



Office of Labor-Management Standards  
Washington, D.C. 20210  
(Feb. 1986)



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)

Form Approved. — OMB  
No. 1214-0001  
Expires: 12/31/86

## A.—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code) Preventive Personnel Management of Oregon, Inc. P.O. Box 547 Lake Oswego, OR 97034		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:  N/A	
3. FILE NO. C- 0386	4. PERIOD COVERED BY THIS REPORT	From: Month Day Year 1 1 01	To: Month Day Year 12 31 01

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. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Pathway Enterprises, Inc. POB 336 Ashland, OR 97520	1/22/01	\$ 4370.00
Pacific Cast Technologies POB 908 Albany, OR 97321	4/25/01	10070.00
Columbia Distributing Co. of Seattle POB 1037 Renton, WA 98057	8/28/01	13422.40
Tree Top, Inc. c/o POB 248, Selah, WA 98942	10/1/01	6840.00
	<b>TOTAL</b>	<b>\$9702.40</b>

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.

## 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
None	\$ n/a	\$ n/a	\$ n/a
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses	\$
10. Publicity	
11. Fees for Professional Services	39702.40
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of items 8-13)	\$9702.40

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
None	n/a	\$ n/a	n/a
TOTAL		\$	

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

E.—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: Barbara J. G. G. G. PRESIDENT  
at: Lake Oswego, on: 3/7/02  
City OR State Date  
(If other title, cross out and write in correct title above.)

SIGNED: Attila G. Grant TREASURER  
at: Lake Oswego, on: 3/7/02  
City OR State Date  
(If other title, cross out and write in correct title above.)