U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

Month/Day/Year

(mm/dd/yyyy)

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)



1 . File Number C- 386

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

Month/Day/Year (mm/dd/yyyy)

393805

			From: 01 / 01	/ 2008 Through: 12 / 31 / 200
D E	Mts			
. Person Fil		1_1.	<u> </u>	
Name and I	mailing address (include ZIP Cod	ie):	Any other address where reco	ords necessary to verify this report are kept:
Name	Patti L G	rant	Name n/a	
Title	Secretary	adian advan dardena ar avallen add a ar ar ver eight a dd a g	Title	
Organizatio	n Preventive Personne	1 Mgmt of Oregon, Inc	Organization	
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State Ore	egon	ZIP Code + 4 97034	State	ZIP Code + 4
			atures	
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Sizza A	Irlynla	President (ii other title, see	18. Signed	S WWTreasurer (If other title, see
٠,	Prosident	1 1:1		
'. Signed L	President). (*) instructions)	Title Treasurer	instructions)
Title Title	31	300	for over a great name of the state of the st	instructions) 503 699-1300 Telephone Number



B. Statement		om employers in connection	n with labor rela	itions advice or services regardless of the p	urposes of the advice
5.a. Name and	or services. Address of Employer (including trade in	name, if any).	B O Bo	Mailing Address:	
Employer	Dallas Rétirement Vil	. 1 adé	P.U. Du	x, Building and Room Number, if any	Margar A. Japan J. J. Santa S. A. J. Santa S. A. J. Santa S. Santa
Trade Nar	Entered to the second s		Street	377 NW Jasper St	
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	of Disbursements Report all to the emports to Officers and Employees:	disbursements made by the loyers listed in Part B. (b) Salary (c) Expense:		inization in connection with labor relations a	dvice or services rendered
None		Maritim a maritim post of a parameter of the second		Office and Administrative Expenses	\$ Q
			***************************************	10. Publicity	Endourne source communication and an advantage communication and an advantage communication and an advantage communication and an advantage communication and advantage co
			****	11. Fees for Professional Services	14,551
				12. Loans Made	
4			- Annahri	13. Other Disbursements	Co. J. A. State Marketine . A second statement of the
8. Total disbur	sements to officers and employee	s:		14. Total Disbursements (Sum of Items 8-	13) 14,551
D. Schedule o	of Disbursements for Reportable	Activity Use this Schinstructions.		t only disbursements made for the purposes	described in Part D of the
D. Schedule of			· · · · · · · · · · · · · · · · · · ·	t only disbursements made for the purposes ade Name, If any:	described in Part D of the
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15.a. Employe	or Name:		15.b. Tr	ade Name, If any:	described in Part D of the
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Form LM-21 (2003)



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: P.O. Box, Bldg., Room No., if any					
Employer Columbia Distributing Company					
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:				
A APPENDIX AND OUT OF APPENDIX AND ASSAULT	P.O. Box, Bldg., Room No., if any				
Employer	Street				
Trade Name Attention To:	City				
Title	State				
5.b. Termination Date	5.c. Amount				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
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