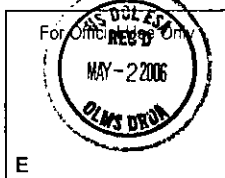


FORM LM-21

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

1. File Number C- 0386	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2005		12 / 31 / 2005

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Patti L Grant	Name none
Title Secretary	Title
Organization Preventive Personnel Mgmt of Oregon, Inc	Organization
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
State Oregon ZIP Code + 4 97034-0547	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 <u>Karlyn Bogalos</u> Title President On <u>03 / 31 / 2006</u> <u>503 699-1300</u> Date Telephone Number	18. Signed <u>Patti L Grant</u> Title Other (Specify) Secretary On <u>03 / 31 / 2006</u> <u>503 699-1300</u> Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Patti Grant	File Number C- 0386
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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 Oak Grove Disposal Co.	P.O. Box, Building and Room Number, if any
Trade Name	Street P O Box 22214
Attention To Michael Borg	City Milwaukie
Title	State Oregon ZIP Code + 4 97269
5.b. Termination Date 09-07-05	5.c. Amount 6,571
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,884	

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		
None		0	0	9. Office and Administrative Expenses	0
"				10. Publicity	0
"				11. Fees for Professional Services	8,884
"				12. Loans Made	0
"		0	0	13. Other Disbursements	0
8. Total disbursements to officers and employees:			0	14. Total Disbursements (Sum of Items 8-13)	8,884

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 N/A Organization N/A P.O. Box, Building and Room Number, if any N/A Street N/A City N/A State Oregon 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- 0386
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Rabanco Recycling</p> <p>Trade Name</p> <p>Attention To: Don Zimmerman</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1633 Third St South</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98134</p>
5.b. Termination Date 01/21/2005	5.c. Amount 2,313

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

Preventive
Personnel
Management
of Oregon, Inc.

P.O. Box 547
Lake Oswego, Oregon 97034
(503) 699-1300

March 31, 2006

U.S. Dept. of Labor
Employment Standards Administration
Office of Labor-Management Standards
Room N-5616
200 Constitution Ave., NW
Washington, DC 20210

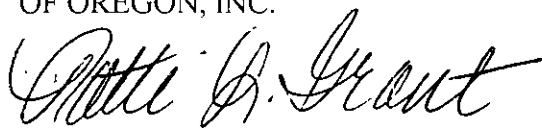
RE: OLMS' C-0386

Gentlemen:

Enclosed you will find our completed LM-21 Report for 2005.

Very truly yours,

PREVENTIVE PERSONNEL MANAGEMENT
OF OREGON, INC.



PATTI L. GRANT
Secretary-Treasurer

/plg

Encls.