U. S.Department of Labor Office d'Labor-Management Standards Waskington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

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 (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

414243			
1 . File Number C- 386	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yya) Month/Day/Year (mm/dd/yya) Month/Day/Year (mm/day/year (mm/dd/yya) Month/Day/Year (mm/dd/yya) Month/Day/Year (mm/day/year (mm/day/y		
A. Person Filing	·		
Nameand mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:		
Name Fatti Li Grant	Name n/a days discount with the company of the comp		
Title Secretary, distribution in the secretary of the sec	Title Xind gashs in at 72/55 properties in the properties of the second		
Organization Preventive Personnel Mgmt of Oregon, Inc.	Organization Company of the Company		
P.O. Box, Building and Room Number, if any P.O. Box 547	P.O. Box, Building and Room Number, if any		
Street	Street		
City Lake Oswego	City City		
State Oregon ZIP Code + 4 97034	State ZIP Code + 4		
Signa	itures		
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 (in the title, see instructions)	18. Signed Atta Surfreasurer (If other title, see instructions)		
On Date 503 699-1300 Telephone Number Telepho	On 03 / 31 / 2009 503 699-1300 Telephone Number		

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Name	Oleerson	- IIIna

PREVENTIVE PERSONNEL MGMT

File Number C- 386

B. Statenent		ots Report all receipts or services.	from employers in cor	nnection with la	abor rela	tions advice or services regardless of the purposes of the advice
5.a. Name and A	ddress of	Employer (including trac	de name, if any).			Mailing Address:
				•	P.O. Bo	x, Building and Room Number, if any
Empoyer	Dalla	s Retirement V	illage			
Trad: Nam	ne 🧓 📜				Street	377 NW Jasper St.
Atteition T	o Dav	e III	Parrett Fig.		City	Dailes, Indeed to the control of
Title					State	Oregon 4 97338 2 2 2 2 2 2 3 3 4 3 3 4 3 3 4 3 3
	·					
5.b. Terninatio	on Date	06/01/2008	15 (17 mm) 1 (17 mm)		5.c. Am	ount 24,693
6. TOTAL REC	EIPTS F	ROM ALL EMPLOYE	RS 14,551			

C. Statement of Disbursements	Report all disbursements to the employers listed in		organization in connection with labor relations advice	or services rendered
7. Disbursements to Officers and Emp (a) Nane	oloyees: (b) Salary	(c) Expenses (d) Totals		
None :			Office and Administrative Expenses	1 0
			10. Publicity	
			11. Fees for Professional Services	\$17,833
			12. Loans Made	
	1.00		13. Other Disbursements	
8. Total disbursements to officers a	and employees:		14. Total Disbursements (Sum of Items 8-13)	\$17,833

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:	15.b. Trade Name, If any:	
n/a :	none	
15.c. To Whom Paid	15.d. Amount 0	
Name in/a.	15.e. Purpose	
Title Tissum of the San Company	m n/a	
Organization City Control of the Con		
P.O. Box, Building and Room Number, if any		
Street Street		
City Control of the state of th		
State ZiP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		

Name (Person Filing: PREVENTIVE PERSONNEL MGMT	Re Number C- 386
B. Staiment of Receipts Report all receipts from employers in connection v advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Nae and Address of Employer (including trade name, if any).	Mailing Address:
Emlover JCI, Inc.	P.O. Box, Bldg., Room No., if any
Træ Name Attention To: Jeff Elliott	Street 86470 Franklin Blvd
Attntion To: Jeff Elliott Title	City Eugene
The state of the s	State Oregon haddall stall as ZIP Code + 4 97405
5.b. Tenination Date 117/14/08	5.c. Amount [5], 7,5.0
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Ernloyer Columbia Distributing Company	P.O. Box, Bldg., Room No., if any
Trale Name	Street 6840 N Cutter Cir
Attation To: Nancy Turner	City Portiland
Title Turner	State Oregon ZIP Code + 4 0,721.7.
	Uregon
5.b. Ten ination Date 12/31/2008	5.c. Amount 6,108 1
5.a. Nane and Address of Employer (including trade name, if any).	Mailing Address:
M. T. C.	P.O. Box, Bldg., Room No., if any
Employer Morrow Equipment Co., LLC	PO. Box 3306
Trate Name	Street Light Street Stre
Attention To: Tim Blackwell	City Salem
Title	State OR ZIP Code + 4 197.302
5.b. Termination Date 3/1/9//08	5.c. Amount 3, 282. 13
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer	P.O. Box, Bldq., Room No., if any
Trade Name	Street
Attertion To:	City
Title 4-2-3	State ZIP Code + 4
Extra seasof full contract to the contract to	
5.b. Termination Date	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Empbyer	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 Carlot Control of
Title	State ZIP Code + 4
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