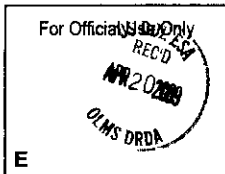


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

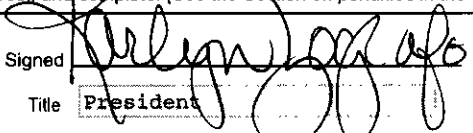
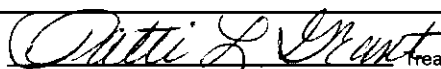
393805

1. File Number C- 386	2. Period Covered By This Report From: 01 / 01 / 2008 Through: 12 / 31 / 2008
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Patti L Grant
Title	Secretary
Organization	Preventive Personnel Mgmt of Oregon, Inc
P.O. Box, Building and Room Number, if any	P.O. Box 547
Street	
City	Lake Oswego
State	Oregon
ZIP Code + 4	97034
4. Any other address where records necessary to verify this report are kept:	
Name	n/a
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State	
ZIP Code + 4	

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed		President (If other title, see instructions)
Title	President	
On	03 / 31 / 2009	503 699-1300
Date		Telephone Number
18. Signed		Treasurer (If other title, see instructions)
Title	Treasurer	
On	03 / 31 / 2009	503 699-1300
Date		Telephone Number

Name of Person Filing: Patti Grant

File Number C- 386

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Building and Room Number, if any

Employer **Dallas Retirement Village**

Trade Name

Street **377 NW Jasper St**Attention To **Dave Parrett**City **Dallas**

Title

State **Oregon** ZIP Code + 4 **97338**5.b. Termination Date **06/01/2008**5.c. Amount **2,693**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,551

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name (b) Salary (c) Expenses (d) Totals

None				9. Office and Administrative Expenses	0
				10. Publicity	
				11. Fees for Professional Services	14,551
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	14,551

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

n/a

15.b. Trade Name, If any:

none

15.c. To Whom Paid

Name

n/a

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

ZIP Code + 4

15.d. Amount 0

15.e. Purpose

n/a

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

Name of Person Filing: Patti Grant		File Number C- 386	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer JCI, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 86470 Franklin Blvd	
Attention To: Jeff Elliott		City Eugene	
Title		State Oregon	ZIP Code + 4 97405
5.b. Termination Date 11/1/08		5.c. Amount 5,750	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Columbia Distributing Company		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 6840 N Cutter Cir	
Attention To: Nancy Turner		City Portland	
Title		State Oregon	ZIP Code + 4 07217
5.b. Termination Date 12/31/2008		5.c. Amount 6,108	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	