

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: 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): Western Oregon Waste POB 509 McMinnville, OR 97128	6. Date entered into: 7/10/03
7. Names of persons through whom made: Robert J. Emrick	
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: July, 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
(b) Teamsters Local 58

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>Karlson Zografos</i> (If other title, cross out and write in correct title above.) City State Date at: Lake Oswego, OR on: 8/6/03	President Signed: <i>Patricia S. Grant</i> (If other title, cross out and write in correct title above.) City State Date at: Lake Oswego OR on: 8/6/03	Treasurer
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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: 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): W.E.S.T. AMBULANCE 1290 NE Cedar St. Roseburg, OR 97470		6. Date entered into: October, 2003	
		7. Names of persons through whom made: Dick Wilt	
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: October-November, 2003	c. Extent performed: Incomplete	
d. Names and addresses of persons through whom performed: Dean T. Zografos/Dian S. Rubanoff P.O. Box 547 Lake Oswego, OR 97034		

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

- (a) EMT's, dispatchers, mechanics, wheelchair van operators, IT techs
(b) Teamsters Local Union No. 962

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>Karllyn Zografos</i> President		Signed: <i>Antti B. Stant</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 at: Lake Oswego, OR	Date on: 11-4-03	City at: Lake Oswego	Date on: 11-4-03