



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 Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 0386

A. Person Filing

1. Name and mailing address (include ZIP code): Preventive Personnel Management of Oregon, Inc. P.O. Box 547 Lake Oswego, OR 97034		2. Any other address where records necessary to verify this report are kept: NONE
3. Date fiscal year ends: 12/31	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 or Arrangement

5. Full name and address of employer with whom made (include ZIP code): BE AEROSPACE, INC. 1400 Corporate Center Way Wellington, FL 33414		6. Date entered into: August, 2002
		7. Names of persons through whom made: Jeff Moriarty
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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): \$180 to \$190 per hour consulting fee		

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: Persuader activity described in 8(a) above, including drafting speeches, conferences with employer and supervisors; meetings with employees.		
b. Period during which performed: Aug-Sept, 2002	c. Extent performed: completed	
d. Names and addresses of persons through whom performed: Dean T. Zografos/Mikal J. Apenes P.O. Box 547 Lake Oswego, OR 97034		

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

- (a) Machinists at Long Beach, California location
(b) IAM District Lodge 725



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: <i>Harlyn Zografos</i> President		Signed: <i>Altti B. Grant</i> 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	City	State
at: Lake Oswego, OR	on: 9/24/02	at: Lake Oswego, OR	on: 9/24/02

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards

OMB No. 1214-0001
12/31/86

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3. Date fiscal year ends: 12/31	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 or Arrangement

5. Full name and address of employer with whom made (include ZIP code): HOLIDAY RETIREMENT CORP. POB 14111 Salem, OR 97309-5026		6. Date entered into: 2/20/02
		7. Names of persons through whom made: Linda Livermore
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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): \$190/per hour consulting fee		



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: Persuader activity described in 8(a) above, including drafting speeches, conferences with employer and supervisors; meetings with employees. For Beaverton Assisted Living LLC d/b/a Edgewood Point, 7733 SW Scholls Ferry Road, Beaverton, OR 97008.		
b. Period during which performed: 2/02-3/02	c. Extent performed: not yet completed	
d. Names and addresses of persons through whom performed: Dean T. Zografos P.O. Box 547 Lake Oswego, OR 97034		
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) healthcare employees, cooks, housekeepers and staff (b) Oregon AFSCME Council No. 75		

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: <i>Terlyn Zografos</i> (If other title, cross out and write in correct title above.) City State Date at: Lake Oswego OR on: 3-7-02	President Signed: <i>Chiti G. Grant</i> (If other title, cross out and write in correct title above.) City State Date at: Lake Oswego OR on: 3-7-02	Treasurer
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12/31/86

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File No. C. 0386

A. Person Filing

1. Name and mailing address (include ZIP code):
Preventive Personnel Management of
Oregon, Inc.
P.O. Box 547
Lake Oswego, OR 97034

2. Any other address where records necessary to verify this report are kept:
NONE

3. Date fiscal year ends:

12/31

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):

TREE TOP, INC.
Ross Plant /Milton-Freewater
220 E. 2nd Ave.
Selah, Wa 98942

6. Date entered into:

2/02

7. Names of persons through whom made:

Nancy Buck

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):

\$190/per hour consulting fee

**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: Persuader activity described in 8(a) above, including drafting speeches, conferences with employer and supervisors; meetings with employees.

b. Period during which performed:

2/02-3/02

c. Extent performed:

completed

d. Names and addresses of persons through whom performed:

P.O. Box 547
Lake Oswego, OR 97034

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

- (a) production and maintenance
(b) IBT

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: Karlyn Joerjos President
(If other title, cross out and write in correct title above.)
City State Date
at: Lake Oswego OR on: 5-15-02

Signed: Chitt B. Grant Treasurer
(If other title, cross out and write in correct title above.)
City State Date
at: Lake Oswego OR on: 5-15-02



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File No. C. 0386

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3. Date fiscal year ends: 12/31	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 or Arrangement

5. Full name and address of employer with whom made (include ZIP code): California Concrete Pipe Corp. 2960 S. Hwy. 99 Stockton, CA 95215		6. Date entered into: 1/25/02
		7. Names of persons through whom made: Cy Thomson
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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): \$190 /per hour consulting fee		

**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: Persuader activity described in 8(a) above, including drafting speeches, conferences with employer and supervisors; meetings with employees.		
b. Period during which performed: 1/25/02-2/23/02	c. Extent performed: Completed	
d. Names and addresses of persons through whom performed: Ronald J. Williams P.O. Box 547 Lake Oswego, OR 97034		

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

- (a) Drivers/warehouse
(b) Teamsters

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: <i>Dorlyn Papadafos</i> (If other title, cross out and write in correct title above.) City State Date at: Lake Oswego OR on: 3/1/02	Signed: <i>Curtis B. Grant</i> (If other title, cross out and write in correct title above.) City State Date at: Lake Oswego OR on: 3/1/02
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