

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

E

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

325163

### 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 Dick Wilt

Organization W.E.S.T. Ambulance

Trade Name, if any

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

Street 1290 NE Cedar Street

City Roseburg

State Oregon

ZIP Code + 4 97470

7. Date entered into:

2 / 20 / 2007

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

Name Dick Wilt

Name

Name

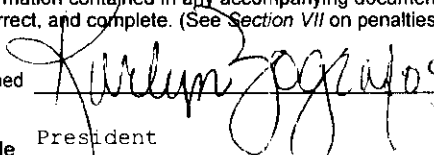
Name

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.)

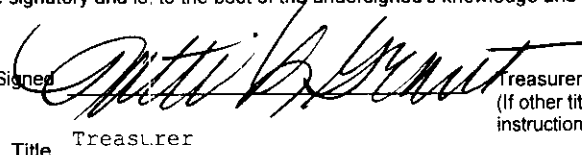
13. Signed



President  
(If other title, see  
instructions)

Title President

14. Signed



Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 03/09/2007

Date

503-699-1300

Telephone Number

On 03/09/2007

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:

February - March, 2007

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Dian Rubanoff  
Organization Preventive Personnel Management  
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.

EMT's  
Paramedics  
Medi-van drivers

12.b. Identify subject labor organizations:

International Association of EMT's and Paramedics