welch
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and 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):  Revised to increase maximum hours to 100 and add additional person who proformed the work.		

## 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:

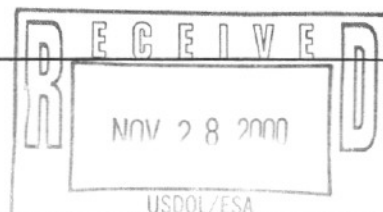
b. Period during which performed:

c. Extent performed:

d. Names and addresses of persons through whom performed:

Robert DiPreto - Labor Information Services, Inc. - (above address)

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



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: <i>David Burt</i> President			Signed: _____ Treasurer		
(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
at: Malibu	CA	on: 10/30/00	at:		on:

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

Form LM-20  
(Feb. 1990)

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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).

File No. C. 464

**A. Person Filing**

1. Name and mailing address (include ZIP code): Labor Information Services, Inc. P O Box 6063 Malibu, CA 90264	2. Any other address where records necessary to verify this report are kept  NONE
3. Date fiscal year ends: 12/31/2000	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (include ZIP code): Lourdes Health System 1533 Haddon Avenue Camden, NJ 08103-3117	6. Date entered into: 3/3/00 7. Names of persons through whom made: Janet Moran
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and 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):**

Starting 3/3/00 through 3/11/00, our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 20 hours will be allocated to this work. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

**C. Specific Activities to be Performed**

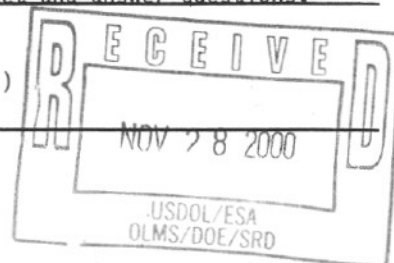
**10. For each activity, separately list in detail the information required (See Part C-10 of instructions):**

a. Nature of activity: To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

b. Period during which performed: 3/3/00 through election date	c. Extent performed: On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRB basic guidelines, review act and answer questions.
d. Names and addresses of persons through whom performed: Oliver Bell Henry Desch both with - Labor Information Services, Inc. - (above address)	

**11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:**

All voting employees in bargaining unit.



**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: <u>David Burr</u> President	Signed: _____ Treasurer
(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 at: Malibu CA on: 4/3/00	City State Date at: _____ on: _____

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.



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File No. C. 464

### A. Person Filing

1. Name and mailing address (Include ZIP code):

Labor Information Services, Inc.  
P O Box 6063  
Malibu, CA 90264

2. Any other address where records necessary to verify this report are kept

NONE

3. Date fiscal year ends:

12/31/00

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

### B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

Lakespur Hospitality Company  
7700 Tamolpals Dr., Suite 301  
Larkspur, CA 94929

6. Date entered into:

5/1/00

7. Names of persons through whom made:

Mary Lee Sharp

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 collectively through representatives of their own choosing.
- b. ☐ To supply and 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):

Starting 5/1/00 through 9/11/00, our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 175 hours will be allocated to this work. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

### 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: To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

b. Period during which performed:

5/1/00 through election date

c. Extent performed:

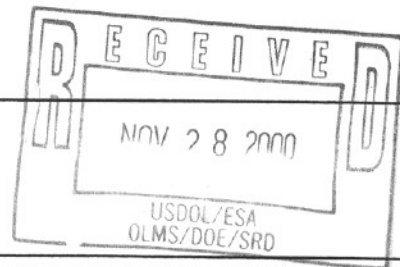
On-going meetings, up to 24 hours before the election, will be performed. These will be group or individual meetings to discuss NIRA basic guidelines, review act and answer questions.

d. Names and addresses of persons through whom performed:

Larry Wong - Labor Information Services, Inc. - (above address)

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

All voting employees in bargaining unit.



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:

*David Bunt*

President

Signed:

Treasurer

(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  
at: Malibu CA on: 6/1/00

City State Date  
at: on:

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