U.S. Department 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. 447

A.	Person Filing						
1.	Name and mailing address (include ZIP code):	2. Any oth	ner address where records necessary to verify this report are kept:				
	Burr & Associates 13425 SW 72nd Avenue						
			a				
	Tigard, Oregon 97223						
3.	Date fiscal year ends: 4. Type of person:		Sole Proprietor				
	December 31 a. \square Individual b. \square Par	rtnership	c. Corporation d. A Other (Specify):				
В.	Nature of Agreement or Arrangement						
5.	Full name and address of employer with whom made (include ZIP cod	e):	6. Date entered into:				
	Pacific Air Control		November 3, 2000 7. Names of persons through whom made:				
	11812 North Creek Pkwy. No. 104						
	Bothell, Washington 98011		Edwin F. Goetz				
<u>a</u>	Check the appropriate box to indicate whether an object of the activiti	ies undertaken	n. is directly or indirectly:				
o.							
	a.XIII 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.						
	 To supply an employer with information concerning the activiting such employer, except information for use solely in conjunct ceeding. 	ies of employee ction with an ac	es or a labor organization in connection with a labor dispute involv- idministrative or arbitral proceeding or a criminal or civil judicial pro-				
9.	Terms and conditions (Explain in detail; see Part B-9 of instructions):						
	Employed on a per diem basis during the fiscal year by the Employer in #5						
	There is no formal written agreement so none is included.						
	There is no formal written agreement so	110110 110	#17 A 11 A				
C.	Specific Activities to be Performed						
10	. For each activity, separately list in detail the information required (Se	ee Part C-10 of	finstructions):	ion			
	a. Nature of activity. Determine & address issues	advise	client on their legal rights a obligation	vat.			
	as they do not violate the Act: research	n publica	ations for information re: the union; an	LOT			
	campaign literature for client's approve	al; meet	with employees to provide information.				
	b. Period during which performed: c. Extent per	rformed:					
	November 2000 Novemb	ber 2000					
_	d. Names and addresses of persons through whom performed:						
	Norman S. Burr - address in #1 above.						
	HOLINGIA DE DELL						
11	. Identify (a) Subject employees, groups of employees, and (b) labor of	organizations:	DEC 1 2 2000	IT			
	Cross section of employees	-	[20] OCO 1 7 X000 [E)				
	Sheet Metal Workers Local No. 66		USDQL/ESA	1			
			OLMS/DOE/SRD	l			
to	Verification and Signature. The person in item 1 above and each mation in this report, including all attachments incorporated therein lowledge and belief, true, correct, and complete.	of his undersig or referred to i	gned authorized officers declares, under penalty of law, that all in- in this report, has been examined by him and is, to the best of his	-			
Si	gned	Signed:					
	/ / / / / Preside	ent	M/A Treasu	urer			
(11	other title, cross out and write in correct title above.)	(If other titl	tle, cross out and write in correct title above.)				
	City State Date	00	City State Date				
at	Tigard, Oregon on: 11-29-	OO at:	on:				

Agreement and Activities Report

U.S. Department cabor

Office of Labor-Management Standards



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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	g and Disclosure A	act of 1959, as amended (LMRDA).	FIIE NO. C.	447		
A. Person Filing							
1. Name and mailing address (include ZIP code): Burr & Associates 13425 SW 72nd Avenue Tigard, Oregon 97223			Any other address where records necessary to verify this report are kept: n/a				
Date fiscal year ends:	Type of person	:		Sole Propriet	or		
December 31	a. 🗆 Individ	ual b. 🗆 Par	tnership c. Corporation	d. XX Other (Specify):	OI.		
B. Nature of Agreement or Ar	rangement	-					
5. Full name and address of employer with whom made (include ZIP code): Raytheon Demilitarization Company 78068 Ordnance Road Hermiston, Oregon 97838			6. Date entered into: May 1, 2000 7. Names of persons through whom made: C. M. Rupert				
0.01.11.	- dl 4	-146 4441141					
a. X To persuade employee collectively through re	es to exercise or not to presentatives of their of with information cond	exercise, or persuown choosing.	es undertaken, is directly or indirectly: uade employees as to the manner of ex es of employees or a labor organization ction with an administrative or arbitral p	in connection with a labo	or dispute involv-		
9. Terms and conditions (Explain			iscal year by the Emplo	over in #5			
				Jy CI III #)			
There is no formal	written agre	eement so n	one is included.				
C. Specific Activities to be Pe 10. For each activity, separately		nation required (Co	a Part C 10 of instructions):				
a. Nature of activity: Dete so they do not vio	rmine & addre late the Act;	ess issues; research	advise client on their publications for inform ; meet with employees t	ation re: the	union; draft		
 b. Period during which perfo 	rmed:	c. Extent perf	formed:				
June 2000		June 2	2000				
d. Names and addresses of	persons through whor	n performed:					
Norman S. Burr - a	ddress in #1		DEGE	OVED			
11. Identify (a) Subject employee		es, and (b) labor or	ganizations;	JUL I	0.2000		
Cross section of en	nproyees				0 2000		
IBEW Local No. 112				USDOL OLMS/DO	/ESA DE/SRD		
D. Verification and Signature. tormation in this report, including knowledge and belief, true, corre	all attachments inco	above and each or rporated therein o	of his undersigned authorized officers of or referred to in this report, has been e	eclares, under penalty of xamined by him and is, to	f law, that all in-		
Signed: Sunds	// Bu	W Presider	Signed:		Treasurer		
(If other title, cross out and write			(If other title, cross out and write in o				
City	State	Date	City	State	Date		

on: 6-29-00

at: Tigard, Oregon

on:

U.S. Department of Labor

Office of Labor-Managen.



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OMB No. 1214-0001

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations

1/1/-

Under Section 203(b) of the Labor-Management Reporting				File No. C.	447	
A. Person Filing						
1. Name and mailing address (include ZIP code): Burr & Associates 13425 SW 72nd Avenue Tigard, Oregon 97223		Any other address where records necessary to verify this report are kept: n/a				
3. Date fiscal year ends: December 31 4. Type of person: a. □ Individua	ni b. □ Parti	nership	c. Corporation	d. A Sole Prop	rietor	
B. Nature of Agreement or Arrangement	-					
5. Full name and address of employer with whom made (Renton Coil Springs Co. 425 S. 7th Street Renton, Washington 98057	:	6. Date entered into: 4-17-00 7. Names of persons through whom made: Charles Pepka				
8. Check the appropriate box to indicate whether an obje a. To persuade employees to exercise or not to excollectively through representatives of their ow b. To supply an employer with information concerting such employer, except information for use sceeding.	xercise, or persua n choosing.	ade employeess of employees	es as to the manner o	of exercising, the right to org	bor dispute involv-	
C. Specific Activities to be Performed 10. For each activity, separately list in detail the informat a. Nature of activity: Determine & addres so they do not violate the Act; r campaign literature for client's	s issues; research pu	advise blicati	client on the	rmation re: the	union; draft	
 b. Period during which performed; 	c. Extent perfo					
Aprill 2000	June 200	00				
d. Names and addresses of persons through whom portion of the state of	bove			DE G	EIVED	
11. Identify (a) Subject employees, groups of employees, Cross section of employees IAM District Lodge No. 160	and (b) labor org	anizations:		US	2 0 2000 SDOL/ESA S/DOE/SRD	
D. Verification and Signature. The person in item 1 ab formation in this report, including all attachments incorpients knowledge and belief, true, correct, and complete.				ers declares, under penalty	of law, that all in-	
Signed: Signed:	A President		n/a		Treasurer	
(If other title, cross out and write in correct title above.) City State	Date	(If other title	c, cross out and write	In correct title above.) State	Date	
•	on: 6-25-00	at:	Oity	State	on:	