city

Malibu

state

CA

U.S. Departi nt of Labor **Employment Standards Administration**

Office of Labor-Management Standards



464

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).

Form approved - OMB No. 1215-0188 Expires 11-30-2002

C.

File No.

A. Person Filing		1 200 1						
Name and mailing address (inc.)	:lude ZIP code):	2. Any	other address where records necessary to verity this report are kept					
3	,	,	, , , , , , , , , , , , , , , , , , , ,					
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264			None					
Date fiscal year ends:	4. Type of person:							
12/31/01	a. 🗆 Individual b	. 🔲 Partne	ership C. 🗵 Corporation d. 🗆 Other (Specify):					
B. Nature of Agreement or A	rrangement							
5. Full name and address of em	ployer with whom made (incl	ude ZIP cod	e): 6. Date entered into: 7/5/01					
Sutter Lakeside Community Hospit	al		7. Names of persons through whom made:					
5176 Hill Road Lakeport, CA 95453			Clifford Coates					
	indicate whether an object of	of the activiti	es undertaken, is directly or Indirectly:					
. 52			employees as to the manner of exercising, the right to					
	in collectively through repre							
b. To supply an emplo dispute involving su or a criminal or civil	ich employer, except inform	ing the activation for use	rities of employees or a labor organization in connection with a labor e solely in conjunction with an administrative or arbitral proceeding					
9. Terms and conditions (Explain	n in detail; see Part B-9 of ins	structions):	142					
Starting 7/5/01 through the 7/30/0 authorization cards and voting in the monthly. There is no written agree	ne upcoming election. A maxim	um of 10 ho	imployees from the voting unit to discuss the realities of signing ours will be allocated to this work. Billing of time and expenses will be done					
C. Specific Activities to	he Performed							
10. For each activity, separately		equired (See	Part C-10 of instructions):					
	not in dotain the information is	oquilou (ooc	Tall of To of Modadionoy.					
a. Nature of activity:								
To inform employees in the voting bargaining.	unit to exercise their right to ch	oose whether	r or not they wish to be represented for the purposes of collective					
b. Period during which pe	erformed: c. Ext	ent performe	ed:					
7/5/01 through 7/	30/01 On-goin		up to 24 hours before the election will be performed. These will be group or discuss NLRA basic guidelines, review ACT and answer questions.					
d. Names and addresses	s of persons through whom p	performed:						
Gabrielle Yarbrough- Labor Inform	ation Services, Inc PO Box 60	063 - Malibu,	CA 90264					
11. Identify (a) Subject employees	s, groups of employees, and (b)	labor organiz	ration:					
All voting employees in bargaining	unit.		SEP 1 1 2000					
			QUE DROP					
D. Verification and Signature.	The person in item I above a	and each of	his undersigned authorized officers declares, under penalty of law, herein or referred to in this report, has been examined by him and is,					
to the best of his knowledge and								
Signed:	SIRO		Signed:					
(if other title, cross out and write	e in correct title above)	President	(if other title, cross out and write in correct title above.)					
and the property and with	Jone and above.		(ii other title, cross out and write in correct title above.)					

Date

8/5/01

city

Date

on

state

Employment Standards Administration Office of Labor-Management Standards



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Expires 11-30-2002 File No

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Form approved - OMB No. 1215-0188

C

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 mailing address (include ZIP code): 2. Any other address where records necessary to verity this report are kept: None Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264 4. Type of person: 3. Date fiscal year ends: 12/31/01 C. X Corporation d. Other (Specify): a. Individual b. Partnership B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 7/5/01 Sutter Lakeside Community Hospital 7. Names of persons through whom made: 5176 Hill Road Lakeport, CA 95453 Clifford Coates 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or Indirectly: To persuade employees to exercise or not to exercise, or 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): Change ending date to 12/7/01. Increase maximum billable hours to: 20. 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: b. Period during which performed: 7/5/01 to 12/7/01 On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review ACT and answer questions. d. Names and addresses of persons through whom performed:

11. Identify (a) Subject employees, groups of employees, and (b) labor organization: All voting employees in bargaining unit.

Gabrielle Yarbrough- Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264

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:	1, 12	16			Signed:			
	Towickt	uno		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	Da	ate	city	state	2	ate
at:	Malibu	CA	on:	12/3/01	at:		on:	12/31/01

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Form approved - OMB No. 1215-0188 Expires 11-30-2002

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations,

File No. C.

A. Person Filing								
I. Name and mailing address (include ZIP code): Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264			other address where records necessary to verity this report are kept					
			None					
3. Date fiscal year ends:	4. Type of person:							
12/31/01	a. 🗌 Individu	ual b. 🗌 Partner	rship C. 🛛 Corporation d. 🗆 Other (Specify):					
B. Nature of Agreement or	Arrangement							
5. Full name and address of e	mployer with whom ma	ide (include ZIP code	e): 6. Date entered into: 7/1/01					
Caligor, Inc. 200 Seaview Drive Seceucus, NJ 07094-1813			7. Names of persons through whom made: Kevin McDonnell					
	to indicate whether an	object of the activitie	es undertaken, is directly or Indirectly:					
A.	oloyees to exercise or gain collectively throughover with information	not to exercise, or gh representatives of concerning the activit it information for use	employees as to the manner of exercising, the right to					
9. Terms and conditions (Expl	ain in detail; see Part B	-9 of instructions):						
Starting 7/1/01 through the elect authorization cards and voting in monthly. There is no written agr	the upcoming election.	A maximum of 300 hou	with employees from the voting unit to discuss the realities of signing urs will be allocated to this work. Billing of time and expenses will be done					
C. Specific Activities to 10. For each activity, separate a. Nature of activity: To inform employees in the voti bargaining.	ely list in detail the infor		e Part C-10 of instructions): If or not they wish to be represented for the purposes of collective					
b. Period during which	performed.	c. Extent performe	ed:					
6/21/01 through 6			neetings, up to 24 hours before the election will be performed. These will be group of neetings to discuss NLRA basic guidelines, review ACT and answer questions.					
d. Names and address	es of persons through	whom performed:						
A. Tovar - M. Roan Labor Information Services, Inc.	- PO Box 6063 - Malibu,	CA 90264						
11. Identify (a) Subject employed All voting employees in bargaini		i, and (b) labor organiza	Zation: US DOL Recy US POL Recy US DROP					
	ort, including all attach	ments incorporated th t, and complete.	his undersigned authorized officers declares, under penalty of law therein or referred to in this report, has been examined by him and is					
Signed:	2	President	Signed: Treasure					
		I lesideill						
(if other title, cross out and w	rite in correct title abov		(if other title, cross out and write in correct title above.)					
city Malibu	vrite in correct title abov							

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Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations,

File No. C. 464

Under Section 203(b) of the Labo	r-Management Repo	orting and Disclosure	Act of 1959, as a	mended (LMRDA).		
A. Person Filing							
Name and mailing address (include ZIP code):			other address w	here records ne	cessary to verity	this report are kept:	
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264 3. Date fiscal year ends: 12/31/01	4. Type of person	9500	vehin A 🕅	None		necify):	
12/31/01	a. Lindivid	dual b. L. Partne	rsnip C. Z	Corporation	a. Dollier (e)	Jeony).	
B. Nature of Agreement or A	rrangement						
5. Full name and address of em	ployer with whom n	nade (include ZIP cod	e): 6. Date	e entered into:	7/1/01		
Barlow Respiratory Hospital 2000 Stadium Way Los Angeles, CA 90026		7. Names of persons through whom made: Margaret Crane					
8. Check the appropriate box to	indicate whether a	n object of the activiti	es undertaken, i	s directly or Indir	rectly:		
b. To supply an emplo	in collectively through yer with information uch employer, exce	ugh representatives on concerning the active pt information for us	of their own cho	osing. es or a labor ord	anization in con	nection with a labor	
9. Terms and conditions (Explai	n in detail; see Part	B-9 of instructions):					
Starting 7/1/01 through the electic authorization cards and voting in the monthly. There is no written agree	ne upcoming election.	. A maximum of 300 ho	with employees fours will be allocate	om the voting unit ed to this work. Bi	t to discuss the rea illing of time and e	alities of signing xpenses will be done	
C. Specific Activities to	Annual Statement of the Contract of the Contra						
10. For each activity, separately	list in detail the info	ormation required (Se	e Part C-10 of in	structions):			
a. Nature of activity:							
To inform employees in the voting bargaining.	unit to exercise their	right to choose whether	er or not they wish	to be represented	for the purposes	of collective	
b. Period during which p	erformed:	c. Extent perform	ed:				
7/1/01 through ele		On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review ACT and answer questions.					
d. Names and addresse	s of persons throug	gh whom performed:					
L. Wong - P. Familusi Labor Information Services, Inc	PO Box 6063 - Malib	u, CA 90264					
11. Identify (a) Subject employee All voting employees in bargaining		es, and (b) labor organi	zation:			WS DOL Racia Sy MR 13 2M2 PAS E DROP	
D. Verification and Signature. that all information in this report to the best of his knowledge are	t, including all attac	hments incorporated					
Signed:	and -	President	Signed:			Treasurer	
(if other title, cross out and wri	e in correct title abo			ross out and writ	e in correct title		
city at: Malibu	state CA	Date on: 10/11/01	city at:	У	state	Date	
Mili		OII.	1			on:	