Lake Oswego

at:

U.S. Department of Labor

Office of Labor-Managemen

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This report is mandatory under P.L. 86-257 as emerical, Chillies to comply may result in criminal prosecution, fines and civil penalties is provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, 0386 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Fling Any other address where records necessary to verify this report are kept: 1. Name and malling address (include ZIP code): Preventive Personnel Management of Oregon None P.O. Box 547 Lake Oswego, OR 97034 3. Date fiscal year ends: 4. Type of person: b. D Partnership c. 🗗 Corporation d. Other (Specify): a. D Individual 12/31/03 B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 3/02 Mt. Hood Beverage Company 1640 Maple St. 7. Names of persons through whom made: 97459 North Bend, OR Louis Wood 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. XI 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): \$ 190.00per 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. Period during which performed: c. Extent performed: 3/02 completed Dean T. Zografos P.O. Box 547 d. Names and addresses of persons through whom performed: Lake Oswego, OR 97034 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Driver/warehouse employees (a) (b) Teamsters Local 206 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. Presiden Treasurer (If other title, cross out and write in correct/litle (If other title, cross out and write in correct title above, State Date CITY City State Date

on: 3/31/03

Lake Oswego

OR

OR

(If other title, cross out and write in correct

Lake Oswego

City

at:

itle above.

on: 4/1/03

State

OR

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Falkire to comply may result in criminal prosecution, fines and civil paralties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001 1 MIS

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations. 0386 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Flling 1. Name and mailing address (include ZIP code): 2. Any other address where records necessary to verify this report are kept; Preventive Personnel Management of Oregon P.O. Box 547 Lake Oswego, OR 97034 3. Date fiscal year ands: Type of person: c. Corporation d. D Other (Specify): a. 🗆 Individual b. D Partmership 12/31/03 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: KELLER DROP BOX March, 2003 P.O. Box 807 Names of persons through whom made: Merle Irvine Corvallis, OR 97339 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. K) 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. Terms and conditions (Explain in detail; see Part 8-9 of Instructions); \$190.00 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. Period during which performed: c. Extent performed: March, 2003 Incomplete Dean T. Zografos P.O. Box 547 d. Names and addresses of persons through whom performed: Lake Oswego, OR 97034 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) Drivers-Wilsonville location (b) Teamsters Local 305 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: Treasurer

Date

State

OR

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

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Lake Oswego

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 Const. Under Section 203(b) of the Labor-Management Repo	Mants and Other Individu	uals and Organizations,	File No. C. 0	386
A. Person Filing	oney and manager of	CONTINUE CON		
Name and mailing address (include ZIP code): Preventive Personnel Manageme: P.O. Box 547 Lake Oswego, OR 97034	nt of Oregon	2. Any other address where recommon None	ds necessary to verify ti	nis report are kept:
3. Date fiscal year ends: 4. Type of per		nership c. 🗗 Corporation	d. Dther (Specify	*
12/31/03 B. Nature of Agreement or Arrangement				
5. Full name and address of employer with whom n	nade (include ZIP code)	6. Date entered into	<u> </u>	
_		03/03		
BE Aerospace, Inc. 1400 Corporate Center Way		<u> </u>	through whom made:	· - · · · · · · · · · · · · · · · · · ·
Wellington, FL 33414		Jeff Moria		
8. Check the appropriate box to indicate whether a	in chiect of the activities	i s indertaken, is directly or indirectly	· · · · · · · · · · · · · · · · · · ·	
a. KI To persuade employees to exercise or no collectively through representatives of the b. To supply an employer with information of ling such employer, except information to ceeding.	ot to exercise, or persua neir own choosing. concerning the activities	ide employees as to the manner of e	xercising, the right to o	abor diapute involv-
10. For each activity, separately list in detail the in	tivity describ	ed in 8(a) above, inc		
10. For each activity, separately list in detail the in a. Nature of activity: Persuader act speeches, conferences with	tivity describ	ed in 8(a) above, inc		
For each activity, separately list in detail the in a. Nature of activity: Persuader act speeches, conferences with b. Period during which performed:	tivity describ n employer and c. Extent perfo	ed in 8(a) above, inc supervisors; meeting		
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10. For each activity, separately list in detail the in a. Nature of activity: Persuader act speeches, conferences with b. Period during which performed:	c. Extent perfo	ed in 8(a) above, inc supervisors; meeting	gs with employ	
10. For each activity, separately list in detail the in a. Nature of activity: Persuader act speeches, conferences with b. Period during which performed: March, 2003 d. Names and addresses of persons through v	c. Extent performed:	med: Dean T. Zografos P.O. Box 547 Lake Oswego, OR	gs with employ	
b. Period during which performed: March, 2003 d. Names and addresses of persons through v 11. Identify (a) Subject employees, groups of employees.	c. Extent performed: overs, and (b) labor org	ed in 8(a) above, income supervisors; meeting wood: lete Dean T. Zografos P.O. Box 547 Lake Oswego, OR sanizations:	97034	y of have, that all in-
10. For each activity, separately list in detail the in a. Nature of activity: Persuader act speeches, conferences with b. Period during which performed: March, 2003 d. Names and addresses of persons through v. 11. identify (a) Subject employees, groups of employees (b) IAM Local 166 D. Verification and Signature. The person in ite formation in this report, including all attachments	c. Extent performed: overs, and (b) labor org	med: lete Dean T. Zografos P.O. Box 547 Lake Oswego, OR sanizations:	97034	y of have, that all in-
10. For each activity, separately list in detail the in a. Nature of activity: Persuader act speeches, conferences with b. Period during which performed: March, 2003 d. Names and addresses of persons through v. 11. identify (a) Subject employees, groups of employees (b) IAM Local 166 D. Verification and Signature. The person in ite formation in this report, including all attachments knowledge and belief, true, correct, and complete.	c. Extent performed: oyees, and (b) labor org	med: lete Dean T. Zografos P.O. Box 547 Lake Oswego, OR sanizations:	97034 declares, under penalti examined by him and is	y of law, that all into the best of his

U.S. Department of Labor

Office of Labor-Management Standards



REVISED

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This report is mandatory under P.L. 88-257 as amended. Comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

REVISED REPORT

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).

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and the control of the	at of 1959, as amended (LMRDA).
ment of Oregon	Any other address where records necessary to verify this report are kept: NONE
ISON:	
ividual b. 🗆 Parti	nership c. Corporation d. Cother (Specify):
nade (include ZIP code)	
	3/03
	7. Names of persons through whom made:
	Louis Wood
n object of the activities	s undertaken, is directly or indirectly:
eir own choosing.	ade employees as to the manner of exercising, the right to organize and bargain 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-
ee	
	Part C-10 of instructions): ed in 8(a) above, including meetings with
c. Extent perfor	med:
completed	
hom performed:	Dean T. Zografos P.O. Box 547 Lake Oswego, OR 97034
ľý	ees, and (b) labor org

- - (a) Driver/warehouse employees
 - (b) Teamsters Local 206

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

SiQ	T (u	rlyn	LOGY	alo	> President	Stones	Belleut	Treasurer
(If other title, cross but and write in conject title above.)			e.)	(If other title, cross out and write in correct title above.))		
		City		State	Date	City	State	Date
at:	Lake	Oswego,	OR		on: 7/17/03	at: Lake Oswego	OR	on: 7/17/03

U.S. Department of Labor

Office of Labor-Management Standard This report is mandatory under P.L. 86-257 as amended. Fallure to comply may OMB No. 1214-0001 WY162009 12/31/86 result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440. Λ Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, C. 0386 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 2. Any other address where records necessary to verify this report are kept: 1. Name and mailing address (include ZIP code): Preventive Personnel Management of Oregon None P.O. Box 547 97034 Lake Oswego, OR 3. Date fiscal year ends: 4. Type of person: c. (2) Corporation d.

Other (Specify): a. 🔘 Individual b. 🗆 Pertnership 12/31/03 B. Nature of Agreement or Arrangement Date entered into: 5. Full name and address of employer with whom made (include ZIP code): April 1, 2003 Albany-Lebanon Sanitation Co. 1214 SE Montgomery 7. Names of persons through whom made: Albany, OR 97321 Mike Huycke 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. XI 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): \$ 190.00per 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: 4/16/03 incomplete Dean T. Zografos d. Names and addresses of persons through whom performed: P.O. Box 547 Lake Oswego, OR 97034 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) Mechanics, Forklift Drivers, Loader Operators, Roll-off Drivers (b) Teamsters 324 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: Signed: President Treasurer (If other fitle, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) State Date State

City

Lake Oswego

on: 5/9/03

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Lake Oswego

at:

Date

OR

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 88-257 as amended. Fallure to comply may

OMB No. 1214-0001

result in criminal prosecution, fi				<u> </u>	12/31/6
Required of Persons, including Lab Under Section 203(b) of the Labor-				File No. C.	0386
A. Person Filing					
Name and mailing address (inc.)	· ·		2. Any other address where	records necessary to verify	this report are kept:
Preventive Personne	l Management	of Oregon	None		
P.O. Box 547	03/				
Lake Oswego, OR 97	U34				
3. Date fiscal year ends:	4. Type of person	<u></u>		·	
12/31/03	a. 🗆 Individ	ual b. 🗆 Par	tnership c. 🗗 Corporatio	n d. 🗆 Other (Specif	'y):
B. Nature of Agreement or Arr	sngement .				
5. Full name and address of empl	oyer with whom made	e (include ZIP code	a): 6. Date entered	Into:	
United Disposal			4/1/03	}	
2215 N. Front			7. Names of pe	rsons through whom made:	
Woodburn, OR 97	071		Bob S	lgloh	
8. Check the appropriate box to in	rdicate whether an of	ject of the activitie		-	
ing such employer, excidend. 9. Terms and conditions (Explain) \$ 190.00 per hour co	with information concept information for use in detail; see Part B-9 on sulting fee formed ist in detail the information activ	eming the activities e solely in conjunctions): of instructions): ation required (Secrit	e Part C-10 of Instructions): bed in 8(a) above, il supervisors; meet	itral proceeding or a criminal	at or civil judicial pro-
b. Period during which perfor	mad:	c. Extent perfe	Overed:		
4/17/03	E THE WALL				
		incomp			
d. Names and addresses of p	ersons through whorr	n performed:	Dean T. Zograf P.O. Box 547	os	
			Lake Oswego, O	R 97034	
 Identify (a) Subject employees 	- , ,		•		
(a) Residential,	Commercial ar	nd Roll-off	Drivers		
(b) Teamsters Loc	al 324				
D. Verification and Signature. 1 formation in this report, including knowledge and belief, true, correct	all attachments incor				
Signed: C.			Telephodia 2	· //	
1/0000x	KOCK LA	Presiden		Sant	Treasure
If other title, cross out and write in			(If other title, cross out and wr		
City	State	Date 5 / 0 / 0 2	City	State	Date E/0/02
at: Lake Oswego	OR	on: 5/9/03	at: Lake Oswego	OR	on: 5/9/03