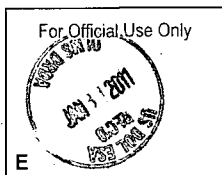


FORM LM-21

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

441924

| | |
|-------------------------|---|
| 1. File Number C- 00386 | 2. Period Covered By This Report From: 01/01/2010 Through: 12/31/2010 |
|-------------------------|---|

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Patti L Grant

Title Secretary

Organization Preventive Personnel Mgmt. of Oregon

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

Title President

President
(if other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Name of Person Filing: Patti Grant

File Number C- 00386

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 Columbia Distributing Co.

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

Trade Name

Street

20301 59th. Place S.

Attention To

Steve

Haft

City

Kent

Title

State

Washington

ZIP Code + 4

98032

5.b. Termination Date 08-30-2010

5.c. Amount 3,185

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 21,060

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

| | | | | | |
|---|--|--|--|---|--------|
| | | | | 9. Office and Administrative Expenses | |
| | | | | 10. Publicity | |
| | | | | 11. Fees for Professional Services | 21,060 |
| | | | | 12. Loans Made | 0 |
| | | | | 13. Other Disbursements | |
| 8. Total disbursements to officers and employees: | | | | 14. Total Disbursements (Sum of Items 8-13) | 21,060 |

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:

N/A

15.c. To Whom Paid

Name

N/A

Title

Organization

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

Street

City

State Washington

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- 00386 | |
| 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 <input type="text" value="Tree Top, Inc."/> | | P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. Box 248"/> | |
| Trade Name <input type="text"/> | | Street <input type="text"/> | |
| Attention To: <input type="text" value="Nancy"/> <input type="text" value="Buck"/> | | City <input type="text" value="Selah"/> | |
| Title <input type="text"/> | | State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text" value="98942"/> | |
| 5.b. Termination Date <input type="text" value="11-10-2010"/> | | 5.c. Amount <input type="text" value="17,875"/> | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer <input type="text"/> | | P.O. Box, Bldg., Room No., if any <input type="text"/> | |
| Trade Name <input type="text"/> | | Street <input type="text"/> | |
| Attention To: <input type="text"/> <input type="text"/> | | City <input type="text"/> | |
| Title <input type="text"/> | | State <input type="text"/> ZIP Code + 4 <input type="text"/> | |
| 5.b. Termination Date <input type="text"/> | | 5.c. Amount <input type="text"/> | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer <input type="text"/> | | P.O. Box, Bldg., Room No., if any <input type="text"/> | |
| Trade Name <input type="text"/> | | Street <input type="text"/> | |
| Attention To: <input type="text"/> <input type="text"/> | | City <input type="text"/> | |
| Title <input type="text"/> | | State <input type="text"/> ZIP Code + 4 <input type="text"/> | |
| 5.b. Termination Date <input type="text"/> | | 5.c. Amount <input type="text"/> | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer <input type="text"/> | | P.O. Box, Bldg., Room No., if any <input type="text"/> | |
| Trade Name <input type="text"/> | | Street <input type="text"/> | |
| Attention To: <input type="text"/> <input type="text"/> | | City <input type="text"/> | |
| Title <input type="text"/> | | State <input type="text"/> ZIP Code + 4 <input type="text"/> | |
| 5.b. Termination Date <input type="text"/> | | 5.c. Amount <input type="text"/> | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer <input type="text"/> | | P.O. Box, Bldg., Room No., if any <input type="text"/> | |
| Trade Name <input type="text"/> | | Street <input type="text"/> | |
| Attention To: <input type="text"/> <input type="text"/> | | City <input type="text"/> | |
| Title <input type="text"/> | | State <input type="text"/> ZIP Code + 4 <input type="text"/> | |
| 5.b. Termination Date <input type="text"/> | | 5.c. Amount <input type="text"/> | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer <input type="text"/> | | P.O. Box, Bldg., Room No., if any <input type="text"/> | |
| Trade Name <input type="text"/> | | Street <input type="text"/> | |
| Attention To: <input type="text"/> <input type="text"/> | | City <input type="text"/> | |
| Title <input type="text"/> | | State <input type="text"/> ZIP Code + 4 <input type="text"/> | |
| 5.b. Termination Date <input type="text"/> | | 5.c. Amount <input type="text"/> | |