U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

441924	
1 File Number C- 00386	2. Period Covered Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) . By This Report From: 01 / 01 / 2010 Through: 12 / 31 / 2010
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 N/A
Title Secretary	Title
Organization Preventive Personnel Mgmt. of Oregon	Organization
P.O. Box, Building and Room Number, if any P.O. Box 547 Street City Lake Oswego State Oregon ZIP Code + 4 97034	P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ies of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President Title President (if other title, see instructions)	Treasurer Title Treasurer (If other title, see instructions)
On Date Telephone Number	On Date Telephone Number

Name of Person Filing: Patti Grant		·	File Number	·C- 00386	
				<i>f</i> 11	
B. Statement of Receipts Report all receipts from employ or services.	ers in connection wit	th labor relation	ins advice or services regardles	ss of the purpose	is of the advice
5.a. Name and Address of Employer (including trade name, if any	<i>t</i>).		Mailing Address:		
Employer Columbia Distributing Co.	A Alg. at the second at t	P.O. Box,	Building and Room Number, if a	ny ·	
Trade Name		Street	0301 59th. Place S.		2010-1
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Attention To Steve Haft		1	**************************************		
Title	the Parador on the Commission and confidence designations of the France continued from Fig.	State V	Mashington	ZIP Code +	4 [98032
5.b. Termination Date 08-30-2010		5.c. Amou	nt 3,185	• .	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 21,06	50	-	*		
	•				
C. Statement of Disbursements Report all disbursem	ente made by the rer	norting organi	zation in connection with labor	rolations advice	or services rendered
to the employers liste	ed in Part B.	orung organi.	zadon in connection with labor i	relations advice	on services refluered
7. Disbursements to Officers and Employees: (a) Name (b) Salar	v (c) Expenses (d)	Totals		~*	
(a) remo			Office and Administrative	Expenses	
The state of the s	Scotterment of the state of the		10. Publicity	·	Accessive of the second second of the second
			11. Fees for Professional Se	ervices	. 21,060
			12. Loans Made		0
			13. Other Disbursements		
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum	of Items 8-13)	21,060
			•	,	
D. Schedule of Disbursements for Reportable Activity	Use this Sched instructions.	ule to report o	only disbursements made for the	e purposes desc	ribed in Part D of the
15.a. Employer Name:		15.b. Trac	de Name, If any:	, ,	
N/A		N	/A	MANUEL CARROL MANUEL TO ANGEL TO ANGE. ANGEL TO	30 ANTIGOTO
15.c. To Whom Paid		15.d. Amo	unt 0		
Name N/A		15.e. Purp	iose ;		
Title		N/A	in the state of th		
Organization	en agrigge politik på film på film promiser i en mylenge men. I fan år nemme mengangnengge på politik (20-20-till vilk dellik societie) – en				the state of the s
		an traditional real	•		e e e e e e e e e e e e e e e e e e e
P.O. Box, Building and Room Number, if any					vege form #HERAL
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Application of the Control of Table 2017 Vision of State of the Control of Table 2017 Application of Table 2017 Applicati	and the state of t	AN WALL STREET	· · · · · · · · · · · · · · · · · · ·		***************************************
City	Emiliario con contrare comenzare com mon				· · · · · · · · · · · · · · · · · · ·
State Washington ZIP Code		- In the second			1 m
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	ACTIVITY 0				-

Form LM-21 (2003)

Name of Person Filing: Patti Grant	File Number C- 00386
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
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 P.O. Box 248
Trade Name	Street
Attention To: Nancy Buck	City Selah
Title	State Washington ZIP Code + 4 98942
THE	The continue of the continue o
5.b. Termination Date 11-10-2010	5.c. Amount 17,875
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 anv
Employer	Street
Trade Name	Silver of the restriction of the second of t
Attention To:	City ZIP Code + 4
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount
5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount Mailing Address: P.O. Box, Bldg., Room No., if any
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5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	Mailing Address: P.O. Box, Bldg., Room No., if any Street City
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 5.c. Amount
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