## U.S. Department of Labor

Employment Star. Is 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				
1. Name and maling address (inclu	ide ZIP code):		address where records nece	ssary to verify this report are kep
Judy CAST	ILLO	NO.		
1713 MOUNTAIN				
MONTEBELLO	CA 96	640		
3. Date fiscal year ends:	4. Type of person:			
12-31-02	a. Individu	al b. 🗆 Partnership	c.  Corporation d.	Other (Specify):
B. Nature of Agreement or Am				
5. Full name and address of employer with whom made (include ZIP code):			6. Date entered into: 3-18-02	
Doug MINI				, ,
5601 EDISON DRIVE			7. Names of persons thro	1 .
8. Check the appropriate box to indicate whether an object of the activities under			DOUG MINNIS	
organize and bargain	ees to exercise or i	not to exercise, or persuant representatives of their	ade employees as to the mown choosing.	nanner of exercising, the right t
b.   To supply an employe	er with information co	oncerning the activities of	employees or a labor organ	nization in connection with a labo
dispute involving suc or a criminal or civil j	h employer, except	information for use solely	in conjunction with an adn	nization in connection with a labo ninistrative or arbitral proceedin
9. Terms and conditions (Explain		0 of inetructions):		
HOLD EMPL	62 EE 1	NEETINGS	TO INFORM	n them of
2				SWEL QUESTION
PERTAINING	TO THE	UNIONS, US	SING NLAB	DOCUMENTS AND
C. Specific Activities to be P	erformed UN	I'M DOCUME	1975 FOR QUE	STION & ANSWELL
10. For each activity, separately	list in detail the inform	nation required (See Part C	-10 of instructions):	
a. Nature of activity: HE	ID 5 MD	I ALLEE M	ESTIDEN IN	SMALL
9 8045 70	in Suday	TUSM AND I	191815	
7,090 101	nound	I HEM OF W	101010,	
b Poriod during which no	formad.	c. Extent performed:		
b. Period during which per	iorinea.	4511 1158	TINGS WITH	+ EmployEES
ON-GOING.		new meet	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	org cogers
d. Names and addresses	of persons through	whom performed:		
1				
1/1100 / 11	~ 1 1 1			
Judy CAS	TILLO			

D. Vertication 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:

Signed:

TEAMSTERS LOCAL 495.

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

City

State

Date

Judy

City

State

Date

A Guldyon:

at:

On: