

Receipts and Disbursements Report

U.S. Department of Labor



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:
To:

Month	Day	Year
1	1	02
12	31	02

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

Tree Top, Inc. P.O. Box 248 Selah, WA 98942	3/2002	\$ 2996.63
Holiday Retirement Corp. P.O. Box 14111 Salem, OR 97309	3/2002	2280.00
BE Aerospace, Inc. 1400 Corporate Center Way Wellington, FL 33414	8/2002	17760.00
TOTAL		\$23036.63

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

23036.63

12. Loans Made

13. Other Disbursements

14. Total Disbursements

(Sum of Items 8-13)

\$23036.63

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:

at: Lake Oswego, OR 3/25/03
City OR State Date

PRESIDENT

(If other title,
cross out and
write in correct
title above.)

SIGNED:

at: Lake Oswego, OR 3/25/03
City OR State Date

TREASURER

(If other title,
cross out and
write in correct
title above.)