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

Malibu

at

state

CA

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188 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. File No. C. Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, 464 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 2. Any other address where records necessary to verity this report are kept: 1. Name and mailing address (include ZIP code): None Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264 3. Date fiscal year ends: 4. Type of person: C. Corporation d. Other (Specify): 12/31/01 b. Partnership a. Individual B. Nature of Agreement or Arrangement Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 6/26/01 Wilkes-Barre General Hospital 575 North River Street 7. Names of persons through whom made: Wilkes-Barre, PA 18764-0001 James Carmondy 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 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 B-9 of instructions): Everything is the same except 10d. . 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: c. Extent performed: b. Period during which performed: through election date d. Names and addresses of persons through whom performed: S. Harris - K. Wilson Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264 11. Identify (a) Subject employees, groups of employees, and (b) labor organization: All voting employees in bargaining unit. 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: Signed: President Treasurer

Date

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

state

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10/11/01

## U.S. Depart

nt of Labor

**Employment Standards Administration** Office of Labor-Management Standards



REVISED

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

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

File No. 464

	agement reporting and Dio	closure Act of 1959, as amended (LIMADA).				
A. Person Filing	ZID ando):	2. Any other address where records necessary to verity this report are kept:				
Name and mailing address (include 2	ZIP code):					
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264		None				
Date fiscal year ends:     4.	Type of person:					
12/31/01	a. 🗌 Individual b. 🗆	Partnership C.  Corporation d.  Other (Specify):				
B. Nature of Agreement or Arrang	ement					
5. Full name and address of employe	er with whom made (include	0/22/01				
Henry Schein, Inc.		7. Names of persons through whom made:				
135 Duryea Road Melville, NY 11747		Leonard A. David				
	ate whether an object of the	e activities undertaken, is directly or Indirectly:				
organize and bargain co	llectively through represen ith information concerning mployer, except information	rcise, or employees as to the manner of exercising, the right to tatives of their own choosing.  the activities of employees or a labor organization in connection with a labor n for use solely in conjunction with an administrative or arbitral proceeding				
		tions):				
9. Terms and conditions (Explain in d	etall, see Falt B-9 of listing	dons).				
Increase maximum hours to 150.						
C. Specific Activities to be F	Dorform od					
10. For each activity, separately list in		ired (See Part C-10 of instructions):				
a. Nature of activity:						
To inform employees in the voting unit to bargaining.	o exercise their right to choose	e whether or not they wish to be represented for the purposes of collective				
b. Period during which perform	ned: c. Extent	performed:				
6/22/01 through 6/29/0	1 On-going m	eetings, up to 24 hours before the election will be performed. These will be group or eetings to discuss NLRA basic guidelines, review ACT and answer questions.				
d. Names and addresses of p	ersons through whom perf	ormed:				
A. Tovar - M. Roan Labor Information Services, Inc. PO Box 6063 - Malibu, CA90264		O SW2				
11. Identify (a) Subject employees, gro	ups of employees, and (b) labor	or organization:				
All voting employees in bargaining unit.	apo o: o:::p::::y:::o; a:::a (e) ::a::	Paga 1003 Mis-con				
D. Verification and Signature. The						

to the best of his knowledge and belief, true, correct, and complete.

Signed:	CA.				Signed:			
	awroteur			President				Treasurer
(if other title, cross out and write in correct title above.)			(if other title, cross out a	nd write in correct title	above.)			
	city	state	Da	ate	city	state	Dat	e
at:	Malibu	CA	on;	1/31/02	at:		on:	1/31/02

city

at

Malibu

state

CA

## U.S. Depart

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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,

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

File No.

Under Section 203(b) of the Labor-Management Rep	orting and Disclosure	Act of 1959, as amended (LMRDA).			
A. Person Filing					
. Name and mailing address (include ZIP code):	2. An	2. Any other address where records necessary to verity this report are kept:			
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264		None			
Date fiscal year ends:  4. Type of personal description of the second description of the se	on:				
12/31/01 a.  Indivi	dual b. 🗌 Partn	ership C. 🗵 Corporation d. 🗌 Other (Specify):			
B. Nature of Agreement or Arrangement					
5. Full name and address of employer with whom i	made (include ZIP co	de): 6. Date entered into: 6/12/01			
444 East Street Germain					
PO Box 848 St Cloud, MN 56302		7. Names of persons through whom made:			
		Howard Alton III			
8. Check the appropriate box to indicate whether a					
organize and bargain collectively thro  b.   To supply an employer with informatio	ough representatives on concerning the acti ept information for us	r employees as to the manner of exercising, the right to of their own choosing. vities of employees or a labor organization in connection with a labor solely in conjunction with an administrative or arbitral proceeding			
Terms and conditions (Explain in detail; see Part					
	B-9 of mistructions).				
Increase maximum hours to 150.					
C. Specific Activities to be Performed					
10. For each activity, separately list in detail the inf	ormation required (Se	e Part C-10 of instructions):			
a. Nature of activity:					
	a dalah kacabaran darih				
bargaining.	r right to choose whether	er or not they wish to be represented for the purposes of collective			
b. Period during which performed:	c. Extent perform				
6/12/01 through 8/30/01		eetings, up to 24 hours before the election will be performed. These will be group or eetings to discuss NLRA basic guidelines, review ACT and answer questions.			
d. Names and addresses of persons through	jh whom performed:	APRZ-ZMZ			
11. Identify (a) Subject employees, groups of employe	es, and (b) labor organ	ization:			
All voting employees in bargaining unit.	oo, and (b) labor organ				
D. Verification and Signature. The person in item that all information in this report, including all attact to the best of his knowledge and belief, true, corre	chments incorporated	f his undersigned authorized officers declares, under penalty of law, therein or referred to in this report, has been examined by him and is,			
Signed:		Signed:			
Muntofundo	Presiden				
(if other title, cross out and write in correct title ab		(if other title, cross out and write in correct title above.)			

Date

12/31/01

12/31/01

Date

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

state

city