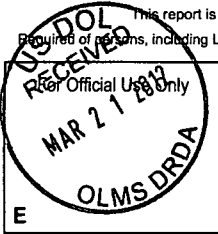


FORM LM-21

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

478757

1. File Number C- <u>00386</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2011</u> Through: <u>12</u> / <u>31</u> / <u>2011</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Patti</u> <u>L</u> <u>Grant</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Secretary</u>	Name <u>N/A</u>
Organization <u>Preventive Personnel Mgmt. of Oregon</u>	Title
P.O. Box, Building and Room Number, if any <u>PO Box 547</u>	Organization
Street	P.O. Box, Building and Room Number, if any
City <u>Lake Oswego</u>	Street
State <u>Oregon</u> ZIP Code + 4 <u>97034</u>	City
	State

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 <u>[Signature]</u> Title <u>President</u> On <u>3/15/2012</u> Date <u> </u> Telephone Number	President (if other title, see instructions)	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>3/15/2012</u> Date <u>503 699-1300</u> Telephone Number	Treasurer (if other title, see instructions)
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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:

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

Employer Oldcastle Precast

PO Box 9600

Trade Name

Street

Attention To Gary

Venn

City

Auburn

Title

State

Washington

ZIP Code + 4

98071

5.b. Termination Date 09/29/2011

5.c. Amount 3,666

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 16,208

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	16,208
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)	16,208

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

N/A

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	Rogue Ales	P.O. Box, Bldg., Room No., if any	2320 OSU Drive
Trade Name		Street	
Attention To:	Brett <input type="checkbox"/> Joyce <input type="checkbox"/>	City	Newport
Title		State	Oregon
		ZIP Code + 4	97365
5.b. Termination Date		5.c. Amount	
07/01/2011		9,518	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Columbia Distributing	P.O. Box, Bldg., Room No., if any	20301 59th Pl. S.
Trade Name		Street	
Attention To:	Steve <input type="checkbox"/> Haft <input type="checkbox"/>	City	Kent
Title		State	Washington
		ZIP Code + 4	98032
5.b. Termination Date		5.c. Amount	
07/01/2011		3,024	
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	