

BILL RECEIPTS

COMPUCOUNT
10525 S.E. CHERRY BLOSSOM DR.
PORTLAND, OR 97216

Phone # 255-1662

MULTNOMAH CHARTER REVIEW
1120 SW 5TH AVE
SUITE 1500
PORTLAND, OR 97204

STATEMENT

DATE

12/31/89

ACCOUNT NUMBER

MULT CHARTER

DATE

12/31/89

ACCOUNT NUMBER

MULT CHARTER

PLEASE RETURN THIS
REMITTANCE ADVICE
WITH YOUR PAYMENT

Thank You

DATE	INVOICE	DESCRIPTION	AMOUNT
		BALANCE FORWARD	0.00
12/27/89		PAYMENT THANK YOU	-340.00
10/06/89	6750		170.00
11/06/89	7010		85.00
12/06/89	7011		85.00
01/01/90	8075		85.00
CURRENT 30-60 60-90 OVER 90			
85.00	0.00	0.00	0.00
DO WE HAVE YOUR CORRECT ADDRESS, PHONE NUMBER AND YOUR NEW FAX NUMBER?			85.00
			PAY THIS AMOUNT

INVOICE	AMOUNT
	0.00
PAYMENT	-340.00
6750	170.00
7010	85.00
7011	85.00
8075	85.00
TOTAL	85.00
	PAY THIS AMOUNT

NATIONAL ASSOCIATION *of* COUNTIES

440 First St. NW, Washington, DC 20001

202/393-6226

DATE: 12/21/89

INVOICE NO.: 002244

000006306

MULTNOMAH COUNTY OREGON

BILL RAPP

PORTLAND BUILDING

ROOM 1500

PORTLAND OR 97204

MULTNOMAH COUNTY OREGON

BILL RAPP

PORTLAND BUILDING

ROOM 1500

PORTLAND OR 97204

DATE	DESCRIPTION	AMOUNT
12/20/89-01	A COPY OF "COUNTY STRUCTURE" REPORT	10.00
TOTAL ►		10.00

SERVICE REQUEST

103945

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

SHIP TO:

Organization

Charter Review Comm.

Bldg. 106

Rm 1500

HOLD FOR
☐ PICK UP

Receiver

Bill

Phone

x3525

DATE SENT

10/13

DATE REQ.

10/17

DATE COMPLETED

DELIVER BY

BILL TO:

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BUC #

PROJECT #

County

100

050

4305

FUND

AGENCY

ORGANIZATION

ACTIVITY

REPORTING CATEGORY

Other

--	--	--

TITLE OF ATTACHED WORK

FORM #

Nat. Civic League / Model Charter

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

PRINTING

MICROFILM

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
15	15	20 wht. blk	blk	
10	15	"	"	
<input checked="" type="checkbox"/> BACKED <input type="checkbox"/> TUMBLED <input checked="" type="checkbox"/> ASSEMBLED				
STAPLE <input checked="" type="checkbox"/> U.L. <input type="checkbox"/> 2 Left <input type="checkbox"/> Saddle Stitch		DRILL <input type="checkbox"/> 2 Top <input type="checkbox"/> 3 Left		
FOLD <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> Other		PAD <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Score <input type="checkbox"/> Number <input type="checkbox"/> Perf <input type="checkbox"/> Other		
PLATES/ 82		LAYOUT/		
10		PRESS/		
NEGS/		BINDERY/		

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll <input type="checkbox"/> Jacket/Card <input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary <input type="checkbox"/> 16MM Planetary <input type="checkbox"/> 35MM Planetary	

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE
TYPE OF PRINT		

VENDORS

SPECIAL INSTRUCTIONS

call Theresa when ready
3312

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

Theresa A. Sullivan

SHIPPING

126287



MULTNOMAH COUNTY OREGON

ISSUE DATE

FUND	AGENCY	ORGANIZATION	VOUCHER NUMBER	VENDOR INVOICE	TRANSACTION DATE	NET AMOUNT
100	050	9305	93050002		10-03-89	59.99
WARRANT # 126287						TOTAL 59.99

Machinery - Equipment - Goods
(For Commercial Use Only)

Date 10-04-89, 19__

Lessee Multnomah Charter Review Committee
Address 1220 SW 5th Ave Suite # 1500
Portland, OR 97204 248-3525
City State Zip Phone

Lessor CompuCount
Address 10525 SE Cherry Blossom Dr
Portland, OR 97216 255-1662
City State Zip Phone

JOB ADDRESS at which leased property will be located and used: See Lessee Address

The above named lessor leases unto the above named lessee, and lessee rents from lessor, subject to the terms and conditions hereinafter and on the reverse set forth and for commercial use only, the following described personal property, to wit:

TYPE	MAKE	No.	NEW or USED	REMARKS
Computer System	Horizon XT Model Ct	S# 253097		640 K, 360 K FD, 40 MB HD, 14" TIL Monitor
Printer w/ Cable	Panasonic KX-P 1124	9CKASB39	828	

including the following extras and accessories: Manuals; WordPerfect Quick Start, WordPerfect Getting Started

(If space insufficient, attach separate schedule bearing initials or signatures of both parties.)

for a term of Monthly beginning October 4, 19 89. Before entering into this lease, lessee selected hours, days, weeks, months (indicate which)
the leased property from lessor's stock and inspected same. The acceptance thereof by lessee shall constitute acknowledgment that the property has been found by lessee to be in good, safe and serviceable condition.

SECTION 1. RENTS. Lessee agrees to pay rent for the use of said property at the rate of \$ 85.00 per Month hour, day, week, month (indicate which) payable in advance to the order of lessor; lessor hereby acknowledges receipt of the sum of \$ _____ covering the period from _____, 19____, to _____, 19____; subsequent rental payments shall become due and payable at the following times: Fourth day of the month

All rents not paid when due shall bear interest after maturity at the highest legal rate until paid.

SECTION 2. MAINTENANCE. During the term of this lease and any renewal thereof, lessee will take proper care of said leased property, shall not permit same to be used or operated by incompetent or unqualified persons or subjected to careless or needless rough usage, shall pay for all damage and injury to said property, shall be responsible for and pay all costs of storage and of upkeep and will make, at lessee's own expense, any and all repairs and will supply and pay for any and all parts and accessories needed to maintain said leased property in proper condition and good order.

SECTION 3. LOCATION. Lessee agrees that he will not remove said leased

SECTION 8. OTHER TERMS AND CONDITIONS:

- Lessee must provide insurance for the above equipment - replacement value is \$ 1,795.00
- Down payment consisting of first and last months payments (\$170.00)
- NOTE: Instruction and support available at \$35/hour

THE ADDITIONAL PROVISIONS ON THE REVERSE HEREOF ARE PART OF THIS LEASE.

IN WITNESS WHEREOF, the parties have executed this lease in triplicate on this, the day and year first above written.

CompuCount

Lessor

Multnomah Charter Review Committee

Lessee

By [Signature] 10-7-89

By _____

RENEWAL CLAUSE

_____, 19____. The foregoing lease hereby is renewed and extended for an additional term of _____ hours/days/weeks/months (indicate which) commencing _____, 19____, for the same rental and on the same terms and conditions.

Lessor

Lessee

By _____

By _____

ADDITIONAL PROVISIONS

SECTION 9. TITLE. Title to said personal property is and at all times shall remain in lessor; any equipment, replacements, repairs or accessories placed upon or attached to said personal property shall become a component part thereof as soon as installed or attached and title thereto shall be vested in lessor forthwith and included under the terms of this lease; if said leased property is in any manner attached to real estate, it shall nevertheless remain personal property.

SECTION 10. FREEDOM FROM LIENS. Lessee agrees not to permit said leased property to become subject to attachment, execution or other process or to be used for any unlawful or illegal purpose or for hire; not to create or permit to be created or filed any lien, adverse claim or security interest of any character against the same, without the written consent of seller first obtained.

SECTION 11. TAXES. Lessee agrees to pay all license fees, use and other taxes and assessments of every character connected with, levied or assessed against said personal property, this contract and the indebtedness represented hereby. Any sums payable by lessee under the terms hereof which are not paid by him but are paid by lessor shall bear interest at the highest lawful rate until repaid and said sums with interest shall be repaid to lessor forthwith on demand.

SECTION 12. LABELS. If lessor supplies label plates or other markings showing lessor's ownership of said personal property, lessee shall affix same to said property; if such markings are already attached, lessee shall not disturb same; lessee shall keep such labels or markings prominently displayed at all times.

SECTION 13. COMPLIANCE WITH STATE AND LOCAL LAWS. At all times lessee will observe and comply with all laws, rules and regulations relating to the use, possession and maintenance of said personal property. This lease shall be governed and construed by the laws of the state named in lessor's address appearing on the reverse hereof.

SECTION 14. LATE PAYMENTS. Lessor's acceptance of part or late payments shall not constitute or be construed as a waiver of lessee's default or as a waiver of time as the essence of this contract or of any subsequent defaults of lessee hereunder.

SECTION 15. DEFAULT AND LESSOR'S REMEDIES IN EVENT THEREOF. Time is of the essence of this contract and if lessee should default in his performance of any of the terms or conditions hereof, or in the payment, when due, of any sum herein required to be paid, or if lessor with reasonable cause deems the said leased property in danger of loss, misuse or confiscation, or in the event of any misrepresentation or material falsity or any certificate or statement made or furnished by lessee, whether or not in connection with this lease, or in the

event of any insolvency or bankruptcy proceeding brought by or against the lessee, or if lessor deems himself insecure, lessor shall have and may exercise each and all of the remedies granted to him by law and, at his option, may declare all unpaid rents for the then unexpired term of this lease immediately due and payable, shall have the right to immediate possession of said personal property and may enter any place or premises where the same or any thereof may be found and remove same, in which event lessee waives any trespass and right of action by reason of such entry and removal.

SECTION 16. ATTORNEYS FEES. In the event suit or action is instituted to collect any sum or sums or money due hereunder or to replevy said personal property or to recover damages for loss of or injury or damage to said property, the losing party in said suit or action agrees to pay, in addition to statutory costs and disbursements, (1) the successful party's reasonable attorney's fees to be fixed by the trial court and (2) on appeal, if any, similar fees in the appellate court to be fixed by the appellate court.

SECTION 17. GENERAL.

17.1 Lessor makes no warranties, express or implied, and assumes no responsibility for the condition of the leased property or for any inadequacy thereof.

17.2 No waiver by the lessor of the nonperformance or violation of any condition of this lease or of any default hereunder shall be construed to be or operate as a waiver of any subsequent nonperformance, violation or default.

17.3 Should lessor transfer his interest in this lease and/or in said leased property, all of the terms herein set forth for lessor's benefit shall inure to the benefit of lessor's assignee and each right herein given to the lessor shall accrue to and may be exercised by lessor's assignee hereof.

17.4 Notices to lessee relative to this lease shall be deemed delivered if mailed to lessee's address first appearing on the reverse hereof; five days from date of mailing shall be deemed a reasonable notice. Notices delivered at said address by messenger shall be effective immediately.

17.5 All the terms and conditions herein contained shall apply and inure to and bind the heirs, executors, administrators, successors and assigns of the respective parties hereto, subject, however, to the above restrictions against assignment hereof by lessee.

17.6 In construing this lease, the singular includes the plural, the masculine includes the feminine and the neuter, and generally all grammatical changes shall be made or implied so that the provisions herein shall apply equally to the parties hereto whether individuals or corporations.

GUARANTY

FOR VALUE RECEIVED, we jointly and severally hereby guarantee unconditionally unto the above named lessor lessee's complete and prompt performance of all lessee's obligations in the foregoing lease; in the event of lessee's default, we upon demand, will pay all sums which lessee should have paid, including court costs, collection charges, expenses and attorney's fees, and perform all the covenants which lessee should have performed; further, we hereby consent that the said lessor, his executors, administrators, successors and assigns, may extend, modify or change the time of payment and terms of performance of said lease at will and that he or they may settle and compromise any sum to become due thereunder as he or they may deem fit, all without releasing us or any of us from liability under this guaranty; we further waive all notice of lessee's nonpayment and nonperformance and notices of every other kind or nature and warrant that the foregoing lease is genuine, valid and enforceable in every respect.

Date _____, 19____.

(Guarantor)

(Guarantor)

LESSOR'S ASSIGNMENT

FOR VALUE RECEIVED, the undersigned lessor does hereby sell, assign and transfer to _____

_____ and assigns (hereinafter called assignee), the foregoing lease, the property covered thereby and all of lessor's right, title and interest therein and authorizes said assignee to endorse and collect any check or draft payable to the undersigned in connection with said lease.

Date _____, 19____.

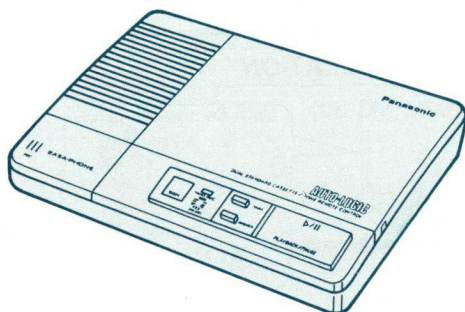
Lessor

Operating Instructions

AUTOMATIC TELEPHONE
ANSWERING SYSTEM

EASA-PHONE

Model No. **KX-T1000**



AUTO-LOGIC™

CONTENTS

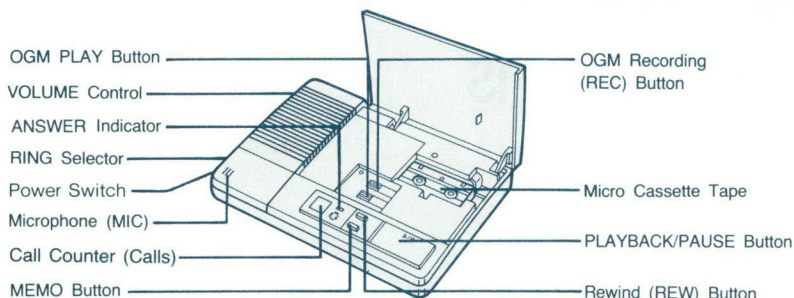
Location of the Controls, Preparation	1
How to Record an Outgoing Message	3
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How to Operate from a Remote Phone	6
Other Features	8
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La referencia rápida en español puede ser encontrada en las páginas 9.
(Spanish Quick Reference can be found on page 9.)

Panasonic

Please read before use.

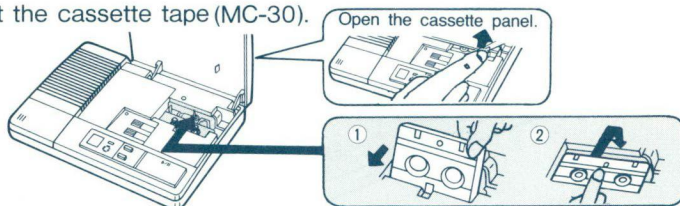
Location of the Controls



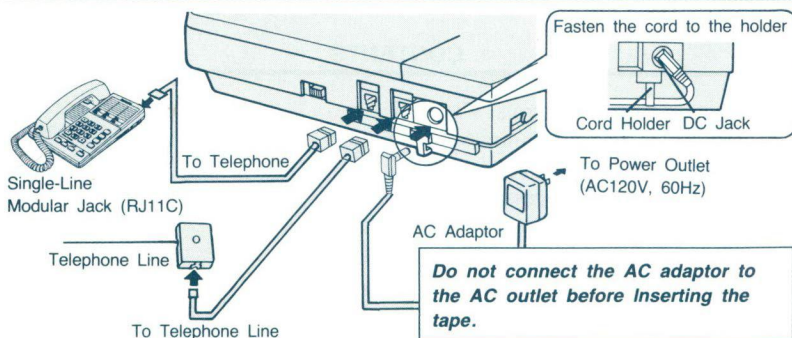
Preparation

CASSETTE TAPE INSTALLATION

Insert the cassette tape (MC-30).

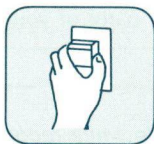


CONNECTION



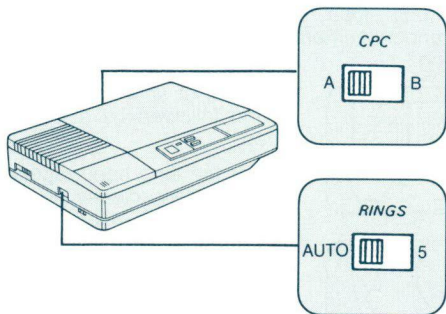
- **USE ONLY PANASONIC AC ADAPTOR KX-A11.**
- The unit must not be connected to a coin operated line. If you are on a party line, check with your local telephone company.
- While operating the unit, the case of the AC Adaptor and the unit may feel warm, this is a normal condition.

INITIAL SETTINGS



Connect the AC adaptor.

- The Call Counter will show “-” and the Answer indicator will flash.



Calling Party Control (CPC)

Set to “A”. (no call waiting service line.) If you have call waiting Service or Incoming Messages are interrupted, set to B.

Number of Rings

- 5 The unit will answer a call on the fifth ring.
- AUTO ... See “TOLL SAVER” below on this page.

•After installing the tape, be sure to push the REW button until a beep is heard to reset the tape.

- If the tape is not inserted before plugging the AC adaptor, push the POWER switch to OFF to insert the tape, and then push the POWER switch to ON.

TOLL SAVER

The TOLL SAVER feature lets you avoid a toll charge when you call your unit and no messages have been recorded.

1 Set the number of rings to **AUTO**.

- If the unit does not pick up on the forth ring, hang up immediately. This means that you have no messages and you have saved a toll charge.

- The unit picks up **on the third ring**:

It means that at least one message has been recorded.

- After you have played back all the messages from a remote phone, **the unit will pick up the next call on the fifth ring**. If the unit picks up on the third ring, it means that at least one new message has been recorded.

How to Record an Outgoing Message (OGM)

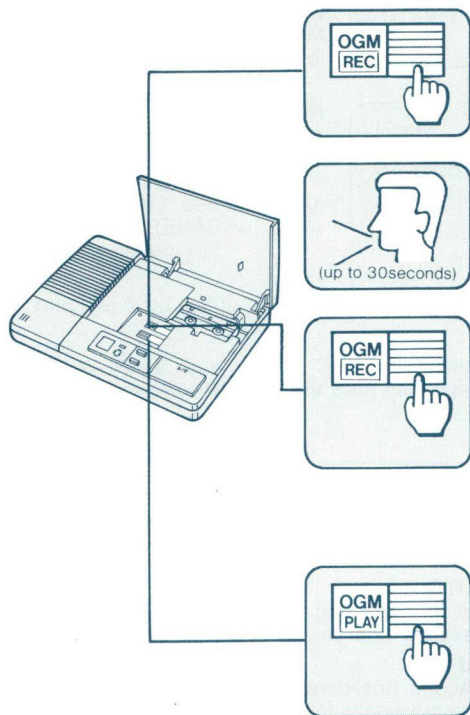
Before operating your unit, you must record an Outgoing Message (OGM). The OGM will inform the calling party of your absence and your message.

RECORDING THE OGM

NOTE:

If you pause for over 2 seconds while recording, you will hear a series of warning tones (6 beeps) and the Call Counter will show "E". If this happens, start with step 1 again after the unit stops rewinding.

- It is recommended to place an announcement in the OGM as follows; "You have 1 minute for ICM recording."



1 Push **OGM REC.**

- A series of short beeps will sound followed by a long beep.

2 After the long beep, speak immediately, clearly and loudly into the microphone (MIC) approximately 8 inches away.

- The recording time is **up to 30 seconds.**

- The Call Counter will show "0", "1", "2", "3", "4", "5", "6", "7", "8", "9", each flashing three times.

3 When recording is finished, push **OGM REC** again.

- 10 seconds later, the unit will rewind the tape to the beginning and be in the answering mode to be ready for Incoming Calls.

CHECKING YOUR OGM

Push **OGM PLAY.**

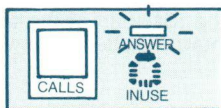
- The unit will rewind the tape to the beginning to play back the OGM.
- To stop the operation while playing back the OGM, push the **OGM PLAY** button.

SAMPLE OGM

"Hello, this is the Smith residence. We cannot come to the phone right now. If you leave your name, phone number and message, we will return your call. **You will hear a series of short beeps and then a long beep will be heard. Speak after the long beep. You have 1 minute for recording.**"

Setting Proir to Leaving

RECORDING THE CALLERS' MESSAGES



Check the following points prior to leaving.

- ① The OGM is recorded.
- ② The Answer indicator is lit and the Call Counter shows "0".

When the telephone rings, the unit will play back your OGM, then it will record the callers' message on the tape.

- If you do not want the unit to answer the call, push the POWER switch to OFF.

PREPARING THE ICM TAPE

To record future messages from the beginning of the ICM part of the tape

Leave the unit as is.

A new incoming message will be recorded erasing the previous messages from the beginning of the ICM part of the tape.

To record future messages after the last message

Push PLAYBACK/PAUSE and REW simultaneously.

- 2 seconds later, the unit comes into operation with the Call Counter at "0" and with the Answer Indicator lighting.

The future Incoming Messages will be recorded after the messages you have saved.

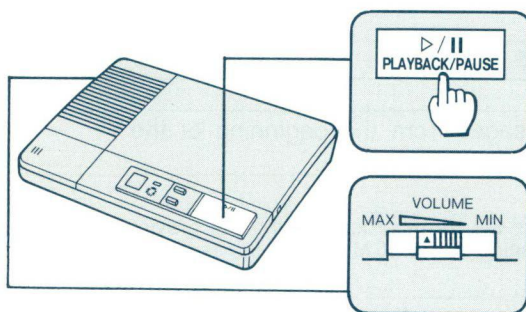
The cassette can be erased even if the record-prevention tabs have been removed.



Listening to the Recorded Messages

- When Incoming Messages have been recorded, the Answer Indicator will flash and the number of messages recorded will be indicated on the Call Counter.
- The call counter remains at "9" even with more than 9 messages recorded. After the last message is played back to the end, 3 beeps will sound and the tape will automatically rewind to the beginning of the ICM part of the tape.
- In case of a power interruption, the call counter will shown "-" after the power is restored.

LISTENING TO THE MESSAGES



Push **PLAYBACK/PAUSE**.

- The unit will rewind the tape and play back the messages.

「**AUTO-LOGIC**」

See below on this page.

The playback volume is adjustable using the **VOLUME** control (left side on your unit).

AUTO-LOGIC (One-Touch Operation):

The press of the **PLAYBACK/PAUSE** button excutes automatically the operation as follows: Push the **PLAYBACK/PAUSE** Button.

- ① Playing back the messages.
- ② Rewinding the tape.
- ③ Ready for new message recording from the beginning of the ICM part of the tape.

To save the messages, follow the procedure on the page 8.

- To stop the tape temporarily, push the **PLAYBACK/PAUSE** button. The Answer indicator will flash. To restart, push it again.
- If you receive a call while playing back, push the **PLAYBACK/PAUSE** button and lift the handset.
- To listen to the message again during playback, push the **REW** button. The unit will start playing back immediately, when you release the button.

How to Operate from a Remote Phone

You can retrieve the recorded Incoming Messages from a remote location with a tone phone by simply pushing your own remote code number during the OGM.

THE REMOTE CODE NUMBER

The remote code number is a combination of three digits found at the bottom of the unit. A remote tone phone can gain access through any combination or repetition of these three digits.

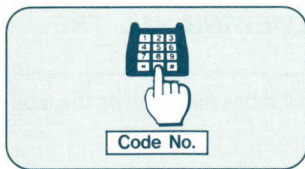
(e.g. If the numbers 147 are given, the combination will be as follows; 111, 147, 444, 471, 714..... ETC)

Refer to the remote code label on the button of the unit.

PLAYING BACK MESSAGES

You can listen to the recorded messages.

code - 147 !



1 Call your unit, and push firmly any combination of your remote code number (composed of 3 digits) during the OGM.

- The unit will rewind the tape, and you will hear all the messages on the tape.
- 3 beeps will be heard after the last message.



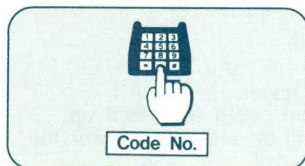
2 Hang up.

- Future Incoming Messages will be recorded after the last message.

NOTE

When you press your remote code number, the second and third digits should be pressed within 6 seconds after the first digit.

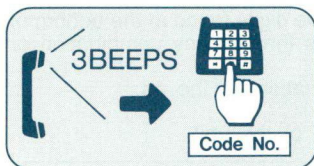
LISTENING TO THE SAME MESSAGES AGAIN DURING THE PLAYBACK (BACK SPACE)



Push any one of the 3 digits in your code number during the playback.

- The tape will rewind for approximately 15 seconds corresponding to playback time.

RECORDING NEW INCOMING MESSAGE FROM THE BEGINNING OF THE ICM (REMOTE RESET)

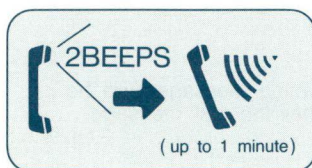


Immediately after 3 beeps sounding at the end of ICM playback, push any one of the 3 digits of your remote code number.

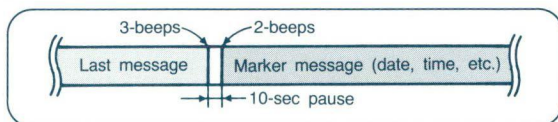
- After the beep, rewinding will be started and the completion of the unit resetting will be signaled by a beep.
- To listen to the messages again after resetting, press any one of the 3 digits in your remote code after long beep sounding. The unit will rewind the tape, and you will hear all messages again.

LEAVING YOUR MESSAGE AFTER REVIEWING ALL THE MESSAGES (MERKER MESSAGE)

After reviewing all the messages, you can leave your index message on the tape to be heard by anyone using the unit.

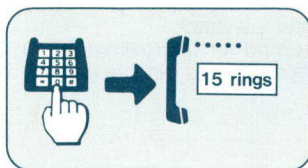


- 1 Start to talk right after the last 2 beeps.
 - The recording time is up to 1 minute.
- 2 When finished, hang up.



SETTING THE ANSWER MODE WHEN THE UNIT IS OFF

You can easily set the Answer mode from a remote phone.

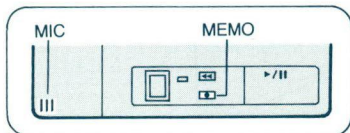


- 1 Call your unit.
- 2 Wait for 15 rings.
 - OGM will be heard and hand up.
 - The unit will be ready to answer the next phone call.

Other Features

RECORDING A MESSAGE MEMO

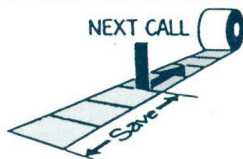
It is very handy to record a message in case you want to leave word with your family members before your going out.



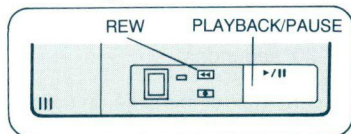
- 1 Push **MEMO** until a beep is heard.
 - A series of short beeps will sound followed by a long beep.
- 2 **Speak** into the MIC.
- 3 When recording is finished, push **MEMO** again.

- The ANSWER indicator will flash to show your message has been recorded, and the unit will then be ready to answer phone calls.
- The new messages will be automatically recorded after your memo.

SAVING THE RECORDED MESSAGES



You can save the desired messages.

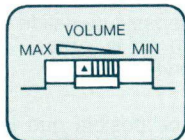


- 1 Play back the tape through the messages you want to save.
- 2 Push **PLAYBACK/PAUSE** to pause.
- 3 Push **PLAYBACK/PAUSE** and **REW** simultaneously.

- 2 seconds later, the unit will rewind the tape and be ready to answer calls.
- The future Incoming Messages will be recorded after the messages you have saved.

MONITORING THE INCOMING CALLS (CALL SCREEN)

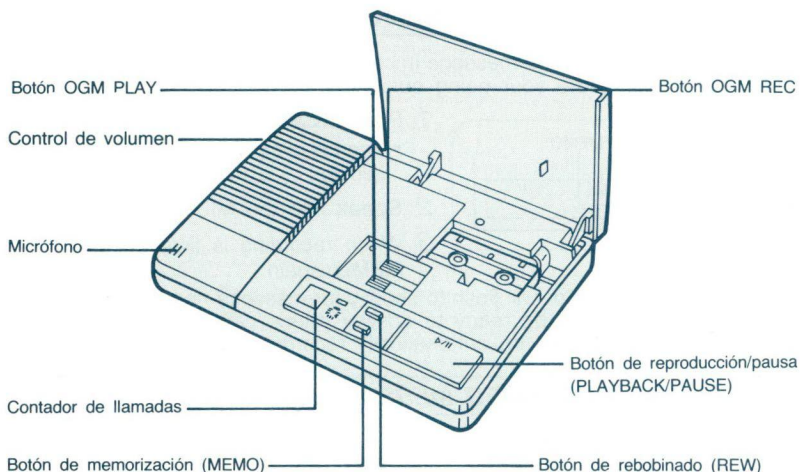
While an Incoming Message is being recorded, you can hear it.



Adjust the volume control.

If you want to talk to the caller during the ICM recording, lift the handset and speak. The unit will stop recording and will get ready to record the next call.

Tarjeta de Referencia Rápida



GRABACIÓN DEL MENSAJE DE SALIDA

- 1 Presione el **OGM REC** hasta que se escuche la alarma.
 - 2 Hable con voz clara y firme por el MIC.
 - El tiempo de grabación máximo es de 30 segundos.
 - 3 Cuando acabe de hablar, presione el **OGM REC**.
 - 4 Presione el **OGM PLAY** rápidamente para confirmar el mensaje de salida.
 - Después de revisar el MS (OGM), la unidad rebobinará la cinta hasta el comienzo para grabar el MS (OGM) en la cinta en caso de falla de corriente eléctrica.
- La unidad cambiará automáticamente a la Modalidad de contestación después de 10 segundos de la reproducción del MS.

PARA ESCUCHAR LOS MENSAJES

Cuando el teléfono suene, la unidad reproducirá el mensaje de salida (OGM) y luego grabará el mensaje de la persona que llama en la cinta.

- 1 Presione el **PLAYBACK/PAUSE** (Reproducción/Pausa).

■ **Auto-Lógico (Función de un solo toque)**

Un solo toque del botón **PLAYBACK/PAUSE** hace posible que la unidad reproduzca los mensajes y suene 3 pitidos después del último mensaje. Luego, después de diez segundos, la unidad rebobinará la cinta y estará lista para grabar nuevos mensajes desde el comienzo de la sección ICM de la cinta.

Maintenance

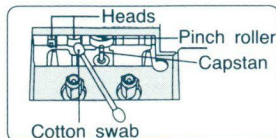
Because the head and capstan assemblies are in contact with the tape, dirt and residue from the tape can easily adhere to these parts, causing distortion. These parts should be cleaned periodically in the manner described below.

• **Clean the head surface, pinch roller and capstan with a cotton swab.**

If these surfaces are extremely dirty, dampen the cotton swab with alcohol.

NOTES:

- Do not bring magnetic or metal objects, such as a screwdriver, near the head assemblies, and such objects could magnetize the heads.
- Do not oil any part of the unit.



Troubleshooting Guide

Problem	Cause & Remedy
The unit has been set to the Answer mode, but no Incoming Messages are recorded.	<ul style="list-style-type: none">• The cassette tape is broken (Cut, worn out or twisted, not inserted or full recorded. Replace it with a new one and re-record a new OGM.• The OGM is recorded improperly. Record a new OGM.
I push the button of a remote phone, but the unit does not respond.	<ul style="list-style-type: none">• Make sure that you are using your own code number.• Push the button firmly.
Some Incoming Messages have not been fully recorded.	Change the CPC to "B".

Cassette Tape

- For optimum sound quality and performance, we recommend you to **use side two after six months and to replace the tape every yer** supposing that the unit answers about ten calls a day.
- Never place a cassette tape near a magnetic source, such as a magnet or a TV set, because it may erase the tape.
- Slack in the tape can be tightened by rotating the tape with an object like a tapered part of a pointed pencil.

KX-T1000

QUICK REFERENCE CARD FOR TONE REMOTE CONTROL

- To set the unit to the answer mode from a remote location when the unit is in the off position.
 1. Dial the telephone number and wait for 15 rings.
 - The unit will set to the answer mode and will play the OGM.
 2. Hang up.

Others

- If there is any trouble, disconnect the unit from the telephone line and connect a known working phone. If the known working phone operates properly, have your Panasonic phone repaired by one of the specified Panasonic Factory Service Centers. If the known working telephone does not operate properly, consult with a telephone company.
- Do not use benzine, thinner, or similar solvents. Do not use abrasive powder to clean the cabinet. Wipe it with a soft cloth.
- Keep the unit away from heating appliances and electrical noise generating devices such as fluorescent lamps, motors and television. These noise sources can interfere with the performance of the unit.
- The unit and the cassette tape should be kept free of dust, moisture high temperature and vibration, and should not be exposed to direct sunlight.
- Never attempt to insert wires, pins, etc. into the vents or other holes of this unit.

Accessory Order Information

- Replacement parts and accessories are available through your local authorized parts distributor.
- For the authorized distributors in your area, call toll free: 1-800-447-4700

Part No.	Description	Comment
RT-MC30	Micro Cassette Tape	

Dial the telephone number
with a tone telephone only.

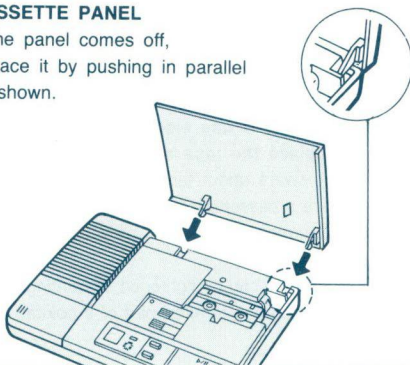
Push your code number : The unit will
during playback OGM. : play back.

- **To Back Space**, push any one of the 3 digits in your code number during the playback.
- **To record the ICM from the beginning of the tape**, push any one of the 3 digits in your code number after 3 beeps.
- **To save the ICM**, hang up after playback.
- **To record a marker message**, speak after hearing 2 beeps.

Your Code No. _____

CASSETTE PANEL

If the panel comes off,
replace it by pushing in parallel
as shown.



Important Information

If requested by the Telephone Company, inform them as follows:

- FCC Registration No. (found on the bottom of the unit)
- Ringer Equivalence 0.2 B
- The particular telephone line to which the equipment is connected.

In the event terminal equipment causes harm to the telephone network, the telephone company should notify the customer, if possible, that service may be stopped.

However, where prior notice is impractical, the company may temporarily cease service providing that they:

- (a) Promptly notify the customer.
- (b) Give the customer an opportunity to correct the problem with their equipment.
- (c) Inform the customer of the right to bring a complaint to the Federal Communication Commission pursuant to procedures set out in F.C.C. Rules and Regulations Subpart E of Part 68.

The Telephone Company may make changes in its communications facilities, equipment, operations or procedures, where such action is reasonably required in the operation or its business and is not inconsistent with the rules and regulations in F.C.C. Part 68.

If such changes can be reasonably expected to render any customer terminal equipment incompatible with telephone company communications facilities, or require modification or alteration of such terminal equipment, or otherwise materially affect its use or performance, the customer shall be given adequate notice in writing, to allow the customer an opportunity to maintain uninterrupted service.

"This equipment has been tested and found to comply with the limits for a Class B computing device in accordance with the specifications set forth in Subpart J of Part 15 of the F.C.C. Rules.

If this equipment does cause interference to radio or television reception which can be determined by turning the equipment on and off, use the equipment in another location and/or utilize an electrical outlet different from that use by the receiver."

Ringer Equivalence No. (REN):

The REN is useful in determining the quantity of devices you may connect to your telephone line and still have all of those devices ring when your telephone line and still have all of those devices ring when your telephone number is called. In most, but not all areas, the sum of the REN's of all devices connected to one line should not exceed five (5.0). To be certain of the number of devices you may connect to your line, as determined by the REN, you should contact your local telephone company to determine the maximum REN for your calling area.

WARNING:

TO PREVENT FIRE OR SHOCK HAZARD, DO NOT EXPOSE THIS PRODUCT TO RAIN OR ANY TYPE OF MOISTURE.

Panasonic Telephone Products Limited Warranty

Panasonic Company, Panasonic Hawaii, Inc. or Panasonic Sales Company (collectively referred to as "Panasonic") will repair this product with new or rebuilt parts, free of charge, in the U.S.A. or Puerto Rico for one (1) year from the date of original purchase in the event of a defect in materials or workmanship. Carry-in or mail-in service in the continental U.S.A. can be obtained during the warranty period from a Matsushita Services Company (MSC) Factory Servicenter listed in the Servicenter Directory. Or call 1-800-447-4700, toll free, to locate an authorized MSC Servicenter. Carry-in or mail-in service in Hawaii or Puerto Rico can be obtained during the warranty period by calling the telephone numbers listed in the Servicenter Directory printed in the Operating Instructions. This warranty is extended only to the original purchaser. A purchase receipt or other proof of date of original purchase will be required before warranty performance is rendered. This warranty only covers failures due to defects in materials or workmanship which occur during normal use. It does not cover damage which occurs in shipment or failures which are caused by products not supplied by Panasonic or failures which result from accident, misuse, abuse, neglect, mishandling, misapplication, alteration, modification, or commercial use of the product, or service by anyone other than a MSC Factory Servicenter or authorized MSC Servicenter, or damage that is attributable to acts of God.

Limits and Exclusions

There are no express warranties except as listed above. PANASONIC SHALL NOT BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES RESULTING FROM THE USE OF THIS PRODUCT, OR ARISING OUT OF ANY BREACH OF THIS WARRANTY. ALL EXPRESS AND IMPLIED WARRANTIES, INCLUDING THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE LIMITED TO THE APPLICABLE WARRANTY PERIOD SET FORTH ABOVE. Some states do not allow the exclusion or limitation of incidental or consequential damages, or limitations on how long an implied warranty lasts, so the above exclusions or limitations may not apply to you.

This warranty gives you specific legal rights and you may also have other rights which vary from state to state. If a problem with this product develops during or after the warranty period, you may contact your dealer or Servicenter. If the problem is not handled to your satisfaction, then write to the Consumer Affairs Division at the company address indicated in the back cover.

Servicenter Directory

To locate an Authorized Servicenter in your area within the U.S.A.

DIAL TOLL FREE: 1-800-447-4700

24 Hours a Day, 7 Days a Week

Consumers requiring assistance with service matters should contact the appropriate Regional Administration Office:

NORTHEAST

2250 Cabot Blvd West
Langhorne, PA 19047
(215) 741-0676

MIDWEST

425 East Algonquin Road
Arlington Heights, IL 60005
(312) 981-4842

WESTERN

6550 Katella Avenue
Cypress, CA 90630
(714) 373-7438

SOUTHERN

1854 Shackelford Court,
Suite 105
Norcross, GA 30093
(404) 925-6860

Covers:

CT, DE, ME, MD, MA,
NH, NJ, NY, PA, RI, VT,
VA, DC, WV, Eastern OH

Covers:

IL, IN, IA, KS, KY, MI,
MN, MO, NE, ND, SD,
OH, WI, Western OH

Covers:

AK, AZ, CA, CO, ID,
MT, NV, NM, OR, UT,
WA, WY

Covers:

AL, AR, FL, GA, LA,
MS, NC, SC, TN,
TX, OK

Consumers requiring product information or operating assistance with a consumer product should contact:

CONSUMER AFFAIRS DEPARTMENT 2F-3

50 Meadowland Parkway Secaucus, N.J. 07094 (201) 348-9090

Service in Puerto Rico

MATSUSHITA ELECTRIC OF PUERTO RICO, INC.

Panasonic Sales Company/Factory Servicenter

San Gabriel Industrial Park
65th Infantry Avenue KM 9.5
Carolina, Puerto Rico 00628
809-750-5135

Your product is designed and manufactured to ensure a minimum of maintenance. However, should your unit ever require service, a nationwide system of FACTORY SERVICENTERS and AUTHORIZED INDEPENDENT SERVICENTERS is maintained to support your product's warranty.

Service in the U.S.A. ... Factory Servicenters

MATSUSHITA SERVICES COMPANY

Division of Matsushita Electric Corporation of America
50 Meadowland Parkway, Secaucus, New Jersey 07094

ALABAMA

2523-5th Avenue, South
Birmingham, AL 35233
205-252-4195

ARIZONA

9332 North 95th Way
Suite 101
Scottsdale, AZ 85258
602-860-6777

CALIFORNIA

6550 Katella Avenue
Cypress, CA 90630
714-373-7437
930 South Mt. Vernon Drive
Colton, CA 92324
714-825-3110
800 Dubuque Avenue
So. San Francisco, CA 94080
415-871-6373
20201 Sherman Way
Suite 102
Canoga Park, CA 91306
818-709-1775
3878 Ruffin Road
Suite A
San Diego, CA 92123
619-560-9200

COLORADO

1640 South Abilene
Aurora, CO 80012
303-752-2024

FLORIDA

16175 NW 52nd Avenue
Miami, FL 33014
305-624-6521
4115 W. Kennedy Boulevard
Tampa, FL 33609
813-289-9726

GEORGIA

4245 International Blvd.
Suite C
Norcross, GA 30093
404-925-6880
1575 Norcross Drive
Suite 325
Atlanta, GA 30318
404-351-8978
(carry-in service only)

HAWAII

99-859 Iwaiwa Street
P.O. BOX 774
Honolulu, Hawaii 96808-0774
808-488-1996

ILLINOIS

425 E. Algonquin Road
Arlington Heights, IL 60005
312-981-4840

MARYLAND

Sulphur Spring Business Park,
1638 Sulphur Spring Road.
Baltimore, MD 21227
301-242-2607

MASSACHUSETTS

383 University Avenue
Westwood, MA 02090
617-329-4280

MINNESOTA

7850-12th Avenue, South
Airport Business Center
Bloomington, MN 55420
612-854-8624

MISSOURI

13711 Rider Trail North
Earth City, MO 63045
314-739-5301

OHIO

1196 W. Kemper RD
Cincinnati, OH 45240

PENNSYLVANIA

2250 Cabot Blvd.,
West Langhorne, PA 19047
215-741-0661

4986 Library Road, Rt. 88
Hillcrest Shopping Center
Bethel Park, PA 15102
412-343-0555

TENNESSEE

925-8th Avenue, South
Nashville, TN 37203
615-244-4434

TEXAS

7240 Harwin Drive
Houston, TX 77036
713-781-1528
4500 Amon Carter Blvd.
Fort Worth, TX 76155
817-685-1060

WASHINGTON

20425-84th Ave., South
Kent, WA 98032
206-872-7922

If you ship the product

Carefully pack and send it prepaid, adequately insured and preferably in the original carton.

Attach a postage-paid letter, detailing the complaint, to the outside of the carton. *DO NOT send the product to the Executive or Regional Sales offices. They are NOT equipped to make repairs.*

Product Service

Panasonic Servicenters for this product are listed on page 14.
Consult your authorized Panasonic dealer for detailed instructions.

For your future reference

Serial No. _____ (found on the bottom of the unit)

Name of Dealer Silo

Date of Purchase 10/2

Dealer's Address _____

Panasonic Company

Division of Matsushita Electric Corporation of America

One Panasonic Way, Secaucus, New Jersey 07094

Panasonic Sales Company ("PSC")

Division of Matsushita Electric of Puerto Rico, Inc.

Ave. 65 De Infanteria, KM 9.7 Victoria Industrial Park,
Carolina, Puerto Rico 00630

SERVICE REQUEST

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

134093

SHIP TO:

Organization

Charles Rev. Committee

Bldg.

106

Rm

1500

HOLD FOR
PICK UP

Receiver

Bill Rapp

Phone

248-3525

DATE SENT

2/12

DATE REQ.

2/12

DATE COMPLETED

DELIVER BY

BILL TO:

City

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BUC #

PROJECT #

County

100	050	1305																	
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FUND

AGENCY

ORGANIZATION

ACTIVITY

REPORTING
CATEGORY

Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TITLE OF ATTACHED WORK

FORM #

Stall Report

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

PRINTING

MICROFILM

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
1	20	20 lb. wht		
		overs - 100 lb. salmon		
<input checked="" type="checkbox"/> BACKED <input type="checkbox"/> TUMBLED <input checked="" type="checkbox"/> ASSEMBLED				
STAPLE		DRILL		
<input checked="" type="checkbox"/> U.L. <input type="checkbox"/> 2 Left <input type="checkbox"/> Saddle Stitch		<input type="checkbox"/> 2 Top <input checked="" type="checkbox"/> 3 Left		
FOLD		PAD		
<input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> Score <input type="checkbox"/> Perf		<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Number <input type="checkbox"/> Other		
PLATES/		LAYOUT/		
NEGS/		PRESS/		
		BINDERY/		

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll	
<input type="checkbox"/> Jacket/Card	
<input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary	
<input type="checkbox"/> 16MM Planetary	
<input type="checkbox"/> 35MM Planetary	

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE
TYPE OF PRINT		
VENDORS		

SPECIAL INSTRUCTIONS

Call when done - trying for 1:00

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

Bill Rapp

ORIGINATOR

SERVICE REQUEST

068493

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

SHIP TO:

Organization Charter Review

Bldg. 106 Rm 1500

Receiver Bill Rapp

Phone 248 3525

HOLD FOR
☐ PICK UP

DATE SENT

10-10

DATE REQ.

10-10

DATE COMPLETED

DELIVER BY

BILL TO:

City

--	--	--	--	--	--	--	--	--	--

BUC #

PROJECT #

County

100

FUND

050

AGENCY

9305

ORGANIZATION

ACTIVITY

REPORTING CATEGORY

Other

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TITLE OF ATTACHED WORK

FORM #

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

PRINTING

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
<u>1</u>	<u>100</u>	<u>3color Letterhead</u>		
<input type="checkbox"/> BACKED <input type="checkbox"/> TUMBLED <input type="checkbox"/> ASSEMBLED				
STAPLE		DRILL		
<input type="checkbox"/> U.L. <input type="checkbox"/> 2 Left <input type="checkbox"/> Saddle Stitch		<input type="checkbox"/> 2 Top <input type="checkbox"/> 3 Left		
FOLD		PAD		
<input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> Other		<input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Score <input type="checkbox"/> Perf <input type="checkbox"/> Number <input type="checkbox"/> Other		
PLATES/		LAYOUT/		
NEGS/		PRESS/		
		BINDERY/		

MICROFILM

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll <input type="checkbox"/> Jacket/Card <input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary <input type="checkbox"/> 16MM Planetary <input type="checkbox"/> 35MM Planetary	

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE
TYPE OF PRINT		

VENDORS

SPECIAL INSTRUCTIONS

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

ORIGINATOR

SERVICE REQUEST

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

134094

SHIP TO:

Mult. Co
Organization Charter Rev. Committee

Bldg. 106 Rm 1500

Receiver Bill Rapp

Phone 248-3525

HOLD FOR
☐ PICK UP

DATE SENT

2/14

DATE REQ.

2/16 AM

DATE COMPLETED

DELIVER BY

BILL TO:

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BUC #

PROJECT #

County

100

FUND

050

AGENCY

6305

ORGANIZATION

ACTIVITY

REPORTING
CATEGORY

Other

--	--	--

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

TITLE OF ATTACHED WORK

FORM #

Staff Report

PRINTING

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
<u>107</u>	<u>10</u>	<u>20 lb wht.</u>		
		<u>covers-100 lb</u>		
		<u>salmon</u>		
<input checked="" type="checkbox"/> BACKED <input type="checkbox"/> TUMBLED <input checked="" type="checkbox"/> ASSEMBLED				
STAPLE		DRILL		
<input checked="" type="checkbox"/> U.L. <input type="checkbox"/> 2 Left <input type="checkbox"/> Saddle Stitch		<input type="checkbox"/> 2 Top <input checked="" type="checkbox"/> 3 Left		
FOLD		PAD		
<input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> T <input type="checkbox"/> B		<input type="checkbox"/> Score <input type="checkbox"/> Perf		
<input type="checkbox"/> 1/4 <input type="checkbox"/> Other <input type="checkbox"/> L <input type="checkbox"/> R		<input type="checkbox"/> Number <input type="checkbox"/> Other		
PLATES/		LAYOUT/		
NEGS/		PRESS/		
		BINDERY/		

MICROFILM

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll	
<input type="checkbox"/> Jacket/Card	
<input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary	
<input type="checkbox"/> 16MM Planetary	
<input type="checkbox"/> 35MM Planetary	

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE
TYPE OF PRINT		

VENDORS

SPECIAL INSTRUCTIONS

* The cover should not be backed.
Thanks.

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

Bill Rapp

SHIPPING

SERVICE REQUEST

103940

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

SHIP TO:

Organization Charter Review Committee

Bldg. 106 Rm 1430

Receiver Theresa

Phone 3312

HOLD FOR
☐ PICK UP

DATE SENT

9/28

DATE REQ.

DATE COMPLETED

DELIVER BY

City

County

FUND

AGENCY

Other

BILL TO:

BUC #

PROJECT #

ORGANIZATION

ACTIVITY

REPORTING CATEGORY

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

TITLE OF ATTACHED WORK

FORM #

Business Cards

PRINTING

MICROFILM

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
	<u>500 ea.</u>			
<input type="checkbox"/> BACKED <input type="checkbox"/> TUMBLED <input type="checkbox"/> ASSEMBLED				
<input type="checkbox"/> U.L. <input type="checkbox"/> 2 Left <input type="checkbox"/> Saddle Stitch <input type="checkbox"/> 2 Top <input type="checkbox"/> 3 Left				
<input type="checkbox"/> FOLD <input type="checkbox"/> PAD <input type="checkbox"/> Score <input type="checkbox"/> Perf				
<input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Number <input type="checkbox"/> Other				
PLATES/		LAYOUT/		
NEGS/		PRESS/		
		BINDERY/		

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll	
<input type="checkbox"/> Jacket/Card	
<input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary	
<input type="checkbox"/> 16MM Planetary	
<input type="checkbox"/> 35MM Planetary	

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE
TYPE OF PRINT		

VENDORS

<u>3-128</u>	

SPECIAL INSTRUCTIONS

See attached example

William C. Rapp

RECEIVED

SEP 28 1989

PRINTING & DISTRIBUTION



ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

Theresa A. Sullivan

PRINTING

103940

SHIP TO:

Organization

Charter Review Committee

Bldg.

100

Rm 1430

HOLD FOR
☐
 PICK UP

Receiver

er. Theresa

Phone

3312

TITLE OF ATTACHED WORK

FORM #

Business Cards

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
	500 ea.			

☐ BACKED
 ☐ TUMBLED
 ☐ ASSEMBLED

☐ U.L.
 ☐ 2 Left
 ☐ Saddle Stitch

☐ 2 Top
 ☐ 3 Left

FOLD

PAD

☐ 1/2
 ☐ 1/3
 ☐ T
 ☐ B
 ☐ Score
 ☐ Perf

☐ 1/4
 ☐ Other
 ☐ L
 ☐ R
 ☐ Number
 ☐ Other

PLATES/

NEGS/

LAYOUT/

PRESS/

BINDERY/

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll	
<input type="checkbox"/> Jacket/Card	
<input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary	
<input type="checkbox"/> 16MM Planetary	
<input type="checkbox"/> 35MM Planetary	

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE

TYPE OF PRINT

VENDORS

3-128	

SPECIAL INSTRUCTIONS

See attached example

William C. Rapp

RECEIVED

SEP 28 1989

PRINTING & DISTRIBUTION

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

Theresa A Sullivan

PRINTING

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

103945

Organization Charter Review Comm

Bldg. 106 Rm 1500

Receiver Full

Phone X3525

DATE SENT _____

10/13

DATE REQ.

10/17

DATE COMPLETED

DELIVER BY

BILL TO:

City

BUC #

PROJECT #

County

FUND

Other

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

TITLE OF ATTACHED WORK

FORM #

Nat. Cur. League / Model Charter

PRINTING

MICROFILM

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
15	15	20 Wht.	Blk	
10	15	12	12	
<input checked="" type="checkbox"/> BACKED <input type="checkbox"/> TUMBLED <input checked="" type="checkbox"/> ASSEMBLED				
<input checked="" type="checkbox"/> U.L. <input type="checkbox"/> 2 Left <input type="checkbox"/> Saddle Stitch		DRILL <input type="checkbox"/> 2 Top <input type="checkbox"/> 3 Left		
FOLD <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> Other		PAD <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> Score <input type="checkbox"/> Perf <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Number <input type="checkbox"/> Other		
PLATES/ <u>82</u> <u>10</u>		LAYOUT/		
NEGS/		PRESS/		
		BINDERY/		

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll	
<input type="checkbox"/> Jacket/Card	
<input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary	
<input type="checkbox"/> 16MM Planetary	
<input type="checkbox"/> 35MM Planetary	

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE
TYPE OF PRINT		

VENDORS

VENDORS

SPECIAL INSTRUCTIONS

call Theresa when ready
3312

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

Theresa A Sullivan

PRINTING

SERVICE REQUEST

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

104516

SHIP TO:

Organization Charter Review

Bldg. 106 Rm 1430

Receiver Theresa

Phone 248-3312

DATE SENT <u>9/28</u>
DATE REQ. <u>ASAP</u>
DATE COMPLETED
DELIVER BY

City

--	--	--	--	--	--	--	--	--	--

BUC #

PROJECT #

County

106

050

9305

FUND

AGENCY

ORGANIZATION

ACTIVITY

REPORTING CATEGORY

Other

--	--	--

BILL TO:

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

TITLE OF ATTACHED WORK

FORM #

Envelopes

PRINTING

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
<u>1</u>	<u>500</u>	<u>Same</u>		<u>#10</u>
				<u>REG</u>
<input type="checkbox"/> BACKED <input type="checkbox"/> TUMBLED <input type="checkbox"/> ASSEMBLED				
STAPLE <input type="checkbox"/> U.L. <input type="checkbox"/> 2 Left <input type="checkbox"/> Saddle Stitch <input type="checkbox"/> 2 Top <input type="checkbox"/> 3 Left				
FOLD <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> Other PAD <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Score <input type="checkbox"/> Perf <input type="checkbox"/> Number <input type="checkbox"/> Other				
PLATES/		LAYOUT/		
NEGS/		PRESS/		
		BINDERY/		

MICROFILM

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll	
<input type="checkbox"/> Jacket/Card	
<input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary	
<input type="checkbox"/> 16MM Planetary	
<input type="checkbox"/> 35MM Planetary	

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE
TYPE OF PRINT		

VENDORS

<u>54-3</u> ✓	
<u>CG-180</u> ✓	

SPECIAL INSTRUCTIONS

Type set

RECEIVED

SEP 20 1989

PRINTING & DISTRIBUTION

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE IN SHADED AREA

AUTHORIZED SIGNATURE

Theresa A. Sullivan

PRINTING

SERVICE REQUEST

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

134096

SHIP TO:

Organization Charles Rev Comm

Bldg. 106 Rm 1500

Receiver Bill Rago

Phone 248-3525

HOLD FOR
PICK UP

DATE SENT

3/6/90

DATE REQ.

3/7/90

DATE COMPLETED

DELIVER BY

City

111 24

BUC #

PROJECT #

County

100

FUND

AGENCY

ORGANIZATION

ACTIVITY

REPORTING
CATEGORY

Other

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

TITLE OF ATTACHED WORK

FORM #

Staff Report

PRINTING

MICROFILM

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
<u>1</u>	<u>10</u>			

☒ BACKED
 ☐ TUMBLED
 ☒ ASSEMBLED

STAPLE: ☒ U.L. ☐ 2 Left ☐ Saddle Stitch
 DRILL: ☐ 2 Top ☒ 3 Left

FOLD: ☐ 1/2 ☐ 1/3 ☐ 1/4 ☐ Other
 PAD: ☐ T ☐ B ☐ L ☐ R
 Score: ☐ Perf: ☐ Number: ☐ Other: ☐

PLATES/

NEGS/

LAYOUT/

PRESS/

BINDERY/

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll	
<input type="checkbox"/> Jacket/Card	
<input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary	
<input type="checkbox"/> 16MM Planetary	
<input type="checkbox"/> 35MM Planetary	

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE

TYPE OF PRINT

VENDORS

SPECIAL INSTRUCTIONS

Salmon covers.

Need by 11 AM.

Check

to book above

Covers need

covers to be drilled

be pre-drilled

around p. 16

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

SHIPPING

SERVICE REQUEST

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

134096

SHIP TO:

Organization Church Rev Comm

Bldg. 106 Rm. 1500

Receiver Bill Ragg

Phone 248-3525

HOLD FOR
PICK UP

DATE SENT

DATE REQ.

DATE COMPLETED

DELIVER BY

City

BILL TO:

BUC #

PROJECT #

County

FUND

AGENCY

ORGANIZATION

ACTIVITY

REPORTING
CATEGORY

Other

TITLE OF ATTACHED WORK

FORM #

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

PRINTING

MICROFILM

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
1	10			

☒ BACKED
 ☐ TUMBLED
 ☒ ASSEMBLED

STAPLE: ☒ U.L. ☐ 2 Left ☐ Saddle Stitch
 DRILL: ☐ 2 Top ☒ 3 Left

FOLD: ☐ 1/2 ☐ 1/3 ☐ 1/4 ☐ Other
 PAD: ☐ T ☐ B ☐ L ☐ R
 Score ☐ Perf ☐ Number ☐ Other

PLATES/
 LAYOUT/
 PRESS/
 BINDERY/
 NEGS/

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll / <input type="checkbox"/> Jacket/Card / <input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll <input type="checkbox"/> Jacket/Card <input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary <input type="checkbox"/> 16MM Planetary <input type="checkbox"/> 35MM Planetary	

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE

TYPE OF PRINT

VENDORS

SPECIAL INSTRUCTIONS

Simon covers
 need by 11 AM.
 Check book about 9/16
 covers need
 covers should be pre-drilled
 around p. 16

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

ORIGINATOR

REPORT ID: MOBLA606
RUN DATE: 03/06/90
RUN TIME: 23:02:36

** MULTNOMAH COUNTY **
NOTICE OF CHARGE TO YOUR ACCOUNT
ACCOUNTING TRANSACTIONS
FOR 03/06/90 TO 03/06/90

PAGE NO: 555

ORG: 9305 CHARTER COMMISSION

MANAGER: BUDGET

BFY	FUND	AGY	ORG	SUB	ACTI	APPR	ACCT	BS	OBJ/	SUB	REPT	VENDOR	NAME	DESCRIPTION	AMOUNT
----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----
BATCH DATE: 03/06/90 BATCH NO: 2768 TRANS ID: PV 93050013 TRANS DATE: 03/06/90 CHECK NO:00000142504 PD:															
90	100	050	9305				22		6110			LINDSAY, HART, NEIL & WEIGLER			6.29

REPORT ID: MOBLR301 RUN DATE: 02/28/90

PAYROLL BUDGETARY EXPENDITURE

PAGE: 248

H MOBL3011 022890 204201 00248

PAY PERIOD ENDING: 02/23/90

ACCOUNT CODE:

FUND AGENCY ORGANIZATION

100 050 9305 CHARTER COMMISSION

NAME	TIME	PSTAT	JOB CLASS	PREMIUM	FICA	SAIF	DENTAL	HEALTH	LIFE	PENSION	UNEMP	LTD	TOTAL EXPENSE
HRS	PAY	HRS	PAY	PAY									
RAPP, WILLIAM C		2	8000										
80.00	1,101.60				84.27	24.79					2.76		1,213.42
TUCKER, DONNA H		4	8000										
24.50	196.00				14.99	4.41					.49		215.89

TOTALS FOR: FUND 100 AGENCY 050 ORGAN. 9305													
104.50						29.20							
	1,297.60				99.26						3.25		1,429.31

SERVICE REQUEST

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

134095

SHIP TO:

Organization Charter Rev Committee

Bldg. 106 Rm 1500

Receiver Bill Ro. pp

Phone 248-3525

HOLD FOR
PICK UP

DATE SENT

2/27/90

DATE REQ.

2/28/90

DATE COMPLETED

DELIVER BY

BILL TO:

City

City

BUC #

PROJECT #

County

100

FUND

050

AGENCY

9305

ORGANIZATION

ACTIVITY

REPORTING
CATEGORY

Other

Other

TITLE OF ATTACHED WORK

FORM #

2/17/90 Minutes

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

PRINTING

MICROFILM

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
<u>12</u>	<u>155</u>			
<input checked="" type="checkbox"/> BACKED <input type="checkbox"/> TUMBLED <input checked="" type="checkbox"/> ASSEMBLED				
STAPLE <input type="checkbox"/> U.L. <input type="checkbox"/> 2 Left <input type="checkbox"/> Saddle Stitch		DRILL <input type="checkbox"/> 2 Top <input type="checkbox"/> 3 Left		
FOLD <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> Other		PAD <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Score <input type="checkbox"/> Number <input type="checkbox"/> Perf <input type="checkbox"/> Other		
PLATES/		LAYOUT/		
NEGS/		PRESS/		
		BINDERY/		

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll <input type="checkbox"/> Jacket/Card <input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary <input type="checkbox"/> 16MM Planetary <input type="checkbox"/> 35MM Planetary	

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE
TYPE OF PRINT		

VENDORS

SPECIAL INSTRUCTIONS

Complete by 1 PM if possible.

Overnight Printing Please.

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

SHIPPING

REPORT ID: MOBLA606
RUN DATE: 02/27/90
RUN TIME: 22:17:07

** MULTNOMAH COUNTY **
NOTICE OF CHARGE TO YOUR ACCOUNT
ACCOUNTING TRANSACTIONS
FOR 02/27/90 TO 02/27/90

PAGE NO: 841

ORG: 9305 CHARTER COMMISSION

MANAGER: BUDGET

BFY	FUND	AGY	ORG	SUB	ACTI	APPR	ACCT	BS	OBJ/	SUB	REPT	VENDOR	NAME	DESCRIPTION	AMOUNT
----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----
BATCH DATE: 02/27/90 BATCH NO: 2690 TRANS ID: PV 93050011 TRANS DATE: 02/27/90 CHECK NO:00000141415 PO:															
90	100	050	9305				22		6230			TUCKER, DONNA		REIMBURSEMENT	64.34

REPORT ID: MOBLA606
RUN DATE: 02/23/90
RUN TIME: 22:21:46

** MULTNOMAH COUNTY **
NOTICE OF CHARGE TO YOUR ACCOUNT
ACCOUNTING TRANSACTIONS
FOR 02/23/90 TO 02/23/90

PAGE NO: 22

ORG: 9305 CHARTER COMMISSION

MANAGER: BUDGET

BFY	FUND	AGY	ORG	SUB	ACTI	APPR	ACCT	BS	OBJ/	SUB	REPT	VENDOR	NAME	DESCRIPTION	AMOUNT
----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----
BATCH DATE: 02/23/90 BATCH NO: 2668 TRANS ID: PV 93050012 TRANS DATE: 02/23/90 CHECK NO:00000141214 PD:															
90	100	050	9305				22							BREWED HOT COFFEE INC	32.50

Thank you for shopping

Silo

SOLD TO: BILL RAPP
2438 SE SALMON
PORTLAND

OR 97214

0048 0862338

10/02/89

HOME: 503-000-0000 WORK: 503-000-0000 EXT: TAKE WITH

LDC	QTY	ITEM	MAKE/MODEL	DESCRIPTION	UNIT PR.	TOTAL AMT.
0048	00001	138578	PAN KXT1000	T.A.D.	59.99	59.99
MFG WARR 12 MONTHS PARTS/ 12 MONTHS LABOR *						CARRY-IN
STORE ADDRESS: 1900 N HAYDEN ISLAND DRIVE					* TAXABLE	SUBTOTAL 59.99
PORTLAND					OR 97217 *	
STORE PHONE NUMBER: 503-286-9991					* TOTAL	59.99
SALESPERSON 1: 08312 MARK ALLEN					*	
					* CASH APPLIED	59.99
					* CUSTOMER CHANGE	.01

+ Bill Rapp
CUSTOMER'S SIGNATURE

DATE

THANK YOU FOR SHOPPING AT SILO!!!!
PLEASE KEEP ALL PACKING MATERIALS, CARTONS,
MANUALS, AND RECEIPTS FOR ANY WARRANTY CLAIMS.
FOR DELIVERY INFO: 626-6251 AFTER 8:30 A.M.

Machinery - Equipment - Goods
(For Commercial Use Only)

Date 12-20-89, 19__

Lessee MULTNOMAH CHARTER REVIEW COMMITTEE

Lessor COMPUCOUNT

Address 1220 SW 5th AVE Suite # 1500

Address 10525 SE CHERRY BLOSSOM DRIVE

PORTLAND, OR 97204 248-3525
City State Zip Phone

PORTLAND, OR 97216 255-1662
City State Zip Phone

JOB ADDRESS at which leased property will be located and used: See Lessee Address

The above named lessor leases unto the above named lessee, and lessee rents from lessor, subject to the terms and conditions hereinafter and on the reverse set forth and for commercial use only, the following described personal property, to wit:

TYPE	MAKE	No.	NEW or USED	REMARKS
Cut Sheet Feeder	Panasonic	KXP 1124		

including the following extras and accessories: _____

(If space insufficient, attach separate schedule bearing initials or signatures of both parties.)

for a term of MONTHLY beginning JANUARY 1, 1989, 19__. Before entering into this lease, lessee selected _____
hours, days, weeks, months (indicate which)

the leased property from lessor's stock and inspected same. The acceptance thereof by lessee shall constitute acknowledgment that the property has been found by lessee to be in good, safe and serviceable condition.

SECTION 1. RENTS. Lessee agrees to pay rent for the use of said property at the rate of \$ 7.00 per MONTH,
hour, day, week, month (indicate which)
payable in advance to the order of lessor; lessor hereby acknowledges receipt of the sum of \$ _____ covering the period from _____

_____, 19__, to _____, 19____;
subsequent rental payments shall become due and payable at the following times: FOURTH DAY OF THE MONTH

All rents not paid when due shall bear interest after maturity at the highest lawful rate until paid.

SECTION 2. MAINTENANCE. During the term of this lease and any renewal thereof, lessee will take proper care of said leased property, shall not permit same to be used or operated by incompetent or unqualified persons or subjected to careless or needless rough usage, shall pay for all damage and injury to said property, shall be responsible for and pay all costs of storage and of upkeep and will make, at lessee's own expense, any and all repairs and will supply and pay for any and all parts and accessories needed to maintain said leased property in proper condition and good order.

SECTION 3. LOCATION. Lessee agrees not to remove said leased property, _____

SECTION 8. OTHER TERMS AND CONDITIONS:

or any thereof, from the job address set forth above unless lessor's written consent is first obtained.

SECTION 4. LESSEE'S RIGHT TO ASSIGN-SUBLET. Lessee may not assign this lease or sublet said leased property without lessor's written consent first obtained.

SECTION 5. LESSOR'S RIGHTS ON TERMINATION. Upon the termination for any reason and in any manner whatsoever of this lease, or of any renewal hereof, lessor shall be entitled to the immediate possession of said leased property and lessee agrees forthwith to deliver same to lessor at lessor's address above, complete and in the same appearance, good order and condition, reasonable wear and tear alone excepted; should lessee fail so to do, lessor shall have the rights set forth in Section 15 on the reverse hereof. Lessee's liability for said rentals shall continue until said leased property is delivered to lessor, or possession thereof is recovered by lessor, in the condition aforesaid.

SECTION 6. INDEMNITY. Lessee further agrees to defend, at lessee's own expense, any and all actions brought against either or both parties hereto for damages to persons or property caused by the leased property or by its operation and agrees to hold lessor free and harmless of and from any and all claims and demands that may arise or be occasioned to any person or to any property by or through the use of the leased property during the term of this lease or any renewal hereof.

SECTION 7. LEASE ONLY. No agreement for the sale of said personal property to lessee has been made or is to be implied.

THE ADDITIONAL PROVISIONS ON THE REVERSE HEREOF ARE PART OF THIS LEASE.

IN WITNESS WHEREOF, the parties have executed this lease in triplicate on this, the day and year first above written.

By COMPUCOUNT Lessor MULTNOMAH CHARTER REVIEW COMMITTEE Lessee
Duff B. Puro 12-20-89 MM C 1 C 9/1 12/26/89

RENEWAL CLAUSE

_____, 19__. The foregoing lease hereby is renewed and extended for an additional term of _____
hours/days/weeks/months (indicate which) commencing _____, 19__, for the same rental and on the same terms and conditions.

By _____ Lessor _____ Lessee
By _____

LINDSAY, HART, NEIL & WEIGLER

LAWYERS
SUITE 1800
222 S.W. COLUMBIA
PORTLAND, OREGON 97201-6618

TEL. 503-226-1191

December 19, 1989

MULT. COUNTY CHARTER REVIEW COMMITTEE
C/O MR. BILL RAPP
1120 SW FIFTH, SUITE 1500
PORTLAND, OR 97204

54655- 0001 RDR

AMOUNT ENCLOSED \$ _____
PLEASE DETACH THIS STUB AND RETURN WITH YOUR REMITTANCE

STATEMENT FOR PERIOD THROUGH 11/30/89

LEGAL SERVICES REGARDING: 1989-1990

11/03/89	Review prior file.	RDR	.50
11/06/89	Review file.	RDR	.50
11/07/89	Research and draft response to Mr. Rapp's letter of October 23, 1989.	RDR	3.00
11/08/89	Review opinion request from commission. Legal research and conference with Richard Roberts. Attend commission meeting.	HWR	3.00
	Draft opinion letter; attend committee meeting.	RDR	5.00

TOTAL FEES \$945.00

COSTS AND EXPENSES

11/30/89 Messenger Delivery Service \$28.50

TOTAL COSTS AND EXPENSES \$28.50

CURRENT CHARGES

\$973.50

PAY THIS AMOUNT

\$973.50

Any Payments Received After December 19, 1989
Will Appear on Your Next Statement

BALANCE DUE UPON RECEIPT

LATE CHARGE OF ONE PERCENT PER MONTH MAY BE ADDED TO ENTIRE BALANCE NOT PAID WITHIN 30 DAYS
This statement may not include expense items such as telephone, photocopies, filing fees, etc., which occur late in the month

LINDSAY, HART, NEIL & WEIGLER

LINDSAY, HART, NEIL & WEIGLER

LAWYERS
SUITE 1800
222 S.W. COLUMBIA
PORTLAND, OREGON 97201-6618

TEL. 503-226-1191

December 19, 1989

*Submitted for
payment on 1/22/90*

MULT. COUNTY CHARTER REVIEW COMMITTEE
C/O MR. BILL RAPP
1120 SW FIFTH, SUITE 1500
PORTLAND, OR 97204

54655- 0001 RDR

AMOUNT ENCLOSED \$
PLEASE DETACH THIS STUB AND RETURN WITH YOUR REMITTANCE

STATEMENT FOR PERIOD THROUGH 11/30/89

LEGAL SERVICES REGARDING: 1989-1990

11/03/89 Review prior file.	RDR	.50
11/06/89 Review file.	RDR	.50
11/07/89 Research and draft response to Mr. Rapp's letter of October 23, 1989.	RDR	3.00
11/08/89 Review opinion request from commission. Legal research and conference with Richard Roberts. Attend commission meeting.	HWR	3.00
Draft opinion letter; attend committee meeting.	RDR	5.00

TOTAL FEES \$600.00

COSTS AND EXPENSES

11/30/89 Messenger Delivery Service \$28.50

TOTAL COSTS AND EXPENSES \$28.50

CURRENT CHARGES

\$628.50

PAY THIS AMOUNT

\$628.50

Any Payments Received After December 19, 1989
Will Appear on Your Next Statement

BALANCE DUE UPON RECEIPT

LATE CHARGE OF ONE PERCENT PER MONTH MAY BE ADDED TO ENTIRE BALANCE NOT PAID WITHIN 30 DAYS
This statement may not include expense items such as telephone, photocopies, filing fees, etc., which occur late in the month

LINDSAY, HART, NEIL & WEIGLER

Federal ID 93-0394748

SERVICE REQUEST

134098

BUREAU OF GENERAL SERVICES • DIVISION OF PRINTING/DISTRIBUTION

SHIP TO:

Organization Charter Rev. Committee

Bldg. 106 Rm 1500

Receiver Bill Rupp

Phone 248-3525

HOLD FOR
☐ PICK UP

DATE SENT

3/13/90

DATE REQ.

3/14/90

DATE COMPLETED

DELIVER BY

BILL TO:

City

--	--	--	--	--	--	--	--	--	--

BUC #

PROJECT #

County

100

FUND

050

AGENCY

8305

ORGANIZATION

ACTIVITY

REPORTING
CATEGORY

Other

--	--	--

TITLE OF ATTACHED WORK

FORM #

3/7/90 Minutes

Please Note: We cannot complete this work order unless you accurately and legibly fill in the above billing information.

PRINTING

NO. OF ORIGINALS	NO. OF COPIES	PAPER WEIGHT & COLOR	INK COLOR	FINISHED SIZE
<u>5</u>				
<input checked="" type="checkbox"/> BACKED <input type="checkbox"/> TUMBLED <input checked="" type="checkbox"/> ASSEMBLED				
STAPLE		DRILL		
<input type="checkbox"/> U.L.	<input type="checkbox"/> 2 Left	<input type="checkbox"/> Saddle Stitch	<input type="checkbox"/> 2 Top	<input type="checkbox"/> 3 Left
FOLD		PAD		
<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/3	<input type="checkbox"/> T	<input type="checkbox"/> B	<input type="checkbox"/> Score
<input type="checkbox"/> 1/4	<input type="checkbox"/> Other	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> Number
PERF		<input type="checkbox"/> Other		
PLATES/		LAYOUT/		
NEGS/		PRESS/		
		BINDERY/		

MICROFILM

QUANTITY	REDUCTION RATIO
DUPES/QUANTITY	
<input type="checkbox"/> Roll /	
<input type="checkbox"/> Jacket/Card /	
<input type="checkbox"/> 4 x 6 Fiche /	
FINAL PRODUCT	
<input type="checkbox"/> Roll	
<input type="checkbox"/> Jacket/Card	
<input type="checkbox"/> 4 x 6 Fiche	
CAMERA FORMAT	
<input type="checkbox"/> 16MM Rotary	
<input type="checkbox"/> 16MM Planetary	
<input type="checkbox"/> 35MM Planetary	

BLUEPRINT

NO. OF ORIGINALS	NO. OF COPIES	COPY SIZE
TYPE OF PRINT		

VENDORS

SPECIAL INSTRUCTIONS

Please complete overnight or by AM. mail delivery.

ROUTING INFORMATION

W - Printing C - Shipping P - Originator

DO NOT WRITE
IN SHADED AREA

AUTHORIZED SIGNATURE

Wm E. Rupp

ORIGINATOR

REPORT ID: MOBLA606
RUN DATE: 03/20/90
RUN TIME: 22:52:37

** MULTNOMAH COUNTY **
NOTICE OF CHARGE TO YOUR ACCOUNT
ACCOUNTING TRANSACTIONS
FOR 03/20/90 TO 03/20/90

PAGE NO: 1043

ORG: 9305 CHARTER COMMISSION

MANAGER: BUDGET

BFY	FUND	AGY	ORG	SUB	ACTI	APPR	ACCT	BS	OBJ/	SUB	REPT	VENDOR NAME	DESCRIPTION	AMOUNT
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
BATCH DATE: 03/20/90 BATCH NO: 2897 TRANS ID: PV 93050014 TRANS DATE: 03/20/90 CHECK NO:00000144059 PD:														
90	100	050	9305				22		6170			COMPUCOUNT	COMPUTER RENTAL	85.00
90	100	050	9305				22		6170			COMPUCOUNT	COMPUTER RENTAL	85.00

REPORT ID: MOBLA606
RUN DATE: 03/20/90
RUN TIME: 22:52:37

** MULTNOMAH COUNTY **
NOTICE OF CHARGE TO YOUR ACCOUNT
ACCOUNTING TRANSACTIONS
FOR 03/20/90 TO 03/20/90

PAGE NO: 1044

ORG: 9305 CHARTER COMMISSION

MANAGER: BUDGET

BFY	FUND	AGY	ORG	ORG	VITY	UNIT	TYPE	ACCT	REV	O/R	CATG	REPT	VENDOR	NAME	DESCRIPTION	AMOUNT

BATCH DATE: 03/20/90 BATCH NO: 2880 TRANS ID: PV 93050015 TRANS DATE: 03/20/90 CHECK NO:00000143848 PO:																
90	100	050	9305					22	6230	07					OREGON GOVERNMENT ETHICS	1.00

Hold
Theresa to
pay 5/17/90.
BR

LINDSAY, HART, NEIL & WEIGLER

LAWYERS
SUITE 1800
222 S.W. COLUMBIA
PORTLAND, OREGON 97201-6618

TEL. 503-226-1191

May 15, 1990

MULT. COUNTY CHARTER REVIEW COMMITTEE
C/O MR. BILL RAPP
1120 SW FIFTH, SUITE 1500
PORTLAND, OR 97204

54655- 0001 RDR

AMOUNT ENCLOSED \$
PLEASE DETACH THIS STUB AND RETURN WITH YOUR REMITTANCE

STATEMENT FOR PERIOD THROUGH 4/30/90

LEGAL SERVICES REGARDING: 1989-1990

3/20/90	Meet with Bill Rapp to discuss scheduling and allocation of functions.	RDR	1.00
3/27/90	Review schedule; telephone conference with Elections Department.	RDR	2.50
4/18/90	Attend meeting of Committee.	HWR	2.00
	Research authority to amend charter regarding Community Corrections; attend Charter Review Committee meeting.	RDR	4.00
4/25/90	Review statute and administrative rules relating to community corrections program and draft analysis of ability of County, through Charter amendment, to transfer community corrections functions to Sheriff's office.	HWR	2.30
	Prepare for and attend Committee meeting.	RDR	4.50

TOTAL FEES \$815.00

PAY THIS AMOUNT \$815.00

Any Payments Received After May 15, 1990
Will Appear on Your Next Statement

BALANCE DUE UPON RECEIPT

LATE CHARGE OF ONE PERCENT PER MONTH MAY BE ADDED TO ENTIRE BALANCE NOT PAID WITHIN 30 DAYS
This statement may not include expense items such as telephone, photocopies, filing fees, etc., which occur late in the month

LINDSAY, HART, NEIL & WEIGLER

COMPUCOUNT
10525 S.E. CHERRY BLOSSOM DR.
PORTLAND, OR 97216

Phone # 255-1662

MULTNOMAH CHARTER REVIEW
1120 SW 5TH AVE
SUITE 1500
PORTLAND, OR 97204

STATEMENT

DATE

07/31/90

ACCOUNT NUMBER

MULT CHARTER

DATE

07/31/90

ACCOUNT NUMBER

MULT CHARTER

PLEASE RETURN THIS
REMITTANCE ADVICE
WITH YOUR PAYMENT

Thank You

DATE	INVOICE	DESCRIPTION	AMOUNT
		BALANCE FORWARD	184.00
07/19/90		PAYMENT THANK YOU	-184.00
07/31/90	8445		92.00
			92.00
			PAY THIS AMOUNT

INVOICE	AMOUNT
	184.00
PAYMENT	-184.00
8445	92.00
TOTAL	92.00
	PAY THIS AMOUNT

Picked up 8/17/90 13:15
by Steve Masuo
St. Mary

IN FORM No. 956
Lease of Personal Property,
Revised
Portland

LEASE

Machinery - Equipment - Goods
(For Commercial Use Only)

956

Date 10-04-89, 1989

Lessee Multnomah Charter Review Committee Lessor CompuCount
Address 1120 SW 5th Ave Suite # 1500 Address 10525 SE Cherry Blossom Dr
Portland, OR 97204 248-3525 Portland, OR 97216 255-1662
City State Zip Phone City State Zip Phone

JOB ADDRESS at which leased property will be located and used: See Lessee Address
The above named lessor leases unto the above named lessee, and lessee rents from lessor, subject to the terms and conditions hereinafter and on the reverse set forth and for commercial use only, the following described personal property, to wit:

TYPE	MAKE	No.	NEW or USED	REMARKS
Computer System	Horizon XT Model Ct	S# 253097		640 K, 360 K FD, 40 MB HD, 14" TTL Monitor
Printer w/ Cable <i>1 cut sheet feeder</i>	Panasonic KX-P 1124	9CKASB39	828	

including the following extras and accessories: Manuals; WordPerfect Quick Start, WordPerfect Getting Started

(If space insufficient, attach separate schedule bearing initials or signatures of both parties.)

for a term of Monthly beginning October 4, 1989. Before entering into this lease, lessee selected hours, days, weeks, months (indicate which)
the leased property from lessor's stock and inspected same. The acceptance thereof by lessee shall constitute acknowledgment that the property has been found by lessee to be in good, safe and serviceable condition.

SECTION 1. RENTS. Lessee agrees to pay rent for the use of said property at the rate of \$ 85.00 per Month hour, day, week, month (indicate which)
payable in advance to the order of lessor; lessor hereby acknowledges receipt of the sum of \$ _____ covering the period from _____, 19____, to _____, 19____;
subsequent rental payments shall become due and payable at the following times: Fourth day of the month

property, or any thereof, from the job address set forth above unless lessor's written consent is first obtained.

SECTION 4. LESSEE'S RIGHT TO ASSIGN-SUBLET. Lessee may not assign this lease or sublet said leased property without lessor's written consent first obtained.

SECTION 5. LESSOR'S RIGHTS ON TERMINATION. Upon the termination for any reason and in any manner whatsoever of this lease, or of any renewal hereof, lessor shall be entitled to the immediate possession of said leased property and lessee agrees forthwith to deliver same to lessor at lessor's address above, complete and in the same appearance, good order and condition, reasonable wear and tear alone excepted; should lessee fail so to do, lessor shall have the rights set forth in Section 15 on the reverse hereof. Lessee's liability for said rentals shall continue until said leased property is delivered to lessor, or pos-