



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

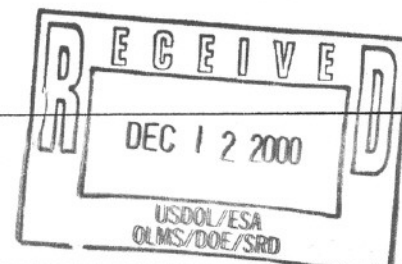
1. Name and mailing address (include ZIP code): Burr & Associates 13425 SW 72nd Avenue Tigard, Oregon 97223	2. Any other address where records necessary to verify this report are kept: n/a
3. Date fiscal year ends: December 31	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Sole Proprietor Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Pacific Air Control 11812 North Creek Pkwy. No. 104 Bothell, Washington 98011	6. Date entered into: November 3, 2000
7. Names of persons through whom made: Edwin F. Goetz	
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): 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.	

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: Determine & address issues; advise client on their legal rights & obligations so they do not violate the Act; research publications for information re: the union; draft campaign literature for client's approval; meet with employees to provide information.		
b. Period during which performed: November 2000	c. Extent performed: November 2000	
d. Names and addresses of persons through whom performed: Norman S. Burr - address in #1 above.		
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Cross section of employees Sheet Metal Workers Local No. 66		



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: <u>Norman S. Burr</u> President	Signed: <u>n/a</u> Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)
City: Tigard, Oregon State: Date: on 11-29-00	City: State: Date: on:

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. 447
----------	--------

A. Person Filing

1. Name and mailing address (include ZIP code): Burr & Associates 13425 SW 72nd Avenue Tigard, Oregon 97223	2. 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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Sole Proprietor Other (Specify):

B. Nature of Agreement or Arrangement

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	
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): 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.	

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: Determine & address issues; advise client on their legal rights & obligations so they do not violate the Act; research publications for information re: the union; draft campaign literature for client's approval; meet with employees to provide information.	
b. Period during which performed: June 2000	c. Extent performed: June 2000
d. Names and addresses of persons through whom performed: Norman S. Burr - address in #1 above	
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Cross section of employees IBEW Local No. 112	



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: <u>Norman S. Burr</u> President	Signed: <u>n/a</u> 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 Date at: Tigard, Oregon on: 6-29-00	City State Date on:

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. 447

A. Person Filing

1. Name and mailing address (include ZIP code): Burr & Associates 13425 SW 72nd Avenue Tigard, Oregon 97223		2. 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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): Sole Proprietor		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): 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 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): Employer on a per diem basis during the fiscal year by the Employer in #5 There is no formal written agreement so none is included.			

C. Specific Activities to be Performed

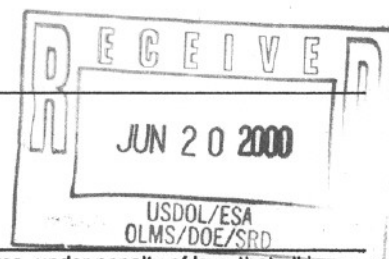
10. For each activity, separately list in detail the information required (See Part C-10 of instructions):
a. Nature of activity: Determine & address issues; advise client on their legal rights & Obligations so they do not violate the Act; research publications for information re: the union; draft campaign literature for client's approval; meet with employees to provide information.

b. Period during which performed: April 2000	c. Extent performed: June 2000
d. Names and addresses of persons through whom performed: Norman S. Burr - address in #1 above	

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

Cross section of employees

IAM District Lodge No. 160



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>Norman S. Burr</i> President			Signed: n/a 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	Date	City	State	Date
at: Tigard, Oregon		on: 6-25-00	at:		on: