Office of Labor-Management and Welfare-Pension Reports U.S. Department of Labor Washington, D.C. 20210 (July 1966)

RECEIPTS AND DISBURSEMENTS REF

Form Approved—Budget Bureau. No. 44-R1171.

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

A .- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: 1. NAME AND ADDRESS (Include ZIP code) Preventive Personnel Management of Oregon, Inc. POB 547 N/ALake Oswego, OR 97034 4. PERIOD 3. FILE NO. 0386 Month Day Year COVERED From: 1 00 BY THIS REPORT To: 31 00 B .-- STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 6. TERMINATION DATE 7. AMOUNT \$ Bend Garbage & Recycling POB 504 \$5460.00 Bend, OR 97709 3/6/00 Bethphage 322 SW 3rd 9/20/00 \$2,625.00 Pendleton, OR 97801 \$8,085.00 TOTAL Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. C .- STATEMENT OF DISBURSEMENTS. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: (b) Salary (c) Expenses (d) Totals (a) Name 9. Office and Administrative Expenses -0-\$ n/a ħ/a n/a -0none 10. Publicity..... 8,085.00 11. Fees for Professional Services -0-12. Loans Made -0-13. Other Disbursements ... Total Disbursements to officers and employees: 14. Total Disbursements \$8,085.00 (Sum of items 8-13) 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 s n/a None n/a n/a IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

E VERIFICATION AND SIGNATURE The person in item 1 above and each		
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.	10 14 (1 //1	_
DALLING WORLING	WINTING WY	7'
SIGNED: VI LY	SIGNED: ////	TREASURER
Karlyn Zografos / / (If other title,	Patti L. Grant	(If other title,
at: Lake Oswego, OR 3/31/01 // cross out and	at Lake Oswego, ORn. 3/31/01	cross out and write in correct
City State Date title above.)	City State Date	title above.)
City State Date title above.)	City State Date	