

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



OMB No. 1214-0001
12/31/86

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).

File No. C. 531

A. Person Filing

1. Name and mailing address (include ZIP code):

DINWIDDIE ORG. SERVICES
11515 W. DELA O RD.
SCOTTSDALE AZ 85255

2. Any other address where records necessary to verify this report are kept:

3. Date fiscal year ends:

12/31/03

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

AMR
12480 ULMERTON RD.
LARGO, FL 33774

6. Date entered into:

2-10-03

7. Names of persons through whom made:

BOB SILVER

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 of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ 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):

Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed

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:

Presented informational meetings to company employees

b. Period during which performed:

2-03 - present

c. Extent performed:

present

d. Names and addresses of persons through whom performed:

M.J. O'DONNELL

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

A. EMTS, PARAMUNICS, DISPATCH, MATERIAL MAINT.

B. IACP

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:

[Signature]

President

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

City State Date
at Scottsdale Az 3-15-03

Signed:

Treasurer

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

City State Date
at

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12/31/86

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. 531

A. Person Filing

1. Name and mailing address (include ZIP code):

Pinnacle Org. Services
11515 E. Delta Rd.
Scottsdale AZ 85255

2. Any other address where records necessary to verify this report are kept:



3. Date fiscal year ends:

12-31-03

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

CARE AMBULANCE
8932 NATOMA RD.
ANAHUIM CAL 92804

6. Date entered into:

2-03

7. Names of persons through whom made:

DAN RICHARDSON

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 of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ 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):

Company employed on a per hour basis with no formal written agreement, per schedule, based on a per hour rate

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:

Presented informational meetings to company employees

b. Period during which performed:

2-03 to present

c. Extent performed:

Present

d. Names and addresses of persons through whom performed:

Michael Salmonell
Same as above.

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

- EMTS, Paramedics, dispatch.
- IAEP

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:

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

President

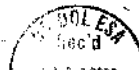
Signed:

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

Treasurer

City State Date
at Scottsdale AZ 12-31-03

City State Date



Office of Labor-Management Standards



- a. ☒ 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. ☐ 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.

B. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Company employed on a per hour basis with no formal written agreement, per schedule, based on a per hour rate.

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:

Present informational meetings to employees

b. Period during which performed:

4-17-03 to present

c. Extent performed:

Present

d. Names and addresses of persons through whom performed:

Michael J. McDonnell
See as above.

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

2. EMTs and other medical

2. ~~EMT~~ - P.E.P.

12. Signature of authorized representative of the employer or labor organization:

Signed:

Michael J. McDonnell

President

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

City

State

Date

Scottdale, Ga.

6-4-03

Signed:

Transmit

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

City

State

Date