U.S. Departr. ant of Labor **Employment Standards Administration** Office of Labor-Management Standards



464

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.

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).

Form approved - OMB No. 1215-0188 Expires 11-30-2002 C.

File No.

A. Person Filing							
. Name and mailing address (include	2. Any other a	2. Any other address where records necessary to verity this report are kept:					
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264		None .					
3. Date fiscal year ends:	4. Type of person:				9		
12/31/01	a. 🗌 Individual	b. Dartnership	c. 🔀	Corpora	tion d. Other (Specify):		
B. Nature of Agreement or Arra			I C Dad		1		
 Full name and address of empli Berkshire Farms Center 13640 Route 22 	oyer with whom made (in	nclude ZIP code):		e entered in	5/30/01		
Canaan, NY 12029		7. Names of persons through whom made:					
			Jim W				
8. Check the appropriate box to in							
organize and bargain	collectively through rep	presentatives of their	own cho	oosing.	manner of exercising, the right to		
 b. To supply an employe dispute involving such or a criminal or civil ju 	n employer, except info	rmation for use solely	in conju	ees or a lab unction with	or organization in connection with a labor n an administrative or arbitral proceeding		
9. Terms and conditions (Explain i	n detail; see Part B-9 of	instructions):					
	upcoming election. A max	timum of 100 hours will			ting unit to discuss the realities of signing work. Billing of time and expenses will be		
C. Specific Activities to be	Performed						
10. For each activity, separately list	st in detail the information	n required (See Part C	-10 of in	structions):			
a. Nature of activity:							
To inform employees in the voting urbargaining.	nit to exercise their right to	choose whether or not to	hey wish	to be repres	ented for the purposes of collective		
b. Period during which perf	ormed: c. E	Extent performed:					
5/30/01 through election	on date On-g	joing meetings, up to 24			tion will be performed. These will be group on the control of the		
d. Names and addresses o	f persons through whor	m performed:			DEGELWED		
M. Roan and H. Desch - Both with La	abor Information Services,	Inc PO Box 6063 - Mal	libu, A 90	0264			
11. Identify (a) Subject employees, g	(b) labor organization:			JUL 2 7 2001			
					USDOL/ESA OLMS/DOE/SRD		
					The state of the s		

D. Verification and Signature. The person in item I 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:	1000			Signed:		_	
	1 1 8000 17	0.4	President			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: 7/13/01	at:		on:	

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

State

City

Malibu

U.S. Department of Labor

Office of Labo

ragement Standards

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

State

City



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

OMB No. 1214-0001 02/29/93

C. 464

File No.

Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are kept Labor Information Services, Inc. NONE P 0 Box 6063 Malibu, CA 90264 4. Type of person: 3. Date fiscal year ends: 12/31/01 b. □ Partnership c. ☑ Corporation d. □ Other (Spedify): a. | Individual B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): Meggitt Silicone Products 1/10/01 7. Names of persons through whom made: 2010 Lafayette Avenue McMinnville, Oregon 97128 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. M 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.

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 8-9 of instructions): 1/25/01 , our firm will be conducting meetings with employees from the voting 1/11/01 through unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 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. c. Extent performed: On-going meetings, up to 24 hours before the election, b. Peroid during which performed: will be performed. These will be group or individual meetings to 1/11/01 through election date discuss NLRA basic guidelines, review act and answer guestions d. Nam, es and addresses of persons through whom performed: A. Tovar = Labor Information Services, Inc. PO Box 6063 Malibu, CA 90264 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: MAR 3 0 2001 All voting employees in bargaining unit. USDOL/ESA OLMS/DOE/SRD 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: Signed: President Treasurer

Date

on:

2/25/01

Date

U.S. Department of Labor

Office of Labo

sagement Standards



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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 kept Labor Information Services, Inc. NONE P 0 Box 6063 Malibu, CA 90264 4. Type of person: 3. Date fiscal year ends: a. Individual b. Partnership c. M Corporation d. Other (Spedify): 12/31/01 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: Mandalay Bay Resorts 12/12/00 7. Names of persons through whom made: 3950 Las Vegas Blvd South Las Vegas, NV 89119 Tony Alamo 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 or 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 8-9 of instructions): through 1/09/01 , our firm will be conducting meetings with employees from the voting 12/13/00 unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 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. c. Extent performed: On-going meetings, up to 24 hours before the election, b. Peroid during which performed: will be performed. These will be group or individual meetings to 12/13/00 through election date discuss NLRA basic guidelines, review act and answer guestions. d. Nam, es and addresses of persons through whom performed: J. Schmid Labor Information Services, Inc. L. Wong PO Box 6063 Malibu, CA 90264 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: MAR 3 n 2001 All voting employees in bargaining unit. 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: Signed: President Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) City Date Date State City State Malibu 2/9/01 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.