

FORM LM-10 EMPLOYER REPORT

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.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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Part A

1. File Number E: <u>67205</u>		2. Fiscal Year Covered From: <u>01/01/2015</u> Through: <u>12/31/2015</u>	
3. Name and address of Reporting Employer (inc. trade name, if any). Employer: <u>West Coast Ambulance Corp.</u> Trade Name: _____ Attention To: <u>Olga</u> <u>Binman</u> Title: <u>president</u> Mailing Address: P.O. Box, Bldg., Room No., if any: _____ Street: <u>8721 Santa Monica Blvd Unit 33</u> City: <u>Los Angeles</u> State: <u>California</u> ZIP Code + 4: <u>90069</u>		4. Name and address of President or corresponding principal officer, if different from address in Item 3. Name: _____ P.O. Box, Building and Room Number, If any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	
5. Any other address where records necessary to verify this report will be available for examination. Name: <u>Olga</u> <u>Binman</u> Title: <u>President</u> Organization: <u>West Coast Ambulance Corp.</u> P.O. Box, Building and Room Number, If any: _____ Street: <u>6739 Victoria Ave.</u> City: <u>Los Angeles</u> State: <u>California</u> ZIP Code + 4: <u>90043</u>		6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination. <input type="checkbox"/> Address in Item 3 <input type="checkbox"/> Address in Item 4 <input checked="" type="checkbox"/> Address in Item 5	
7. Type of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify) _____			

Signatures

Each of the undersigned, duly authorized officers of the above employer 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 VIII on penalties in the instructions.)

13. Signed <u>[Signature]</u> Title: <u>President</u> On: <u>06/03/2016</u> Date <u>310-435-1862</u> Telephone Number	14. Signed <u>[Signature]</u> Title: <u>Treasurer</u> On: <u>06/03/2016</u> Date <u>310-567-4148</u> Telephone Number
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Name of Reporting Employer: West Coast Ambulance Corp.

File Number E-

8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully, taking into consideration the exclusions listed in the instructions for these items, and check either "Yes" or "No" for each item. For each item that is answered "Yes", you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8.a. through 8.f. Also, if the answer is "Yes" for more than one person or organization, complete a separate Part B for each person or organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item in the line indicated.

DURING THE FISCAL YEAR COVERED BY THIS REPORT:

- | | YES | NO | If "Yes", number
of Part Bs
attached |
|---|-------------------------------------|-------------------------------------|--|
| 8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| 8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| 8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| 8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |
| 8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 |

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS 0

Part B

Name of Reporting Employer: West Coast Ambulance Corp.	File Number E-
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input checked="" type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <input type="text"/>
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input type="text" value="James"/> <input type="text" value="Teague"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1306 North Ridge Court"/> City <input type="text" value="Sand Spring"/> State <input type="text" value="Oklahoma"/> ZIP Code + 4 <input type="text" value="74063"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <input type="text" value="International Labor Relations"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1306 North Ridge Court"/> City <input type="text" value="Sand Spring"/> State <input type="text" value="Oklahoma"/> ZIP Code + 4 <input type="text" value="74063"/>
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <input type="text" value="02/05/2015"/>	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<input type="text" value="02/18/2015"/>	<input type="text" value="21,179"/>	<input type="text" value="check payment"/>
<input type="text" value="02/26/2015"/>	<input type="text" value="15,910"/>	<input type="text" value="check payment"/>
<input type="text" value="02/26/2015"/>	<input type="text" value="2,925"/>	<input type="text" value="check payment"/>
<input type="text" value="03/04/2015"/>	<input type="text" value="20,813"/>	<input type="text" value="check payment"/>
<input type="text" value="03/31/2015"/>	<input type="text" value="12,844"/>	<input type="text" value="check payment"/>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

All payments were made by check based on the invoice submitted by International Labor Relations.



Pre-Petition

International Labor Relations

Corporate Headquarters
8086 South Yale Avenue Suite 225
Tulsa, Oklahoma 74136

Toll Free: (800) 555-7509
Direct: (918) 633-6640

Date: February 05, 2015

Via Email: olga.wca@gmail.com

Name : Olga Binman
Company : West Coast Ambulamce
Address : 647 W. Avenue L14
Lancaster, CA 93535
Phone: (661) 940-6629

RE: Petition #31- CA-145753 ~ Pre-Petition

SITUATION ASSESSMENT:

This Engagement Letter outlines the terms of complete and comprehensive Consulting services to combat the pre-petition activity at West Coast Ambulance or "Company".

A systematic, organized pre-petition inoculation strategy will be implemented. All executives, managers and supervisors must be thoroughly trained in what can be said and not said to employees. Employees will be educated to make an informed decision prior to card signing.

Time is of the essence in commencing work on behalf of the Company. Any delay is injurious to the Company's chances of successfully winning the election.

OBJECTIVES:



International Labor Relations

Hawaii ✦ Los Angeles ✦ San Francisco ✦ San Diego ✦ Tulsa ✦ Chicago ✦ New York ✦ Guam

Pre-Petition

International Labor Relations

Corporate Headquarters
8086 South Yale Avenue Suite 225
Tulsa, OK 74136

Toll Free: (800) 555-7509
Direct: (918) 633-6640

- Our objectives for this campaign include conducting a thorough assessment as to the local management and conditions that led to the organizing effort.
- Training local management in the operation of the National Labor Relations Act including formation of the Company's Union-free philosophy statement, the enforcement of no-solicitation, no-distribution policies, a full understanding of the actual Union Organizing Plan, and an understanding of the use and misuse of Union Authorization Cards.
- Management's knowledge of what they can say during the Union campaign including disadvantages of Union representation from the viewpoint of the Company Services and the Company employees. A thorough understanding of the facts involving collective bargaining, strikes, Union fines against members, and obligations owed by employees to the Union.
- An understanding of what the supervisor can do during the organizing campaign. A thorough understanding of the TIPS rules including common questions that employees ask supervisors during a campaign and desired responses.
- Supervisor/employee role-playing scenarios involving common situations that occur during Union organizing campaigns.
- Systematic captive audience meetings with all supervisors and voting employees on a weekly basis, with distribution of appropriate handouts in English or any other applicable language.



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VALUE TO THE ORGANIZATION:

- The value to the organization will include permitting the Company to continue to operate while systematically addressing pre-petition activity.
- Proactively identifying those factors and conditions by department that contribute to low employee morale and disaffection.
- One-on-one discussions with each manager and supervisor to localize issues that demand attention and possible correction during the election and following the election. Reporting to senior management about the strengths and weaknesses in the organization that require immediate intervention and corrective action to minimize the likelihood of future Union encroachment.

TERMS AND CONDITIONS:

Fees: The fee for a day rate per Consultant is \$375.00 per hour per calendar day worked by each Consultant including travel days.

Should additional days of Management Consulting be requested by the Company, it is understood those additional calendar days will be billed at our customary rate of \$375 per hourly per day including travel days. For purposes of this proposal a consulting day means each calendar day worked.

In the event NLRB Representation is required and assigned to an International Labor Relations Consultant, NLRB Representation shall be billed at \$375 per hour.



International Labor Relations

Hawaii ✦ Los Angeles ✦ San Francisco ✦ San Diego ✦ Tulsa ✦ Chicago ✦ New York ✦ Guam

Pre-Petition

Company shall provide air travel, rental car, hotel accommodations, meals, and reasonable business expenses as set forth below to consultants through weekly billing to Company.

Payment Terms: Payment of Statement of Services Rendered, to be delivered in an electronic format, is expected within 7 days upon delivery throughout the mutually agreed upon duration for Management Consulting.

International Labor Relations

Corporate Headquarters
8086 South Yale Avenue Suite 225
Tulsa, OK 74136

Toll Free: (800) 555-7509
Direct: (918) 633-6640

Expenses: All airfare, hotel, and rental car expenses will be billed as incurred and are due upon presentation of ongoing Expense Reports and direct billed by the Consultant. All expenses not direct billed by the Consultant will be billed on behalf of the Consultant through International Labor Relations and are due upon receipt. Expenses may include unpaid transportation (air, rental car, taxi, parking, etc.), lodging expenses, food, and other reasonable business expenses.

AGREEMENT TERMS:

Copyright: It is further understood that all materials included in or with the above referenced items or programs are fully covered and protected by federal copyright laws. Federal law provides civil and criminal penalties for the unauthorized reproduction, distribution or exhibition of protected products. Criminal copyright infringement is investigated by the FBI and may constitute a felony penalty of up to five years in prison and/or a \$250,000 fine.

U.S. Department of Labor Reporting Requirements: You further acknowledge that no representation by International Labor Relations or its representatives were relied on by you or any member of your Company in entering this agreement, and that this document represents the full understanding of the parties. You acknowledge and agree that we have informed you of the obligation to report any direct persuader activity performed on your behalf to the United States Department of Labor by both our firm and your firm and that failure to timely file these reports can subject your company criminal penalties.



International Labor Relations

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Pre-Petition

Arbitration: Your payment, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein. The parties agree that Oklahoma law governs any dispute between them and to resolve any disputes by arbitration in Tulsa, Oklahoma under the American Arbitration Association rules.

ACCEPTANCE: Your signature below indicates acceptance of the terms and this proposal. In the event this Agreement is unsigned by Company, work commenced by Consultant on behalf of Company shall constitute acceptance by Company of all terms and conditions stated herein.

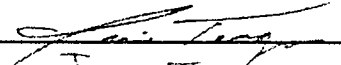
International Labor Relations

Corporate Headquarters
8086 South Yale Avenue Suite 225
Tulsa, OK 74136

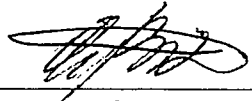
Toll Free: (800) 555-7509
Direct: (918) 633-6640

For Consultant:
International Labor Relations

For Company:
[COMPANY NAME]

Signature: 
Printed Name: JIM TEAGUE

On this day of: _____
Jim Teague
President & CEO
International Labor Relations

Signature: 
Printed Name: Olga Binnman

On this day of: 2/5/15
Name Olga Binnman
Title CEO
Company West Coast Ambulance Corp.



MAY 17 2016

Ms. Olga Binman
Westcoast
647 W. Ave, L14
Lancaster, CA 93535

Dear Ms. Olga Binman,

The Labor-Management Reporting and Disclosure Act (LMRDA) provides at Section 203, 29 U.S.C. 433, that employers and labor relations consultants must file reports with the Department of Labor concerning agreements or arrangements pursuant to which the consultant undertakes activities with an object to persuade employees concerning their rights to organize and bargain collectively, or to supply the employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving the employer. These reports are filed on forms provided by the Department's Office of Labor-Management Standards (OLMS), and are made available to the public on the OLMS website at www.dol.gov/olms.

Any person who undertakes reportable activities pursuant to such an agreement or arrangement must file the Form LM-20 (Agreement and Activities Report) within thirty (30) days after entering into the agreement or arrangement. The Form LM-20 filer must also submit an annual Form LM-21 (Receipts and Disbursements Report) for any fiscal year during which payments were received or disbursements made as a result of such an agreement or arrangement.

Federal law provides for civil enforcement of the reporting requirements, as well as criminal penalties for willful violations.

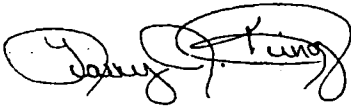
The employers who enter into these agreements or arrangements must also file a report, specifically, the Form LM-10 (Employer Report). Information provided on a Form LM-21 submitted by International Labor Relations indicates that Westcoast entered into such an agreement or arrangement with this consultant. Westcoast must file with OLMS a Form LM-10 report detailing such persuader or information-supplying agreement, as well as activities undertaken and any payments made, for each fiscal year in which an agreement was entered or payment was made.

As a result, you must file any required reports within 30 days of the date of this letter. Information on reporting requirements, forms and instructions, and access to reports on file may be obtained at www.dol.gov/olms. Completed reports should be submitted to:

U.S. Department of Labor
Office of Labor-Management Standards
200 Constitution Avenue, NW,
Room N-5616
Washington, DC 20210

If you have any questions, please contact Andrew Davis, Chief, Division of Interpretations and Standards, at (202) 693-1254.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry King". The signature is written in a cursive style with a large, prominent "L" and "K".

Larry King, Chief
Division of Reports,
Disclosure and Audits