

Agreement and Activities Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0 This report is mandatory under P.L. 86-257 as amended. Failure to comply may Expires 11-30-2002 result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440. Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filling 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are k Craft-Barresi Consultants, Ltd. 3900 Lorac Dr., Suite 101 Clarkston, MI 48346 3. Date fiscal year ends: 4. Type of person: a. Individual c. Corporation d. Other (Specify): 12-31-01 b. Partnership B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: AK Steel Corporation 6 - 1 - 0117400 State Rt. #16 - PO 190 7. Names of persons through whom made: Coshockton, OH 43812 Lawrence Hovt 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 righ 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 la dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceed or a criminal or civil judicial proceeding. 9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Work done other than a typical union campaign election. spirit of cooperation, the Dept. of Labor requests that we file this report. We are filing this report, but under protest. \$58,000 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: b. Period during which performed: c. Extent performed: 6-01 thru 9-01 d. Names and addresses of persons through whom performed: Address same as #1 - Dennis R. Chaivre 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of AK Steel Corporation - Coshockton, Ohio D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of lav that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and i to the best of his knowledge and belief, true, correct, and complete. Signed: Signed: President (If other title, cross out and write in correct title above.) Treasur (If other title, cross out and write in correct title above.) Clarkston, MI State Date State Date

Agreement and Activities F

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

State

Date

Clarkston, MI

U.S. Departm t of Labor
Employment Standa. Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188

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Name and maling address (include ZIP code):	2. Any other addition where the
BC Consulting, Ltd.	
900 Lorac Dr., Suite 101 Clarkston, MI 48346	
	A1.
	Other (Specify):
12-31-01 a. 🗆 individ	dual D. C. Fatatosinip villa
. Nature of Agreement or Arrangement	made (include ZIP code): 6. Date entered into:
. Full name and address of employer with whom n	made (include ZIP code): 0. Date entered into. 0.3-01
Reliant Energy Corporation	7. Names of persons through whom made:
PO Box 4567	A.J. McCormick
Houston, TX 77210-4567	blood the establishe undertaken is directly or indirectly:
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Date

on: 12/16/02

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

State

Clarkston, MI

Treasurer

Agreement and Activities Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards Form approved - OMB No. 1215-0188

Arnold

Expires 11-30-2002



result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440. 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). 2. Any other address where records necessary to verify this report are kept: A. Person Filing 1. Name and maling address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 48346 Clarkston, MI 4. Type of person: 3. Date fiscal year ends: c. Corporation d. Cother (Specify): a. 🗆 individual b. Partnership 12-31-01 B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 9-01 Rice Chadwick Names of persons through whom made:

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 8-9 of instructions):

This report is mandatory under P.L. 86-257 as amended. Failure to comply may

For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate Included would be the employees' rights or the rights of the union. group meetings with employees. to be received by check. \$ 38,900.00

C. Specific Activities to be Performed

1088 North Main

Killbuck OH

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

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

a. Nature of activity:

Group meetings with employees.



b. Period during which performed:

c. Extent performed:

9-01 thru 10-01

Complete

d. Names and addresses of persons through whom performed:

Address - Same as #1

William Little, James Belter, George Greer

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

Employees of Rice Chadwick

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.

Signed	: 1/24	1 13	- [Signed: // O/	111	-
-	1 man	1 20 ms	5A President	Starold A	. (raff	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	Date on: V0-19-0	City at: Clarkston	State MI	10/Date /on:/0/