

REVISED
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 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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

414243

1. File Number C- 386	2. Period Covered By This Report From: 01 / 01 / 2008 Through: 12 / 31 / 2008
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A. Person Filing

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

Name Patti L Grant
Title Secretary
Organization Preventive Personnel Mgmt of Oregon, Inc
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 [Signature] President
Title President
On 03 / 31 / 2009 503 699-1300
Date Telephone Number

18. Signed [Signature] Treasurer
Title Treasurer
On 03 / 31 / 2009 503 699-1300
Date Telephone Number

Name of Person Filing:

PREVENTIVE PERSONNEL MGMT

File Number C- 386

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 Dallas Retirement Village

Trade Name

Street

377 NW Jasper St

Attention To

Dave

Parrett

City

Dallas

Title

State

Oregon

ZIP Code + 4

97338

5.b. Termination Date 06/01/2008

5.c. Amount 2,693

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,551

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

9. Office and Administrative Expenses

0

10. Publicity

11. Fees for Professional Services

\$17,833

12. Loans Made

13. Other Disbursements

8. Total disbursements to officers 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:

n/a

15.b. Trade Name, If any:

none

15.c. To Whom Paid

Name

n/a

Title

Organization

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

Street

City

State

ZIP Code + 4

15.d. Amount

0

15.e. Purpose

n/a

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

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, Bldg., Room No., if any

Employer JCI, Inc.

Trade Name

Street 86470 Franklin Blvd

Attention To: Jeff Elliott

City Eugene

Title

State Oregon

ZIP Code + 4 97405

5.b. Termination Date 11/1/08

5.c. Amount 5,750

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Columbia Distributing Company

Trade Name

Street 6840 N Cutter Cir

Attention To: Nancy Turner

City Portland

Title

State Oregon

ZIP Code + 4 07217

5.b. Termination Date 12/31/2008

5.c. Amount 6,108

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Morrow Equipment Co., LLC

P.O. Box 3306

Trade Name

Street

Attention To: Tim Blackwell

City Salem

Title

State OR

ZIP Code + 4 97302

5.b. Termination Date 3/19/08

5.c. Amount 3,282.13

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

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:

P.O. Box, Bldg., Room No., if any

Employer

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:

P.O. Box, Bldg., Room No., if any

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount