

AGREEMENT AND ACTIVITIES REPORT

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

680079

1. File Number:

c 68125

Person Filing

2. Name and mailing address (include ZIP Code):

Name FRANK A MUSCOLINA
Title _____
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street 39 W 136 HEMINGTON BLVD
City GENEVA
State ILLINOIS ZIP Code + 4 60134

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

Name N/A
Title _____
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

4. Date fiscal year ends:

12/31/18

5. Type of person:

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

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name RICHARD A APPEL
Organization CAESARS ENT
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street ONE CAESARS PALACE DRIVE
City LAS VEGAS
State NEVADA ZIP Code + 4 89109

7. Date entered into:

3/20/2018

8. Name of person(s) through whom made:

Name RICHARD A APPEL
Name _____
Name _____
Name _____
Name _____

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

[Signature]

SIGN HERE
President
(If other title, see instructions)

Title President

14. Signed

N/A

SIGN HERE
Treasurer
(If other title, see instructions)

Title Treasurer

Stamp

Delete

On

6/28/18 609-705-0773

Date

Telephone Number

On

Date

Telephone Number

Clear Signatures

9. 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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

COMMUNICATION TO EMPLOYEES REGARDING
NLRB ELECTION PROCESS AND FORMAT OF
COLLECTIVE BARGAINING PROCESS.

Specific Activities to be Performed

Add Additional Activity (Item 11)

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

TEST PG CNT

SMALL GROUP INFORMATION MEETING

11.b. Period during which performed:

JUNE 21ST 2018

11.c. Extent performed:

1 MEETING

11.d. Name and address through whom performed:

Name FRANK A MUSCOLINA

Organization

P.O. Box, Bldg., Room No., if any

Street 3944 136 HENNINGTON BLVD

City GENEVA

State IL ZIP Code + 4 60134

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

Add More Names (Item 11.d.)

12.a. Identify subject groups of employees:

STAGE TECHS AT
HARRAH'S RENO CASINO
RENO, NEVADA

12.b. Identify subject labor organizations:

I.A.T.S.E.