Employer Report—Part A The Labor-Management Reporting and Disclosure Act of 1959	.abor
Office of Labor-Management Standards Enforcement Washington, D.C. 20216	Form approved.—OMB No. 44R-1137.1.
Etter M	File No. E-
File two copies. Refer to Instructions on Page 3	(To be assigned by U.S. Dept. of Labor)
1. Full Name of Reporting Employer (including trade name, if any) and mailing address (Street Number,	4. Report relating to fiscal period:
City, State, ZIP Code). MGM MIRAGE 3600 Las Vegas Blvd. South	Beginning 01 01 01 Mo. Day Yr. and
Las Vegas, NV 89109	Ending
2. Address of Principal Office, if different from address in Item 1.	 Mo. Day Yr. 5. Indicate by checking appropriate box where records necessary to vertify this report will be available for examination. Address in Item 1
 Any other address or addresses at which records necessary to verify this report will be available for examination. 	Address in Item 2
	Address in Item 3
6. Type of organization.	
K Corporation Partnership Individual Other (Specify)	
	nce, Insurance Services Other
and Utilities Retail Trade and A B B C D E F	I Real Estate (Specify) G □ H 1 □
8. READ CAREFULLY THE FOLLOWING QUESTIONS, TAKING INTO CONSIDERATION THE EXCLUSIONS INSTRUCTIONS (SEE PAGE 3). IF YOUR ANSWER TO ANY OF THE QUESTIONS IS "YES," CHECK TO TION AND COMPLETE PART B, A COPY OF WHICH APPEARS ON THE REVERSE SIDE. COMPLETE A SE ANY OF THE QUESTIONS NUMBERED 8A THROUGH 8F. IF THE ANSWER IS "YES" TO MORE THAN MORE THAN ONE PERSON OR ORGANIZATION, COMPLETE A SEPARATE PART B FOR EACH "YES" ANS	HE BOX IMMEDIATELY FOLLOWING THE QUES- EPARATE PART B FOR EACH "YES" ANSWER TO ONE PART OF THE SINGLE QUESTION OR FOR
 A. QUESTION.—During the past fiscal year did you make or promise or agree to make, directly or indirect of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop stew labor organization? [X] No Yes. If "Yes," enter the number of Part B's required for this question 	
 B. QUESTION.—During the past fiscal year did you make, directly or indirectly, any payment (includ ployees, or to any group or committee of your employees, for the purpose of causing them to persu cise, or as to the manner of exercising, the right to organize and bargain collectively through represer or at the same time disclosing such payment to all such other employees? No Yes. If "Yes," enter the number of Part B's required for this question 	ade other employees to exercise or not to exer-
C. QUESTION.—During the past fiscal year did you make any expenditures where an object thereof, dire or coerce employees in the right to organize and bargain collectively through representatives of their ov ▲ No □ Yes. If "Yes," enter the number of Part B's required for this question	
D. QUESTION.—During the past fiscal year did you make any expenditure where an object thereof, direc cerning the activities of employees or of a labor organization in connection with a labor dispute in whi X No Yes. If "Yes," enter the number of Part B's required for this question	
E. QUESTION.—During the past fiscal year did you make any agreement or arrangement with a labor relation or organization pursuant to which such person undertook activities where an object thereof, directly or or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement or arrangement or arrangement or arrangement or arrangement or a such as the number of Part B's required for this question	indirectly, was to persuade employees to exercise ough representatives of their own choosing; or did
F. QUESTION.—During the past fiscal year did you make any agreement or arrangement with a labor relation or organization pursuant to which such person undertook activities where an object thereof, directly on concerning activities of employees or of a labor organization in connection with a labor dispute in white ment pursuant to such agreement or arrangement? No Pres. If "Yes," enter the number of Part B's required for this question	r indirectly, was to furnish you with information
	QUIRED FOR THIS REPORT IS

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Name and Address of Reporting Employer

File	No.	E-	
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(To be assigned by U.S. Dept. of Labor)

		F	lefer to Instructions on	Page 3
Indicate in block example on pag	s at left, question num e 2, 3d paragraph unde	per to which this Part B relates r "What Must Be Filed.")	and the consecutive nu	umber of this Part B with respect to that question. (See
9. PROVIDE THE FOLLO	WING INFORMATION:	🗌 Agreement 🎽 Payn	nent 🗌 Both.	
group or organiz through whom a s	of person, committee, ation with whom or sparate agreement was payments or expendi-	b. Position in labor organ ployer (if an independe so state).		c. Name and address of firm or labor organiza- tion with whom employed or affiliated.
Mark Garri	ty	Independent La	abor	Balance, Inc.
President	President Consulting Firm		-m	1011 Industrial Road, Suite
Balance, 1	nc.			Boulder City, NV 89005
		n payment or expenditure		payment or expenditure (Specify whether payment or loan, a cash or property)
11. a. Date of each payment of each payment or expenditure b. Amount of each payment or expenditure (1) (1)				
(See Atta	ched Exhibi	t "A")		
(2)	(2)		(2)	
(3)	(3)		(3)	
additional narrative Varied and managemen	sheets that are necessand fon-going agr tand employee	ry to fully explain the required	information. research, lab up programs, a	standing pursuant to which they were made. Attach any bor relations advice, and to convey the

SIGNATURE AND VERIFICATION

The above employer and each of his undersigned duly authorized officers, declares, under the applicable penalties of law, that all of the information in this report, including all documents referred to therein and attached hereto, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

	Cent	hothe	2 Massaker	SRVICE				
SIC	GNED	1 1 1 100000		, PRESIDENT	SIGNED			, TREASURER
At	LAS Viego	NV	9/23/02	(If other title, cross out and write in	At		On	(If other title, cross out and wri'e in
	City	State		correct title above.)	City	State	Date	correct title above.)
NC	TEOnly one Part 8	3 of an LM-10			the Part B so	executed will be deen	ned to cover and	include all Part B's filed

NOTE.—Only one Part B of an LM-10 report need be signed and verified since the Part B so executed will be deemed to cover and include all Part B's filed with the report.

Attachment 1 – Exhibit "A"	
On or about 1/12/01	 \$552,500
On or about 1/19/01	 \$149,000
On or about 2/7/01	 \$127,000
On or about 2/20/01	 \$272,500
On or about 2/28/01	 \$149,000
On or about 5/23/01	 \$150,000
On or about 6/12/01	 \$150,000
On or about 6/21/01	 \$ 85,000
On or about 10/9/01	 \$ 30,000
On or about 11/28/01	 \$ 55,250

\$