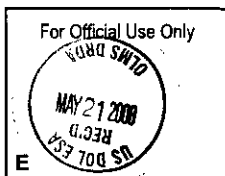


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009

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

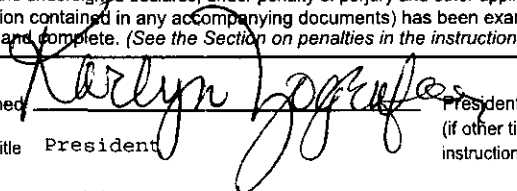
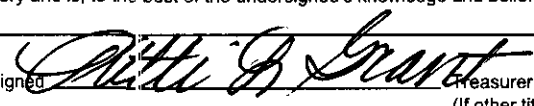
361869

1. File Number C- 00386	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2007	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2007
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<b>A. Person Filing</b>	
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 none  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  Title President On 03 / 31 / 2008 Date 503-699-1300 Telephone Number	18. Signed  Title Treasurer On 03 / 31 / 2008 Date 503-699-1300 Telephone Number
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Name of Person Filing: Patti Grant	File Number C- 00386
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<b>B. Statement of Receipts</b> 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 W.E.S.T. AMBULANCE	P.O. Box, Building and Room Number, if any
Trade Name	Street 1290 NE Cedar St
Attention To Dick Wilt	City Roseburg
Title	State Oregon ZIP Code + 4 97034
5.b. Termination Date 5/10/07	5.c. Amount 1,170
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 29,630	

<b>C. Statement of Disbursements</b> 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	
				10. Publicity	
				11. Fees for Professional Services	40,522
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	40,522

<b>D. Schedule of Disbursements for Reportable Activity</b>		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:	
15.c. To Whom Paid	15.d. Amount 0	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Other ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		

Name of Person Filing: Patti Grant		File Number C- 00386	
<b>B. Statement of Receipts</b> 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 OREGON HOUSING		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2755 19th St. SE	
Attention To: DOUG PILANT		City Salem	
Title		State Oregon ZIP Code + 4 97302	
5.b. Termination Date June, 2007		5.c. Amount 6,728	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer TREE TOP, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name		PO BOX 248	
Attention To: NANCY BUCK		Street	
Title		City SELAH	
		State Washington ZIP Code + 4 98942	
5.b. Termination Date NOVEMBER, 2007		5.c. Amount 6,459	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer HANARD MACHINE, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 859 7TH ST. NW	
Attention To: MIKE CARTER		City SALEM	
Title		State Oregon ZIP Code + 4 97304	
5.b. Termination Date OCTOBER, 2007		5.c. Amount 15,273	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer OLDCASTLE PRECAST, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name CARSON INDUSTRIES		Street 1002 15TH ST. SW #110	
Attention To: BOB QUINN		City Auburn	
Title		State Washington ZIP Code + 4 98001	
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	