



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. 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. <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): Bethphage 322 SW 3rd Pendleton, OR 97801		6. Date entered into: 9/1/00	
		7. Names of persons through whom made: Alice Massey	

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.

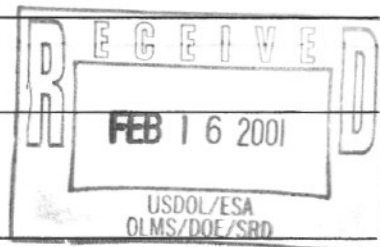
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):  
\$175/per hour consulting fee

### 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: September, 2000	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) patient care  
(b) AFSCME

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>Atti 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	on: 10/1/00	Date	on: 10/1/00

# 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, 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): Bethphage Alice Massey 322 SW 3rd Pendleton, OR 97801		6. Date entered into: 9/00	
		7. Names of persons through whom made: Alice Massey	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: <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. <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):  \$175/hr 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: 9/00		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 care workers (b) AFSCME			



**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> Karlyn Zografos (If other title, cross out and write in correct title above.) City State Date at: Lake Oswego OR on: 11/1/00			Signed: <i>Patti L. Grant</i> Patti L. Grant (If other title, cross out and write in correct title above.) City State Date at: Lake Oswego OR on: 11/1/00		
President			Treasurer		

# Agreement and Activities Report

# U.S. Department of Labor

Office of Labor-Management Standards



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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.  
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):

Bend Garbage and Recycling  
P.O. Box 504  
Bend, OR 97709

6. Date entered into:

02/00

7. Names of persons through whom made:

Bruce Bailey/ Brad Bailey

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):

\$165/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:

02/00 - 03/00

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) Drivers  
(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: *Karlyn Zografos*  
(If other title, cross out and write in correct title above.)

President

Signed: *Patricia Grant*  
(If other title, cross out and write in correct title above.)

Treasurer

City State Date  
at: Lake Oswego OR on: 4-17-00

City State Date  
at: Lake Oswego OR on: 4-17-00

City State Date  
on: 4-17-00