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. 1245-0003 Expires 10-31-2013

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

51399)			
1 . File Number C- 7.40	2. Period Covered By This Report From:         Month/Day/Year (min/dd/yyyr)         Month/Day/Year (min/dd/yyyr)           01 / 01 / 2012         Through:         12 / 31 / 2012,		
A: Person Filing			
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:		
Name	Name		
Title Law Filitin	Title		
Organization Dayis Grimm Payne & Marra	Organization		
P.O. Box; Building and Room Number, if any	P.O. Box, Building and Room Number, if any		
Street 701 Fifth Avenue	Street		
City Seattle	City		
State Washington ZIP Code + 4 98104	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 President (if other title, see instructions)	18. Signed Treasurer  Title Treasurer (If other title; see instructions)		
On 2/50/[3] (206) 4447-0182	on [2]/17/13 (206) 447-0182		
Date Telephone Number	Date Telephone Number		

Form LM-21 (2003) (2003)

Name of Person Filing:	File Number C-		
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.	th labor relations advice or services regardless of the purposes	of rue advice	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any		
Employer Westward Seafoods, Inc.	P.O. Box, Building and Room Number, if any Suite 1700		
Trade Name	Street 2101, Fourth Avenue		
Attention To Rick. Dutton	City Seattle	<del></del> .	
Title CEO	State Washington ZIP Code + 4	4 98121	
Title (Cago)	Jane Jane	* <del>                                     </del>	
5.b. Termination Date 03/31/2012	5.c. Amount 27,015	2	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 27,015.			
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C. Statement of Disbursements Report all disbursements made by the report all disbursements made by the report of the employers listed in Part B.	porting organization in connection with labor relations advice or	services rendered	
7. Disbursements to Officers and Employees:			
(a) Name (b) Salary (c) Expenses (d)	· · · · · · · · · · · · · · · · · · ·	x	
	Office and Administrative Expenses		
	10. Publicity		
	11. Fees for Professional Services		
	12: Loans Made		
	13. Other Disbursements		
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)		
	<u> </u>		
D. Schedule of Disbursements for Reportable Activity  Use this Sched instructions.	lule to report only disbursements made for the purposes descri	ped in Part D of the	
15.a. Employer Name:	15.b. Trade Name, if any:		
		7	
15.c. To Whom Paid.	15.d. Amount	<u></u>	
Name			
	15.e. Purpose		
Title		4	
- Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State Washington ZIP Code + 4	]	<u>.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			