U.S. Department of Labor

Office of Labor-Manager.



This report is mandatory under P.L. 86-257 as amended. Failure to comply may

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

(a) health professionals-rehab facility

(b) Oregon AFSCME Council 75

OMB No. 1214-0001

result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439. 440. 12/31/86 Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, **c.** 0386 File No. 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 verify this report are kept: NONE Preventive Personnel Management of Oregon, Inc. POB 547 Lake Oswego, OR 97034 3. Date fiscal year ends: Type of person: d.

Other (Specify): 12/31 a. Individual b.

Partnership c.

Corporation B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: 1/01 Pathway Enterprises, Inc. Names of persons through whom made: POB 386 Ashland, OR 97520 Bob Penney 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. KKTo 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: c. Extent performed 01/01 Completed d. Names and addresses of persons through whom performed: Dean T. Zografos MAY 1 6 2001 POB 547 Lake Oswego, OR 97034

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all intormation 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.

(If other title, cross out and write in correct title above.)	Treasure
(if other title, cross out and write in correct title above.)	
City State Date City State Da	te
at: Lake Oswego, OR on:5/2/01 at: Lake Oswego, OR on:5/2	/01

USDOL/ESA OLMS/DOE/SRD

Agreement and Activities Report

(If other title, cross out and write in correct title above.)

State

OR

City

Lake Oswego

U.S. Department of Labor

Office of Labor-Manageme

andards



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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	de ZIP code):	2. Any other address where records necessary to verify this report are kept:			
Preventive Personne	:1 Management of				
Oregon, Inc.					
P.O. Box 547					
Lake Oswego, OR 97	034	NONE			
Date fiscal year ends:	4. Type of person:				
12/31	a. 🗆 Individual b. 🗆 Parti	nership c. 🖒 Corporation d. 🗆 Other (Specify):			
B. Nature of Agreement or Arran	gement				
5. Full name and address of employe	er with whom made (include ZIP code)	6. Date entered into:			
Columbia Distributing Co. of Seattle 7/28/01					
PO Box 1037 7. Names of persons through whom made:					
Renton, WA 98057	FO BOX 1037				
	cate whether an object of the activities				
a.	and the second s	ade employees as to the manner of exercising, the right to organize and bargain	1		
b. To supply an employer with	h information concerning the activities	s of employees or a labor organization in connection with a labor dispute involv- ion with an administrative or arbitral proceeding or a criminal or civil judicial pro-			
ceeding.	information for use solely in conjuncti	ion with all administrative of arbitrar proceeding of a chilimital of chilipseless, pre-			
9. Terms and conditions (Explain in a	detail; see Part B-9 of instructions):				
+1004	7.1.				
\$190/per hour co	nsulting fee				
		N. J.			
		(3 3 M)			
		(A 100-700 S)			
C. Specific Activities to be Perfor	med	LAST 100	_		
	in detail the information required (See	Part C-10 of instructions):			
a. Nature of activity: Pers	uader activity desc	cribed in 8(a) above, including drafting	ıg		
		and supervisors; meetings with employe			
specenes, confere	mees wrom emprojer	The state of the s			
b. Period during which performe	d: c. Extent perfo	ormed:	_		
7/28/01-3/28	/01 Compl	leted			
 d. Names and addresses of pers 	sons through whom performed:	onald J. Williams			
	P.	.O. Box 547			
	La	ake Oswego, OR 97034			
11. Identify (a) Subject employees.	groups of employees, and (b) labor orga	panizations:			
10 10 100 100 100 100 100 100 100 100 1					
(a) drivers/wareh(b) Teamsters	Ouse				
(b) reambers					
D. Verification and Signature. The	e person in item 1 above and each of	his undersigned authorized officers declares, under penalty of law, that all in- referred to in this report, has been examined by him and is, to the best of his			
knowledge and belief, true, correct, a	and complete.	- Colored to the report, that book of the	Ĕ		
Signed:	1000 ml no	Signed: July: (D)			
1 YURLYN F	VIGUA O President	Treas	ure		

(If other title, cross out and write in correct title above.)

City

on: 3/1/02 at: Lake Oswego

Date

State

OR

U.S. Department of Labor

Office of Labor-Manageme

andards



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State

OR

Lake Oswego

OMB No. 1214-0001

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			
 Name and mailing address (included) 	**************************************	Any other address where records necessary to verify this report are kept:	
Preventive Personne	l Management of	7.9	
Oregon, Inc.			
P.O. Box 547	0.2.4	NOVE	
	034	NONE	
Date fiscal year ends:	Type of person:		
12/31		Partnership c. 🖒 Corporation d. 🗆 Other (Specify):	
B. Nature of Agreement or Arrang	jement		
5. Full name and address of employe	r with whom made (include ZIP or	ode): 6. Date entered into:	
Tree Top, Inc.		9/1/01	
206 S. Lilac Ave	•	7. Names of persons through whom made:	
Rialto, CA 92376 Nancy Buck			
8. Check the appropriate box to indic	ate whether an object of the acti	vities undertaken, is directly or indirectly:	
		ersuade employees as to the manner of exercising, the right to organize and bargain	
collectively through represe	entatives of their own choosing.	and ballyand and to the marrier of executing, the right to organize and ballyan	
 b. ☐ To supply an employer with ing such employer, except ceeding. 	information concerning the activinformation for use solely in conju	vities of employees or a labor organization in connection with a labor dispute involv- unction with an administrative or arbitral proceeding or a criminal or civil judicial pro-	
9. Terms and conditions (Explain in de	etail; see Part B-9 of instructions):	
	5000,000,000,000,000,000,000,000,000,00		
\$190/per hour con	isulting ree	ARBITO NO OS	
C. Specific Activities to be Perform	ned		
10. For each activity, separately list in	n detail the information required (See Part C-10 of instructions):	
a. Nature of activity: Persi	ader activity de	escribed in 8(a) above, including drafting	
speeches, conferen	nces with employe	er and supervisors; meetings with employees	
b. Period during which performed	t: c. Extent po	erformed:	
0 /3 /03 30 /3 /0	7		
9/1/01-10/1/0	L	leted	
d. Names and addresses of person	ons through whom performed:	Dean T. Zografos P.O. Box 547 Lake Oswego, OR 97034	
11. Identify (a) Subject employees, gr	oups of employees, and (b) labor	organizations:	
(a) production/ma(b) Teamsters	intenance		
D. Verification and Signature. The formation in this report, including all a knowledge and belief, true, correct, and	ttachments incorporated therein	of his undersigned authorized officers declares, under penalty of law, that all in- nor referred to in this report, has been examined by him and is, to the best of his	
Signed: Welyn Lo	ACALOS Presid	Signed: Signed: Treasurer	
(If other title, cross out and write in cor	rect title above.)	(If other title, cross out and write in correct title above.)	

City

3/1/02at: Lake Oswego

Date

on: 3/1/02

State

OR