

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 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: 12/31/03	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): Mt. Hood Beverage Company 1640 Maple St. North Bend, OR 97459		6. Date entered into: 3/02
		7. Names of persons through whom made: Louis Wood
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): \$ 190.00 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.		
b. Period during which performed: 3/02	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) 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 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>Harley Zografos</i> President		Signed: <i>William B. 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
at: Lake Oswego	OR	at: Lake Oswego	OR
Date	Date	Date	Date
on: 3/31/03	on: 3/31/03	on: 3/31/03	on: 3/31/03

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



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12/31/86

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File No. C. 0386

A. Person Filing

1. Name and mailing address (include ZIP code): Preventive Personnel Management of Oregon 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: 12/31/03	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): KELLER DROP BOX P.O. Box 807 Corvallis, OR 97339		6. Date entered into: March, 2003
		7. Names of persons through whom made: Merle Irvine
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): \$190.00 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.		
b. Period during which performed: March, 2003	c. Extent performed: Incomplete	
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) 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: <i>Carlson Zografos</i> President			Signed: <i>Atti H. 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	Date	City	State	Date
at: Lake Oswego	OR	on: 4/1/03	at: Lake Oswego	OR	on: 4/1/03

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



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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 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: 12/31/03	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): BE Aerospace, Inc. 1400 Corporate Center Way Wellington, FL 33414		6. Date entered into: 03/03
		7. Names of persons through whom made: Jeff Moriarty
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): \$ 190.00 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.		
b. Period during which performed: March, 2003	c. Extent performed: Incomplete	
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) Machinists
(b) IAM Local 166



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>Dean T. Zografos</u> President		Signed: <u>Atti S. Garet</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	City	State
at: Lake Oswego	OR	at: Lake Oswego	OR
Date		Date	
on: 4/1/03		on: 4/1/03	

Agreement and Activities Report

REVISED



U.S. Department of Labor

Office of Labor-Management Standards



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REVISED REPORT

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 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: December 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): MT. HOOD BEVERAGE COMPANY 4011 Industrial Avenue Springfield, OR 97478	6. Date entered into: 3/03
	7. Names of persons through whom made: Louis Wood
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 meetings with employees	
b. Period during which performed: 3/03	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) 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 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 State Date at: Lake Oswego, OR on: 7/17/03	President Signed: <i>Mike B. Stettin</i> (If other title, cross out and write in correct title above.) City State Date at: Lake Oswego OR on: 7/17/03	Treasurer
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Agreement and Activities Report

U.S. Department of Labor

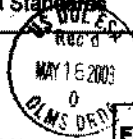
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File No. C. 0386

A. Person Filing

1. Name and mailing address (include ZIP code): Preventive Personnel Management of Oregon 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: 12/31/03	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): Albany-Lebanon Sanitation Co. 1214 SE Montgomery Albany, OR 97321		6. Date entered into: April 1, 2003
		7. Names of persons through whom made: Mike Huycke
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): \$ 190.00per 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: 4/16/03	c. Extent performed: incomplete	
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) 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: <i>Harlyn Zografos</i> President			Signed: <i>Mittie H. Pearl</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	Date	City	State	Date
at: Lake Oswego	OR	on: 5/9/03	at: Lake Oswego	OR	on: 5/9/03

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File No. C. 0386

A. Person Filing

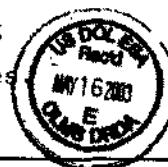
1. Name and mailing address (include ZIP code): Preventive Personnel Management of Oregon P.O. Box 547 Lake Oswego, OR 97034	2. Any other address where records necessary to verify this report are kept: None
3. Date fiscal year ends: 12/31/03	4. Type of person: a. <input type="checkbox"/> Individual b. <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): United Disposal 2215 N. Front Woodburn, OR 97071	6. Date entered into: 4/1/03
	7. Names of persons through whom made: Bob Sigloh
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): \$ 190.00 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	
b. Period during which performed: 4/17/03	c. Extent performed: incomplete
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) Residential, Commercial and Roll-off Drivers
(b) Teamsters Local 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: <u>Karlyn Zografos</u> President	Signed: <u>Patricia B. Grant</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: Lake Oswego OR on: 5/9/03	City State Date at: Lake Oswego OR on: 5/9/03