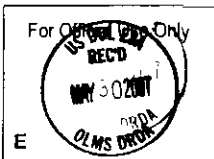


# FORM LM-20

## AGREEMENT AND ACTIVITIES 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. 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00386

326789

### Person Filing

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

Name Patti L Grant

Title Secretary

Organization Preventive Personnel Mgmt of Oregon, Inc

P.O. Box, Bldg., Room No., if any P.O. Box 547

Street

City Lake Oswego

State Oregon

ZIP Code + 4 97034

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:

Dec / 31

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 Doug Pilant

Organization Oregon Housing & Associated Services

Trade Name, if any

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

Street 2755 19th Street SE

City Salem

State Oregon

ZIP Code + 4 97302

7. Date entered into:

4 / 10 / 2007

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

Name Doug Pilant

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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 05/17/2007

Date

503-699-1300

Telephone Number

On 05/17/2007

Date

503-699-1300

Telephone Number

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.):

\$225/hr consulting fee

#### Specific Activities to be Performed

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

a. Nature of activity:

Persuader activity described in 9(a) above, including meetings with employees.

11.b. Period during which performed:

April - May, 2007

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Dian Rubanoff

Organization Preventive Personnel Mgmt of Oregon, Inc.

P.O. Box, Bldg., Room No., if any P.O. Box 547

Street

City Lake Oswego

State Oregon

ZIP Code + 4 97034

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

12.a. Identify subject groups of employees:

Drivers

Dispatchers

12.b. Identify subject labor organizations:

Amalgamated Transit Union Local 757