

# Agreement and Activity Report

## U.S. Department 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

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).

File No. C. 272

### A. Person Filing

1. Name and mailing address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346		2. Any other address where records necessary to verify this report are kept	
3. Date fiscal year ends: 12-31-02	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

### B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Cintas Corporation 910 1/2 N. Washington St. Kokomo, IN 46901		6. Date entered into: 4-02	
		7. Names of persons through whom made: Robert Buck	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. b. <input type="checkbox"/> 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):

For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be group meetings with employees. \$79,900.00 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:

Group meetings with employees.

##### b. Period during which performed:

4-02 thru 6-02

##### c. Extent performed:

Complete

##### d. Names and addresses of persons through whom performed:

Address - Same as #1

John Herrmann III, Carl Mitcham

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

Employees of

Cintas Corporation - Kokomo, Indiana



**D. Verification 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: <i>[Signature]</i> President			Signed: <i>[Signature]</i> Treasurer		
(If other title, cross out and write in correct title above.)			(If other title, cross out and write in correct title above.)		
City at: Clarkston	State MI	Date on: 8/5/02	City at: Clarkston	State MI	Date on: 8/5/02



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**A. Person Filing**

1. Name and mailing address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-02	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (include ZIP code): Cintas Corporation 310 3rd St., NE E. Metchee, Ma 98802		6. Date entered into: 7-02	
7. Names of persons through whom made: Robert Buck			
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. b. <input type="checkbox"/> 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):**

For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be group meetings with employees. \$ 46,500.00 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:**

Group meetings with employees.



**b. Period during which performed:**

7-02 thru 8-02

**c. Extent performed:**

Complete

**d. Names and addresses of persons through whom performed:**

Address - Same as #1

John Hermann III, Carl Mitcham

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

Employees of Cintas Corporation - E. Metchee, Ma

**D. Verification 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: <i>[Signature]</i> President		Signed: <i>[Signature]</i> Treasurer	
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City Clarkston	State MI	City Clarkston	State MI
Date on: 10-15-02		Date on: 10-15-02	

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File No. C. 272

## A. Person Filing

1. Name and mailing address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346	2. Any other address where records necessary to verify this report are kept
3. Date fiscal year ends: 12-31-02	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

## B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Schenkle Dairy 1019 Flaxmill Road Huntington, IN 46750	6. Date entered into: 05-02
	7. Names of persons through whom made: Neil Finerty
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. b. <input type="checkbox"/> 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):

For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be group meetings with employees. \$ 21,000.00 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:

Group meetings with employees.

b. Period during which performed: 05-02 thru 05-02	c. Extent performed: Complete
d. Names and addresses of persons through whom performed: Address - Same as #1 Philip Craft, Charles LaMarre	



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

Employees of Schenkle Dairy - Division of Dean Foods

**D. Verification 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: <i>Frank R. Hamilton</i> (If other title, cross out and write in correct title above.) at: City Clarkston State MI Date on: 7/18/02	Signed: <i>Philip D. Craft</i> (If other title, cross out and write in correct title above.) at: City Clarkston State MI Date on: 7/18/02
President	Treasurer