

# Agreement and Activities Report

# U.S. Department of Labor

Office of Labor-Management Standards



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

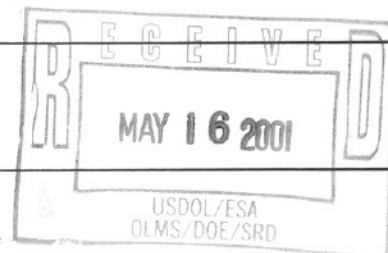
1. Name and mailing address (include ZIP code): Preventive Personnel Management of Oregon, Inc. POB 547 Lake Oswego, OR 97034		2. Any other address where records necessary to verify this report are kept: NONE	
3. Date fiscal year ends: 12/31	4. Type of person: a. <input type="checkbox"/> Individual    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): Pathway Enterprises, Inc. POB 386 Ashland, OR 97520		6. Date entered into: 1/01	
		7. Names of persons through whom made: Bob Penney	
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: 01/01		c. Extent performed: Completed	
d. Names and addresses of persons through whom performed: Dean T. Zografos POB 547 Lake Oswego, OR 97034			
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) health professionals-rehab facility (b) Oregon AFSCME Council 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>Carolyn Zografos</i> President		Signed: <i>William L. 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
Date	Date	Date	Date
at: Lake Oswego, OR	on: 5/2/01	at: Lake Oswego, OR	on: 5/2/01



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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
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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):
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**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (include ZIP code):  Columbia Distributing Co. of Seattle PO Box 1037 Renton, WA 98057	6. Date entered into:  7/28/01
	7. Names of persons through whom made:  Jim Clarke

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:  7/28/01-8/28/01	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>Karlyn Zografos</i> (If other title, cross out and write in correct title above.) City: Lake Oswego    State: OR    Date: 3/1/02	Signed: <i>William H. Grant</i> (If other title, cross out and write in correct title above.) City: Lake Oswego    State: OR    Date: 3/1/02
President	Treasurer



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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. ☐ 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.  
206 S. Lilac Ave.  
Rialto, CA 92376

6. Date entered into:

9/1/01

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:

9/1/01-10/1/01

c. Extent performed:

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) production/maintenance  
(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: *Karllyn Zografos*  
(If other title, cross out and write in correct title above.)  
City State Date  
at: Lake Oswego OR on: 3/1/02

President

Signed: *Atti R. Grant*  
(If other title, cross out and write in correct title above.)  
City State Date  
at: Lake Oswego OR on: 3/1/02

Treasurer