

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management



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.

OMB No. 1214-0001
12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 527

A. Person Filing

1. Name and mailing address (include Zip Code): Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660		2. Any other address where records necessary to verify this report are kept. NONE	
3. Date fiscal year ends: 12/31/2002	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 of Arrangement

5. Full name and address of employer with whom made (include Zip code): PANKL AEROSPACE SYSTEMS, INC 16615 EDWARDS ROAD CERRITOS, CA 90703		6. Date entered into: 12/26/2002	
		7. Name of persons through whom made: MR. ROBERT GIROUX DIRECTOR OF OPERATIONS	

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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$245.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

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: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election.	
b. Period during which performed: Pendency of NLRB	c. Extent performed: None as of this date
d. Names and addresses of persons through whom performed: JOHN M. HERMANN (SAME ADDRESS AS ITEM # 1 A) DOUGLAS MUIR (SAME ADDRESS AS ITEM # 1 A) RICARDO PASALAGUA (SAME ADDRESS AS ITEM # 1 A) CHAS PATTERSON (SAME ADDRESS AS ITEM # 1 A)	



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

- (a) All full-time and regular part-time employees.
- (b) IAM

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: President			Signed: 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: Newport Beach	CA		At: Newport Beach	CA	2/15/02

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File No. C. 527

A. Person Filing

1. Name and mailing address (include Zip Code): Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept. NONE
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3. Date fiscal year ends: 12/31/2002	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):
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B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include Zip code): NASH FINCH COMPANY 7600 FRANCE AVENUE SOUTH MINNEAPOLIS, MN 55435	6. Date entered into: 12/24/2002 7. Name of persons through whom made: MS. KRISTIN P. LEBRE ASSISTANT GENERAL COUNSEL
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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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$250.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

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: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election.

b. Period during which performed: Pendency of NLRB	c. Extent performed: None as of this date
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d. Names and addresses of persons through whom performed:

MICHAEL PENN (SAME ADDRESS AS ITEM # 1 A)
RICARDO PASALAGUA (SAME ADDRESS AS ITEM # 1 A)



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

- (a) All full-time and regular part-time employees.
(b) UFCW LOCAL # 7 (DENVER)

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: President	Signed: Treasurer
(If other title, cross out and write in correct title above) City State Date At: Newport Beach CA	(If other title, cross out and write in correct title above) City State Date At: Newport Beach CA 4/05/07

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File No. C. 527

A. Person Filing

1. Name and mailing address (include Zip Code):

Labor Relations Services, Inc.
24 Corporate Plaza, Suite #100
Newport Beach, CA 92660

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

NONE

3. Date fiscal year ends:

12/31/2002

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):

PECHANGA DEVELOPMENT CORPORATION
45000 PALA ROAD
TEMECULA, CA 92592

6. Date entered into:

12/24/2002

7. Name of persons through whom made:

MR. JOHN PALINKAS
PRESIDENT

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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$220.50 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

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: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period prior to a potential representation election.

b. Period during which performed:

Pendency of NLRB

c. Extent performed:

None as of this date

d. Names and addresses of persons through whom performed:

JOHN HERMANN (SAME ADDRESS AS ITEM # 1 A)
ED VILLANUEVA (SAME ADDRESS AS ITEM # 1 A)
RICARDO GARCIA (SAME ADDRESS AS ITEM # 1 A)
DELIA VITAL (SAME ADDRESS AS ITEM # 1 A)

STEVE BEYER (SAME ADDRESS AS ITEM # 1 A)
FRANK KRONEWITTER (SAME ADDRESS AS ITEM # 1 A)
RUDY ABABON (SAME ADDRESS AS ITEM # 1 A)

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

(a) All full-time and regular part-time employees.

(b) H.E.R.E. AND CWA



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:

President

Signed:

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: Newport Beach

CA

At: Newport Beach

CA

4/5/03