Agreement and Activities R. ort

U.S. Departn. Int of Labor **Employment Standards 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

result in criminal prosecution, lines ar							
Required of Persons, including Lab Under Section 203(b) of the Labor-I					File No.	C.	464
A. Person Filing							
Name and mailing address (included)	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:						
12/31/01	a. 🗌 Individual b. 🗆] Partnership	C. X Corpo	oration d. [Other (S	specify	'):
B. Nature of Agreement or Arra	angement						
5. Full name and address of empl	oyer with whom made (include	ZIP code):	6. Date entere	d into:	26/01		
Wilkes-Barre General Hospital			7. Names of p	ersons throu	gh whom m	nade:	
575 North River Street Wilkes-Barre, PA 18764-0001			James Carm	ondy			
8. Check the appropriate box to in	dicate whether an object of the	e activities unde	ertaken, is directl	y or Indirectly	<i>y</i> :		
organize and bargain b. To supply an employe dispute involving such	ees to exercise or not to exer collectively through represen r with information concerning to n employer, except information	tatives of their the activities of	own choosing. employees or a	labor organi	zation in co	nnectio	n with a labor
or a criminal or civil ju	idicial proceeding.						
9. Terms and conditions (Explain i	n detail; see Part B-9 of instruc	tions):					
Starting 6/26/01 through the election authorization cards and voting in the done monthly. There is no written ag	upcoming election. A maximum of	of 500 hours will					
C. Specific Activities to be	Performed						
10. For each activity, separately list	st in detail the information requi	red (See Part C	-10 of instruction	is):			
a. Nature of activity:							
To inform employees in the voting ubargaining.	nit to exercise their right to choose	e whether or not	they wish to be rep	presented for t	he purposes	of colle	ective
b. Period during which perf	formed: C Extent	performed:					
6/26/01 through electi	on date On-going m	eetings, up to 24	hours before the				
d. Names and addresses of	of persons through whom perfo	ormed:					
H. Desch - J. Rodriquez - J. Sch Labor Information Services, Inc.		90264		10) 18	GEI	VE	
11. Identify (a) Subject employees, s All voting employees in bargaining u		or organization:			UL 272		
					USDOL/ESA LMS/DOE/SI	RD	
							4"

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:	THE	-			Signed:		
(19804	The state of the s		President			Treasurer
(if other t	title, cross out and w	rite in correct title	above.)		(if other title, cross out as	nd write in correct title	above.)
	city	state	Date		city	state	Date
at:	Malibu	CA	on: 7/	/13/01	at:		on:

U.S. Department of Labor

Office of Labo

nagement Standards



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02/29/93

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. C. 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 verify this report are kept 1. Name and maling address (include ZIP code): Labor Information Services, Inc. NONE P 0 Box 6063 Malibu, CA 90264 4. Type of person: 3. Date fiscal year ends: b. Partnership c. M Corporation d. Other (Spedify): a. Individual 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): 2/10/01 Sutter Delta Hospital 7. Names of persons through whom made: 3901 Lone Tree Way Paul Schechter 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 election , our firm will be conducting meetings with employees from the voting Starting 2/10/01 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 through election date 2/10/01 discuss NIRA basic guidelines. review act and answer questions d. Nam, es and addresses of persons through whom performed: C. Ahern L. Wong Labor Information Services, Inc. K. Wilson PO Box 6063 Malibu, CA 90264 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: APR 5 2001 All voting employees in bargaining unit. USDOL/ESA OLMS/DOE/SE

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.

Signe	d:	2 15		Signed:		
	Je	met und	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: 3/13/01	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.

Malibu

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Office of Labo

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OMB No. 1214-0001 02/29/93

C. 464 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). 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 3. Date fiscal year ends: 4. Type of person: a. Individual b. Partnership c. M Corporation d. Other (Spedify): 12/31/01 B. Nature of Agreement or Arrangement 6. Date entered into: Full name and address of employer with whom made (include ZIP code): 1/11/01 Sutter Lakeside Community Hospital 7. Names of persons through whom made: 5176 Hill Road East Clifford Coates akenort 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): 1/24/01 , our firm will be conducting meetings with employees from the voting through unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 155 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. Peroid during which performed: c. Extent performed: On-going meetings, up to 24 hours before the election, will be performed. These will be group or individual meetings to through election date 1/12/01 discuss NLRA basic guidelines, review act and answer questions d. Nam, es and addresses of persons through whom performed: C. Ahern and Kathy Wilson = Labor Information Services Inc. P 0 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 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 Treasure (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) Date State Date

2/12/01

on:

at:

U.S. Department of Labor

Office of Labor

agement Standards



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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 L	_abor-Management Repor	ting and Disclosure	Act of 1959, as amend	ed (LMRDA).			
A. Person Filing					-		
. Name and maling address	· ·	2. An	2. Any other address where records necessary to verify this report are kept				
Labor Information Ser	vices, Inc.						
P 0 Box 6063			NONE				
Malibu, CA 90264							
3. Date fiscal year ends:	4. Type of person:						
12/31/01	a. 🗆 Individe	ual b. 🗆 Partn	ership c. 🖾 Corp	oration d. Other	(Spedify):		
B. Nature of Agreement	or Arrangement						
Full name and address o	f employer with whom ma	ade (include ZIP co	de): 6. Date enter		,		
Romeo Rim				12/6/00 Kevin (
74000 Van Dyke			7. Names o	f persons through who	m made:		
Romeo, MI 48065				Kevin Konzcak			
8. Check the appropriate bo							
	loyees to exercise or not		uade employees as to	the mariner or exercisi	ng, the right to organize		
•	igh representatives of the	•					
	nployer with information of						
	such employer, except in udicial proceeding.	nformation for use s	olely in conjunction wit	h an administrative or	arbitral proceeding or a		
9. Terms and conditions (E)		-9 of instructions):					
Starting 12/7/00			be conducting mee	tings with employe	es from the voting		
unit to discuss the r							
	allocated to this w						
no written agreement			T TIME WITH EXPENSE	s will be done mon	only more is		
no wi recen agy eemene	as co a maximum bill	able amount.					
C. Specific Activities to	be Performed			· · · · · ·			
10. For each activity, separa		mation required (Se	e Part C-10 of instruction	ons):			
10 10 10 10 10 10 10 10 10 10 10 10 10 1							
	To inform employees			eir right to choos	e whether or not		
they wish to be repre	sented for the purpo	ses of collecti	ve bargaining.				
b. Peroid during which	n performed:	c. Extent perform	ed: On-going meeti	ngs, up to 24 hour	s before the election		
12/7/00 thro	ugh election date	will be perfo	rmed. These will	be group or indivi	dual meetings to		
			basic quidelines.	review act and ans	wer questions.		
	sses of persons through w	rhom performed:	•		and the second s		
Ray Perez				M B B B	n W B []		
Labor Information Services, Inc.				1 E G E	VE		
	63 - Malibu, CA 902			110/1			
11. Identify (a) Subject emp	loyees, groups of employ	rees, and (b) labor	organizations:	INII MAR	3 0 2001		
All voting empl	oyees in bargaining	unit.		TITI INVITE	0 2001		
rooming compr	oyees in bargaining	41110			01.4504		
				USD	OL/ESA /DOE/SRD		
				1 1000			
D. Verfication and Signa that all information in this re to the best of his knowledge	port, including all attachn	nents incorporated					
Signed: Tour H	bus NC	President	Signed:		Treasurer		
(If other title, cross out and	write in correct title above		(If other title, cross or	t and write in correct to			
City	State	Date	City	State	Date		